

ACFAS RECOGNIZED FELLOWSHIP PROGRAM QUARTERLY FELLOW EVALUATION & REVIEW

- Should act as a suggested minimum criteria for fellow evaluation and review
- Should be performed by the Fellowship Director and Fellow concomitantly
- Should be performed on a minimum of a quarterly basis during the Fellowship
- Should be retained for potential review by ACFAS Fellowship Committee

DATE: _____ DIRECTOR: _____ FELLOW: _____
(print) (print)

ACADEMIA

1. Was the Fellow provided a 'Fellowship Manual' containing written goals and outlines for the program, expected skill sets and techniques to master by way of the fellowship training, and specific descriptions of didactic and clinical curriculum? **YES / NO**
2. Does the Fellow participate in a minimum of monthly review of peer-reviewed literature relevant to specialty training? **YES / NO**
3. Does the Fellow have any ongoing research project(s) for anticipated publication in a peer-reviewed journal? **YES / NO**
4. Does the Fellow have access to a major medical library, either directly or nearby? **YES / NO**
5. Is the Fellow permitted adequate time to devote to scholarly research and investigation? **YES / NO**
6. Will the Fellow attend / Has the Fellow attended the ACFAS ASC (Annual Scientific Conference) during their fellowship year? **YES / NO**
7. Will the Fellow / Has the Fellow received financial support for ACFAS ASC? (registration fees, travel expenses, lodging expenses, incidentals, etc.) **YES / NO**

SURGICAL SKILLS

1. Approximate case volume to date (1 case = 1 surgical intervention per lower extremity): _____ cases
2. Does the Director anticipate fulfillment of the minimum surgical case volume by the end of Fellowship? (300 cases) **YES / NO**
3. Does the Fellow actively log surgical cases in a HIPAA-compliant electronic logging tool? **YES / NO**
4. Does the Fellow display sufficient surgical skills, to date, as observed by Faculty? **YES / NO**

PATIENT MANAGEMENT SKILLS

1. Does the Fellow display sufficient patient management skills, to date, as observed by Faculty? **YES / NO**
2. Does the Director anticipate the Fellow will demonstrate sufficient professional ability to practice competently and independently by the conclusion of Fellowship training? **YES / NO**

HOURS

1. Is the Fellow permitted adequate time for rest and personal activities? (minimum 10 hour time period between all daily activities and after in-house call duties) **YES / NO**
2. Are the Fellow's duty hours limited to 80 hours per week (averaged over a four-week period) inclusive of all in-house call activities? **YES / NO**

