



**European Academy of Facial Plastic Surgery**  
Board of education

**Sent complete typed and signed evaluation form(s) to**

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**EAFPS FELLOWSHIP 6 AND 12 MONTH IN-TRAINING EVALUATION REPORT**

**Please complete the following evaluation after six months and again at the completion of the fellowship using the same form, and the following rating:**

- 1 *Outstanding*
- 2 *Above Average*
- 3 *Average*
- 4 *Below Average*
- 5 *Poor*

**A. General information**

Name Fellow	
Name Fellowship director/mentor(s)	
Dates of the Fellowship	

## B. Evaluation

	Six-Month Evaluation	Twelve-Month Evaluation
<p><b><u>Clinical Skills</u></b></p> <p>Is able to work quickly and efficiently, analyze clinical problems, and choose appropriate evaluation and therapy.</p>		
<p><b><u>Communication Skills</u></b></p> <p>Is able to communicate orally and in writing with patients, on rounds, in conferences, and with colleagues.</p>		
<p><b><u>Curiosity</u></b></p> <p>Is able to look beneath superficial explanations, interest in research.</p>		
<p><b><u>Integrity</u></b></p> <p>Is honest, ethical and moral</p>		
<p><b><u>Intelligence and Scholarship</u></b></p> <p>Is able to analyze and process new information, stays abreast of current practices in the field.</p>		
<p><b><u>Interpersonal Skills</u></b></p> <p>Is able to establish rapport with patients and work easily with colleagues.</p>		
<p><b><u>Motivation</u></b></p> <p>Seeks opportunities and assumes responsibility, desires to achieve, and shows initiative.</p>		
<p><b><u>Performance and Reliability</u></b></p> <p>Is dependable, is able to achieve or exceed goals, perseverance, and endurance.</p>		
<p><b><u>Surgical Skills</u></b></p> <p>Possesses the motor ability and skills to competently perform common surgical procedures in head and neck surgery.</p>		

**C. Comments for SIX-MONTH evaluation**

*Please give a narrative assessment of the fellow, emphasizing the reasons for your ratings.*

*List goals and objectives that should be accomplished prior to completion of the fellowship.*

**D. Comments for TWELVE-MONTH evaluation**

*Please give a narrative assessment of the fellow, emphasizing the reasons for your ratings.*

**Fellow's Signature**

**Date**

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**Fellowship Director Signature**

**Date**

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