

Geriatric Medicine Fellowship Program

Division of Geriatric Medicine
University of Pittsburgh

ANNUAL PROGRAM EVALUATION

Evaluation inclusive of dates from _____, _____ to _____, _____
month year month year

The questions are easily answered on the accompanying 5-point scale, but we expect relevant comments because your views and opinions are very important to us in helping to improve the fellowship experience.

This online evaluation is confidential. Your responses are treated anonymously; please do not provide any personally identifying information. Your answers are automatically entered into a database, which does not record the source of the information.

Evaluation Scale:

- 1 = Unsatisfactory
- 2 = Marginal
- 3 = Meets Expectations
- 4 = Above Expectations
- 5 = Outstanding

How effective was the program in achieving the following program goals?

To help me understand the <u>philosophy</u> of geriatric medicine, the unique needs of older adults, and the importance of implementing geriatric medicine principles	1	2	3	4	5
To help me acquire the requisite <u>knowledge base</u> of geriatric science and medicine	1	2	3	4	5
To help me gain the necessary <u>clinical experience</u> to provide expert care to older persons in the outpatient setting, hospital, nursing home, and at home	1	2	3	4	5
To help me develop superior <u>skills in education and mentoring</u> so that I can train future care providers	1	2	3	4	5

Comments _____

How adequate were the facilities and resources that were made available to you?

Workspace/Office	1	2	3	4	5
Computers	1	2	3	4	5
Library & other research tools (e.g., MEDLINE)	1	2	3	4	5
Telecommunication tools (e.g., telephone/fax/pager)	1	2	3	4	5

Comments _____

What was the quality of administrative support you received regarding such things as scheduling rotations, filing required paperwork, etc.? 1 2 3 4 5

Comments _____

How adequate was the volume and variety of patients available to you for educational purposes? 1 2 3 4 5

Comments _____

How effective was the teaching in:

Ambulatory Clinic Experience	1	2	3	4	5
Falls and Mobility Clinic	1	2	3	4	5
Geriatric Evaluation and Management Clinic	1	2	3	4	5
Geriatric Psychiatry	1	2	3	4	5
Home-based Primary Care	1	2	3	4	5
Hospital-based Care (Shadyside)	1	2	3	4	5
Hospital-based Care (Montefiore)	1	2	3	4	5
Institutional Long Term Care	1	2	3	4	5
<i>Specify site:</i> _____					
Neurology	1	2	3	4	5
Pain Management Clinic	1	2	3	4	5
Palliative Care I (Consult service, etc.)	1	2	3	4	5
Palliative Care II (Elective – Dr. Jaffe)	1	2	3	4	5
Physical Medicine and Rehabilitation	1	2	3	4	5
Urinary Incontinence	1	2	3	4	5
Wound Care	1	2	3	4	5
Elective I (please specify) -----	1	2	3	4	5
Elective II (please specify) -----	1	2	3	4	5

Comments _____

Were there any experiences that you would have liked to have but were not offered? Yes No

If "yes", please describe _____

Were any of the rotations redundant or not necessary? Yes No

If "yes", please list which ones: _____

Comments _____

What was the overall quality of the didactic teaching/conference experiences?

Geriatric medicine core lecture series	1	2	3	4	5
Division of Geriatric Medicine weekly conference	1	2	3	4	5
VA Conference Series					
Core lecture	1	2	3	4	5
Clinical precepting case series	1	2	3	4	5
GRECC conference	1	2	3	4	5
Department of Medicine Grand Rounds	1	2	3	4	5
Combined conference with geriatric psychiatry	1	2	3	4	5
Critical appraisal of the literature	1	2	3	4	5
Fellowship meetings	1	2	3	4	5

Comments _____

To what extent was the quantity of the didactic teaching/conference experiences appropriate?

Geriatric medicine core lecture series	1	2	3	4	5
Division of Geriatric Medicine weekly conference	1	2	3	4	5
VA Conference Series					
Core lecture	1	2	3	4	5
Clinical precepting case series	1	2	3	4	5
GRECC conference	1	2	3	4	5

How effective were the efforts to help you develop your teaching skills? 1 2 3 4 5

Comments _____

Was the quantity of teaching opportunities appropriate? _____ Too many
_____ Too few
_____ Right number

Comments _____

**How useful was your weekend on-call experience at Shadyside?
(telephone and inpatient rounding)** 1 2 3 4 5

Comments _____

**How useful was your week night telephone on-call experience at
Benedum?** 1 2 3 4 5

Comments _____

**How useful was your weekend inpatient rounding experience at
Montefiore?** 1 2 3 4 5

Comments _____

Was the quantity of on-call opportunities appropriate? _____ Too many
_____ Too few
_____ Right number

Comments _____

Were you able to get faculty or preceptor support when necessary during your on-call experiences? ___ Yes ___ No

If “no,” what do you believe was the reason?

Comments _____

What were some of the most memorable things you learned from the faculty and preceptors during your fellowship experience?

Comments _____

In order to improve the geriatric fellowship experience, what changes would you make?

Comments _____

Would you recommend this fellowship program to other trainees? ___ Yes ___ No

Thank for your comments!
Good luck in your future career!!