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## Spine Center Feedback

This is a confidential evaluation form, which will be reviewed by the AOSpine Latin America 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**

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**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 Latin America Spine Center & Fellowships  
cmontero@aospine.org