

# IAAPS FELLOWSHIP

## CANDIDATE'S FEEDBACK FORM

(Download/ Print/ Fill and Send to the National Secretary, IAAPS)

NAME: ..... AGE: ..... SEX: .....

ADDRESS: .....

Email: ..... Phone Number: .....

Educational Qualifications: MBBS Year..... Institute.....

MS Year..... Institute.....

MCh Year..... Institute.....

DNB Year..... Institute.....

Fellowships Centre attended: .....

Period of Fellowship: Date:..... To:.....

1. Were you paid a stipend?
  2. 11. Were you provided accommodation?
  3. 12. If not to above, how did you manage?
  4. 13. Number of OPD Patients seen during your Fellowship
  5. 14. Number of Minor Procedures seen/ Assisted
  6. 15. Number of Major Procedures seen/ Assisted
  7. 16. Number of EBD Procedures seen/ Assisted
  8. 17. Number of Lectures attended at Centre
  9. 18. Was there bed side teaching?
  10. 19. Were there case discussions in the OPD?
  11. 20. Did your Mentor show keenness in teaching?
  12. 21. What procedures done by your Mentor did you find outstanding?
  13. 22. What was the quality of work?
  14. 23. Would you recommend this centre to others?
  15. 24. How do you compare this centre with any others you may have worked at before?
  16. 25. What in your opinion remains for you to learn?
  17. 26. Did you get to see the Spectrum of Aesthetic Surgery promised to you?
  18. 27. Did you learn anything about Aesthetic Practice Management?
  19. 28. Do you feel more confident now to work on your own after attending this Fellowship?
  20. 29. On a scale of 10, how do you rate this centre
- .....

Signature

Please enclose the Surgery Case Roster with this Feedback Form.

(Please consider this document & your response to it to be top secret, and it should not be shared with anyone, except with the Office of IAAPS)