CAOS Travelling Fellowship Feedback Form from The Fellows

**Disclaimer**: This is confidential form and will only be reviewed by the fellowship committee of CAOS. The evaluation form must be completed within 30 days upon completion of the fellowship. Please revert the fellowship form to [fellowship@caos-china.org](mailto:fellowship@caos-china.org)

Fellowship details:

Host center: Date of Fellowship: Host Spine Surgeon:

*Performance Scale:*

1. Failed to meet expectation 2. Partially met expectations 3. Met expectations 4. Exceeded expectations 5.Consistently exceeded expectations

**Environment: Clinical experience:**

Satisfaction with availability and functionally of center equipment: Relevance to my practice :

Technology at the center　　　　　　　　　　　　　　　　： Participation in outpatient clinics/rounds :

Working condition at the center : Participation in Surgery :

Overall impression with the environment at the center : Overall impression with clinical experience obtained :

**Mentorship: Other comments and suggestions:**

Effectiveness of communication :

Enthusiasm of mentors :

Ability to convey knowledge :

Overall impression of the mentorship provided :

**The above is true and a fair evaluation of my fellowship**