

**Society of Laparoscopic & Robotic Surgeons
Fellowship in Specialized Minimally Invasive and Robotic Surgery
(SMIRS)**

MIS FELLOWSHIP CANDIDATE EVALUATION FORM

Candidate: _____

Residency: _____

Interviewer: _____

Date: _____

- Please **carefully consider the descriptive terms and definitions** of the attributes listed below before rating. If you feel that you cannot rate the applicant in an area, please indicate by choosing “UR”.

Use the following scale for all numerical ratings:

4: Outstanding
3: Strong

2: Mediocre
1: Weak

UR: Unable to Rank

Clinical Performance: (recommendation letters, etc.)	4	3	2	1	UR
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Motivation & Initiative: (demonstrated self starter, shows initiative, demonstrated independent involvement in research & projects)	4	3	2	1	UR
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Intelligence, Scholarship & Curiosity: (demonstrates critical analysis, shows insight with difficult interview questions, looks beyond superficial explanations, asks good questions)	4	3	2	1	UR
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Professional Demeanor: (appropriate affect, dress, interaction with Interviewer and staff)	4	3	2	1	UR
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Personal Integrity: (is open about short-comings, appears to truthfully describe personal weaknesses, shows evidence of ethical behavior)	4	3	2	1	UR
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Interpersonal Skills: (communicates well, inspires confidence, empathic, appropriate sense of humor, tactful, diplomatic)	4	3	2	1	UR
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Judgment: (rational problem solver, recognizes own limitations, knows difference between ideal & practical, optional & mandatory)	4	3	2	1	UR
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RANK ESTIMATION:

[] Rank #1 [] Top 1/3 [] Middle [] Bottom 1/3 [] Do not rank

Comments: (use reverse of page if necessary)

SIGNATURE

DATE