

QUESTIONNAIRE FOR UNIVERSITY OF NEPHROLOGY GRADUATES

Graduate's Name _____ Which Years Were You in the Program? _____

<u>Quality of Training Program</u>	<u>Very Good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Fair</u>	<u>Poor</u>
1. Conferences	5	4	3	2	1
2. Attending faculty	5	4	3	2	1
3. University rotation	5	4	3	2	1
4. VA rotation	5	4	3	2	1
5. Peritoneal dialysis experience	5	4	3	2	1
6. Hemodialysis experience	5	4	3	2	1
7. Transplant experience	5	4	3	2	1
8. Clinic experience	5	4	3	2	1
9. Adequacy of facilities	5	4	3	2	1
10. Research Experience	5	4	3	2	1
11. Support of your needs?	5	4	3	2	1

How was your preparation for life after fellowship with regard to

1. Renal biopsy?	5	4	3	2	1
2. Care of CKD patients?	5	4	3	2	1
3. Care of hemodialysis patients?	5	4	3	2	1
4. Care of peritoneal dialysis patients?	5	4	3	2	1
5. Care of renal transplant patients?	5	4	3	2	1
6. Practice of nephrology?	5	4	3	2	1
7. Teaching nephrology?	5	4	3	2	1
8. The ABIM Nephrology examination?	5	4	3	2	1
9. Reviewing nephrology literature?	5	4	3	2	1

What suggestions would you make for improving the program?

What is your current position (please include hospital and academic affiliations)?

Thank you for your help with this survey.