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Fellow 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 _____

Member No. _____ Nationality _____

Fellowship details

Center at which fellowship took place _____

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

Name of chief surgeon

First name _____ Last name _____

Names of other staff surgeons supervising

Primary language spoken in center _____

Performance scale

Using the scale below, indicate your assessment of the extent to which the center 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.

Environment

- How satisfied were you with the availability and functionality of the center equipment? 1 2 3 4 5
- How modern was the technology used by the center? 1 2 3 4 5
- How suitable were the working conditions in the center?
 (ie, cleanliness, safety, space availability and lighting, etc) 1 2 3 4 5
- Overall, how well did the center environment meet your expectations? 1 2 3 4 5

Practical experience

SCRUB-INS

- How many operations did you attend scrubbed-in? _____
- How often were you able to scrub-in during trauma cases?
 Frequently Occasionally Never 1 2 3 4 5
- How valuable did you find your attendance at operations where you scrubbed-in? 1 2 3 4 5

OPERATIONS

- How many operations did you attend as observer? _____ 1 2 3 4 5
- How valuable did you find your attendance at operations where you only observed? 1 2 3 4 5

ROUNDS

- How often did you participate in rounds?
 Daily Few days/week Weekly Never 1 2 3 4 5
- Overall, how well did the level of practical experience gained meet your expectations? 1 2 3 4 5

Academic and teaching experience

- How many medical publications did you contribute to? _____
- Did you have the opportunity to participate in teaching residents and other staff? ● Yes ● No
- Overall, how well did the level of academic and teaching experience obtained meet your expectations? 1 2 3 4 5

Clinical involvement

How often were you able to participate in out-patient clinics?

- Frequently
 Occasionally
 Never

Please select which out-patient clinic specialties you participated in

- Trauma
 Tumor
 Deformity
 Degeneration
 Infection
 Metabolic, Inflammatory, Genetic

Did you have the opportunity to visit other clinics or research departments? Yes No

Mentorship

Did you communicate your personal objectives to your supervisor? Yes No

If yes, how helpful was the supervisor in helping you achieve those objectives? 1 2 3 4 5

Were you satisfied with the amount of mentoring and sharing of knowledge your supervisor provided?

Do you feel your supervisor valued your thoughts and opinions? Yes No

Overall, how valuable would you rate the experience you gained from your supervisor's mentorship? 1 2 3 4 5

Other

Please list any difficulties encountered concerning: travelling, accommodation, meals, prices, language, etc.

Was the stipend adequate? Yes No

In an effort to continually improve our fellowships, your suggestions and comments are appreciated.

Confirmation

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

Date (DD/MM/YYYY) _____/_____/_____

Once we have received this document, a certificate of your fellowship will be issued.

PLEASE SUBMIT THIS FORM BY CLICKING THIS BLUE BUTTON TO:

AOSpine Europe Spine Center & Fellowships
aoseuspinecenters@aospine.org