

Sports Medicine Fellowship Evaluation						
XYZ Sports Center						
Fellow's Name _____ Rotation Dates _____ Evaluator's Name _____ Evaluator's Location _____	<i>Please use the following grading scales by filling in the appropriate square with the corresponding number.</i> 6 = 60% -- Unacceptable Performance 7 = 70% -- Acceptable Performance 8 = 80% -- Meets Expectations 9 = 90% -- Exceeds Expectations 10 = 100% - Outstanding N/A – Not Applicable					
GENERAL OBJECTIVES	6	7	8	9	10	N/A
1. Demonstrates professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates/relates to physicians and staff in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appreciates the need for privacy, dignity and respect for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shows evidence of being a self motivated learner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Keeps accurate up-to date medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provided and discussed published objectives for this rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL SPORTS MEDICINE FELLOWSHIP EVALUATION

Primary Care Sports Medicine	6	7	8	9	10	N/A
1. Perform History and Physical Examination of the athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evaluate Nutritional Problems in the athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evaluate relationship between systemic disease and lower extremity manifestations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Develop a differential diagnosis for common skin conditions in the athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Evaluate the physiological and cardiovascular conditioning status of the athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Develop and initiate an exercise program for the athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe the principles of diagnosis and management associated with female triad issues in the female athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identify the principles and concerns associated with participation of the pediatric athlete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Recommend appropriate preventative measures associated with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Athletic Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychological Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION QUALITY ASSURANCE	YES	NO
1. Were the rotation objectives clearly outlined ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the Fellow adequately prepared for this Rotation ?	<input type="checkbox"/>	<input type="checkbox"/>

