

NURSING MINI-FELLOWSHIP TRAINING PROGRAM EVALUATION

Dates attended: _____ Discipline: _____

Please evaluate your mini-fellowship experience. Please rate on a basis of one (1) to five (5).

		Rating Scale: 1 = Poor 2 = Marginal 3 = Neutral 4 = Good 5 = Excellent				
1.	Variety of material	1	2	3	4	5
2.	Quality of teaching	1	2	3	4	5
3.	Availability of staff/preceptor	1	2	3	4	5
4.	Training applicable to my duties/practice	1	2	3	4	5
5.	Length of time required by this mini-fellowship	1	2	3	4	5
6.	Outpatient Clinic Experience at SAMHD City Chest Clinic	1	2	3	4	5
7.	Meeting Room and Facilities	1	2	3	4	5
8.	Application Process	1	2	3	4	5
9.	Overall, I would rate this mini-fellowship as.....	1	2	3	4	5

Please answer the following:

What did you like most about this mini-fellowship?

What did you like least about this mini-fellowship?

List two ways you will integrate what you learned in this activity into your practice and/or employment environment.

Program Comments/Suggestions: