

Please complete this form using Adobe Reader or Adobe Acrobat

Spine Center Feedback

This is a confidential evaluation form, which will be reviewed by the AOSpine Europe Officer for Spine Centers & Fellowships. This evaluation form must be completed within 30 days of conclusion of the fellowship.

Fellow information

First name _____ Last name _____

Fellowship details

Center at which fellowship took place _____

Date of fellowship (DD/MM/YYYY) from ____/____/____ to ____/____/____

Performance scale

Using the scale below, indicate your assessment of the extent to which the fellow demonstrated each capability.

Scale guiding comments:

- 1 Did not meet expectations.
- 2 Partially met expectations.
- 3 Met expectations.
- 4 Exceeded expectations.
- 5 Consistently exceeded expectations.

Commitment

	1	2	3	4	5
Arrived at the center punctually and was present a sufficient number of hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in a satisfactory number of surgical interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in scrubbed assistance of various types. (ie, emergency interventions, trauma cases, programmed operations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended observation-only operations to expand knowledge and supplement the experience gained from scrubbed-in assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated and took an active interest in ward rounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in daily conferences and provided valuable input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended staff meetings regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated and took an active interest in out-patient clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to center with a presentation that showed effort and originality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate the fellow's commitment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical skills

- Demonstrated theoretical knowledge of surgical techniques. 1 2 3 4 5
■ ■ ■ ■ ■
- Displayed practical knowledge of and experience in surgical techniques. ■ ■ ■ ■ ■
- Exhibited an interest in learning about new techniques being applied. ■ ■ ■ ■ ■
- Overall, how would you rate the fellow's technical skills? ■ ■ ■ ■ ■
- Fellow has good faculty potential? Yes No

Interpersonal skills

- Demonstrated dedication, honesty and a strong sense of character. 1 2 3 4 5
■ ■ ■ ■ ■
- Upheld a professional image through behavior, manners and appearance. ■ ■ ■ ■ ■
- Demonstrated readiness to help. ■ ■ ■ ■ ■
- Interacted well with patients. ■ ■ ■ ■ ■
- Integrated well as a member of the team. ■ ■ ■ ■ ■
- Earned respect and cooperation of nursing staff. ■ ■ ■ ■ ■
- Shared knowledge with team members. ■ ■ ■ ■ ■
- Communicated effectively. ■ ■ ■ ■ ■
- Overall, how would you rate the fellow's interpersonal skills? ■ ■ ■ ■ ■

Summary remarks

Confirmation

By inserting the date, and submitting this form I confirm that the above is a true and fair evaluation of the fellow

Date (DD/MM/YYYY) _____ / _____ / _____ Name of appraiser _____

PLEASE SUBMIT THIS FORM BY CLICKING THIS BLUE BUTTON TO:

AOSpine Europe Spine Center & Fellowships
aoseuspinecenters@aospine.org