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fellowships@suonet.org

## Fellows Evaluation of SUO Fellowship Program

Name of SUO Fello	wship Program:				
Name of SUO Fello	wship Program Director:				
	w:				
	:				
	ntact Information (where the				
Post Fellowship Pra	ctice/Institution:				
Practice Information	: Academic	Private	Other		
Did you attend a	an SUO/AUA sponsored cou	rse (i.e., CRPC) at	least once during yo	our fellowship?	
Yes	No No				
Attenda	e of course nce not supported by fellows blease specify):				

- 3. Please summarize your clinical experience in your fellowship, specifically commenting on:
  - a. Case volume
  - b. Participation/autonomy in cases
  - c. Staff attitudes towards training
  - d. Institutional commitment to the fellow
  - e. Call duties/work hours/fellow responsibilities
  - f. Conflicts with the residency program (if it exists at your institution)

<sup>\*</sup>Attach an additional page if more space is needed.

4.	Please summarize your research experience in your fellowship, specifically commenting on:  a. Mentorship b. Publications/presentations/meeting c. Didactics d. Preparation for research in your career e. Percentage of time devoted to research *Attach an additional page if more space is needed.
5.	Please comment on the staff in general including:  a. Availability  b. Participation in conferences and teaching  c. Mentorship  *Attach an additional page if more space is needed.
	Please assign a 1 -5 grade to each of the following aspects of your current urologic oncology fellowship program.  1 Poor 2 Fair 3 Neutral 4 Good 5 Excellent Quality of Didactic Program Quality of Research Program Surgical Experience Mentorship
7.	If given a choice, would you recommend this fellowship program to someone interested in doing a SUO Urological Oncology Fellowship? Yes No