

## Fellow Assessment Form

Thanks to Michael Zwank, MD, FACEP and Andrew Shedd, MD, FACEP

### Semi-Annual Ultrasound Fellow Evaluation & Feedback

Fellow: \_\_\_\_\_

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

<b>Goal:</b>	<b>Current Status: Incomplete (IC) or Complete (C)</b>	<b>Objectives Moving Forward</b>
Learning: 1000 Ultrasound Scans		
Learning: Scanning shifts		
Teaching: Resident Lectures		
Teaching: Journal Club		
Research: Research Project (Optional)		
Administration: Quality Assurance		
Administration: ACEP US Mgmt Course		
Regional Anesthesia Rotation:		
MSK Rotation:		
Other:		

Please assess your current comfort level in **understanding** the following applications of point-of-care ultrasound (including **anatomy and pathology, literature-based evidence, and clinical algorithms**):

5	4	3	2	1
Very Comfortable	Somewhat Comfortable	Neutral	Somewhat Comfortable	Very Uncomfortable

<b>FAST</b>	5	4	3	2	1
<b>Echo</b>	5	4	3	2	1
<b>Abdominal Aorta</b>	5	4	3	2	1
<b>Renal</b>	5	4	3	2	1
<b>Gallbladder</b>	5	4	3	2	1
<b>Transabdominal OB</b>	5	4	3	2	1
<b>Thoracic/Pulmonary</b>	5	4	3	2	1
<b>MSK</b>	5	4	3	2	1
<b>Soft Tissue</b>	5	4	3	2	1
<b>Nerve Blocks</b>	5	4	3	2	1
<b>Ocular</b>	5	4	3	2	1
<b>Vascular Access</b>	5	4	3	2	1
<b>Other Procedures</b>	5	4	3	2	1

Please assess your comfort level in **performing** the following applications of point-of-care ultrasound (including **scanning technique, probe selection, patient positioning, and minimal imaging criteria**):

5	4	3	2	1
Very Comfortable	Somewhat Comfortable	Neutral	Somewhat Comfortable	Very Uncomfortable

<b>FAST</b>	5	4	3	2	1
<b>Echo</b>	5	4	3	2	1
<b>Abdominal Aorta</b>	5	4	3	2	1
<b>Renal</b>	5	4	3	2	1
<b>Gallbladder</b>	5	4	3	2	1
<b>Transabdominal OB</b>	5	4	3	2	1
<b>Thoracic/Pulmonary</b>	5	4	3	2	1
<b>MSK</b>	5	4	3	2	1
<b>Soft Tissue</b>	5	4	3	2	1
<b>Nerve Blocks</b>	5	4	3	2	1
<b>Ocular</b>	5	4	3	2	1
<b>Vascular Access</b>	5	4	3	2	1
<b>Other Procedures</b>	5	4	3	2	1

**Summary:**

Fellow: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

US Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. US Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_