

Please complete this form using Adobe Reader or Adobe Acrobat

Spine Center Feedback

Fellow information

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

First name	Last name					
Fellowship details						
Center at which fellowship took place	ter at which fellowship took place					
Date of fellowship (DD/MM/YYYY) from		to	_//			
Performance scale Using the scale below, indicate your assessment of Scale guiding comments: 1 Did not meet expectations. 2 Partially met expectations. 3 Met expectations. 4 Exceeded expectations. 5 Consistently exceeded expectations.	f the extent to which the fellow	demonstrated ea	ch capability.			
Commitment			12345			
Arrived at the center punctually and was pre-	esent a sufficient number o	f hours.				
Involvement in a satisfactory number of surg	gical interventions.					
Involvement in scrubbed assistance of vario (ie, emergency interventions, trauma cases, programmed						
Attended observation-only operations to experience gained from scrubbed-in ass		ement				
Participated and took an active interest in w	ard rounds.					
Participated in daily conferences and provide	ed valuable input.					
Attended staff meetings regularly.						
Participated and took an active interest in or	ut-patient clinics.					
Introduction to center with a presentation the effort and originality.	nat showed					
Overall, how would you rate the fellow's cor	mmitment?					

Technical skills	1 2 3 4 5		
Demonstrated theoretical knowledge of surgical techniques.			
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	1 2 3 4 5		
Demonstrated dedication, honesty and a strong sense of character.			
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	on of the fellow		
Date (DD/MM/YYYY)/ Name of appraiser			
PLEASE SUBMIT THIS FORM BY CLICKING THIS BLUE BUTTON TO:			
AO Spine Middle East and Northern Africa Spine Center & Fellowships fellowshipsme@aospine.org			

AO Spine Middle East and Northern Africa

Stettbachstrasse 6, 8600 Dübendorf, Switzerland www.aospine.org