



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:

Evaluator Name

Status
Employer
Program

Fellow Evaluation of Attending in Vascular Clinic/Consults

1* The attending allows the fellow to contribute appropriately to clinical decision-making.

Not at all	Rarely	Some of the time	Most of the time	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2* The attending makes teaching a priority.

Not at all	Rarely	Some of the time	Most of the time	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3* The attending demonstrates a caring and respectful attitude.

Not at all	Rarely	Some of the time	Most of the time	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4* Rate the attending's skills overall.

Extremely poor	Below average	Average	Above average	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5* Did the attending provide effective feedback on your performance at the end of the rotation?

- Yes
- No
- N/A

Overall Comment *