



# EVALUATION SHEET

ANNUAL INSPECTION OF ORTHOPAEDIC TRAINING INSTITUTIONS

**Institution ▶ :** \_\_\_\_\_ **Date ▶ :** \_\_\_\_\_

**▼ CRITERIA**

**▼ POINTS**

**I. PHYSICAL PLANT (10 pts)**

OR Facilities, C-arm, Ortho beds, Ancillary services/facilities Office Library ▶

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**II. CLINICAL MATTERS (15 pts)**

Number and variety of cases admitted and operated, ER/OPD cases ▶

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**III. TEACHING/LEARNING ACTIVITIES (25 pts)**

Conferences, Teaching rounds, Journal clubs Didactics, Consultants participation ▶

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**IV. STAFFING (5 pts)**

Number of Fellows, Subspecialties Residents ▶

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**V. RESIDENTS EVALUATION (20 pts)**

Interview , ITE, Logbooks, peer evaluations, ward rounds, with visiting PBO ▶

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**VI. ANNUAL REPORT (5 pts)**

Form of written report; Presentation ▶

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**VII. REASEARCH (10 pts)**

Number, quality ▶

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**VIII. STAFF DEVELOPMENT (5pts)**

Consultants/Residents participation in national/international conventions workshops, etc. ▶

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**IX. TRAUMA REGISTRY (5 pts)**

Score provided by POA Trauma Registry Committee ▶

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**Total ▶**

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**COMMENTS ▶**


**PBO EVALUATOR ▶** \_\_\_\_\_  
(Name and Signature)