

October 2, 2006

Dear Former Fellow,

I hope this letter finds you well. The Accreditation Council on Graduate Medical Education, as part of its efforts to improve medical education and track outcomes, requires that institutions such as NYU that sponsors training programs maintain a system of evaluation of its graduates. We are required to survey our graduates at a minimum of every five years.

We value your assistance in this endeavor and ask that you please help us fulfill this requirement by answering the following questions and returning this survey to us. We think these surveys will allow us to improve the experience for your successors. If you have already filled out a survey in the last two years, I ask that you update your personal and work contact information. Please be sure to include your e-mail.

Please spend a few minutes to fill out the enclosed survey. Please e-mail back to me or fax to 212-263-8442. If you would like to speak with me directly do not hesitate to give me a call, 212-263-6479.

Thanks for your input and help.

Sincerely yours,

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Program Director
Pulmonary/ CCM Fellowship
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fax (212)263-8442

Name: _____

Business Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Home Address (Optional): _____

Please confirm that the above information is correct. Yes No (Please Make Change)

Date of graduation from Division of Pulmonary and Critical Care Medicine: _____

Location of Primary Practice: _____

How do you spend your professional time?

Office based practice: _____ %

Hospital based practice: _____ %

Performing procedures: _____ %

Teaching: _____ %

Research: _____ %

Other (Please elaborate): _____

What is the breakdown of your practice?

Pulmonary: _____ **Critical Care:** _____ **Internal Medicine:** _____ **Sleep:** _____
 % % % %

On a scale of 1-7, where 1 indicates poor, 4 neutral and 7 outstanding

● How would you rate the overall experience of your training? **1** **2** **3** **4** **5** **6** **7**

Using the same scale, how would you rate the acquisition of the following during your training?

	1	2	3	4	5	6	7
● Knowledge specific to the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Professional Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Critical Care Procedural Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using the same scale, how would you rate the following? (if applicable):

	1	2	3	4	5	6	7
● Relevance of your training to your office-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Relevance of your training to your hospital-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Specialty Board Certification: Pulmonary: _____
 Pulmonary Recertification: _____
 Critical Care: _____
 Critical Care Recertification _____
 Sleep: _____

Which procedures are you performing and how many per year?

Flexible Bronchoscopy: _____
 TBNA: _____
 TTNA: _____ Fluoro guided: _____ and/or CT guided: _____
 Chest tubes: _____ Small bore: _____ and/or large bore: _____
 Pleural Biopsy _____
 Intubations: _____
 Percutaneous _____

Tracheostomy: _____

Rigid Bronchoscopy: _____
Stents: _____
Endobronchial Cautery: _____
Endobronchial Cryotherapy: _____
Other: _____

Have you had the need to do further training in new procedures: _____

Do you have suggestions for improving the training program?: _____

Do you have any ideas for new areas of the curriculum?: _____

