

# Spine Center Feedback

This is a confidential evaluation form, which will be reviewed by the AO Spine Europe and Southern Africa 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

Arrived at the center punctually and was present a sufficient number of hours.

1 2 3 4 5  
☐ ☐ ☐ ☐ ☐

Involvement in a satisfactory number of surgical interventions.

☐ ☐ ☐ ☐ ☐

Involvement in scrubbed assistance of various types.

☐ ☐ ☐ ☐ ☐

(ie, emergency interventions, trauma cases, programmed operations)

Attended observation-only operations to expand knowledge and supplement the experience gained from scrubbed-in assistance.

☐ ☐ ☐ ☐ ☐

Participated and took an active interest in ward rounds.

☐ ☐ ☐ ☐ ☐

Participated in daily conferences and provided valuable input.

☐ ☐ ☐ ☐ ☐

Attended staff meetings regularly.

☐ ☐ ☐ ☐ ☐

Participated and took an active interest in out-patient clinics.

☐ ☐ ☐ ☐ ☐

Introduction to center with a presentation that showed effort and originality.

☐ ☐ ☐ ☐ ☐

Overall, how would you rate the fellow's commitment?

☐ ☐ ☐ ☐ ☐

**Technical skills**

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

**Interpersonal skills**

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

**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 TO:**

AO Spine Europe and Southern Africa Spine Centers & Fellowships

fellowshipseu@aospine.org

AO Spine Europe and Southern Africa

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