

## System for Evaluation of Competencies in Residencies for Urology Program Evaluation Form

What is being evaluated? \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Please rate a specific rotation or the residency program overall in the following areas.

**Unsatisfactory** = Several behaviors performed inadequately or missed (ratings 1, 2, or 3)

**Satisfactory** = Most behaviors performed acceptably (ratings 4, 5, or 6)

**Superior** = All behaviors performed very well (ratings 7, 8, or 9)

	UNSATISFACTORY			SATISFACTORY			SUPERIOR			NA
	1	2	3	4	5	6	7	8	9	NA
Volume and variety of surgical cases	1	2	3	4	5	6	7	8	9	NA
Quality and quantity of academic conferences	1	2	3	4	5	6	7	8	9	NA
Exposure to research	1	2	3	4	5	6	7	8	9	NA
Urology subspecialty exposure	1	2	3	4	5	6	7	8	9	NA
Faculty supervision and teaching of residents	1	2	3	4	5	6	7	8	9	NA
Accessibility of the faculty for consultation and/or questions	1	2	3	4	5	6	7	8	9	NA
Financial and administrative resources and support	1	2	3	4	5	6	7	8	9	NA
Contribution of participating institutions and outside rotations	1	2	3	4	5	6	7	8	9	NA
Overall impression of the urology training program	1	2	3	4	5	6	7	8	9	NA
<b>Comments:</b>										