

Event evaluation: self-assessments and reports

Reports collection booklet

Sample reports

Reports

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Please note:

The sample reports shown on the following pages are based on a fictional AOTrauma event, referring to event objectives and competencies and including data from multiple-choice knowledge questions and the “commitment to change” instrument. Reports for AOSpine, AOCMF, AONeuro and AOVET rely on the event objectives only (with slightly different questions to AOTrauma) and do not currently include other data sources such as MCQs. The specific questions used for each Clinical Division are shown in a separate booklet published by the eLearning Team of the AO Education Institute.

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Pre-Event Report

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

Recipient

**- Course
Chairperson(s)**

Registration status [Date]

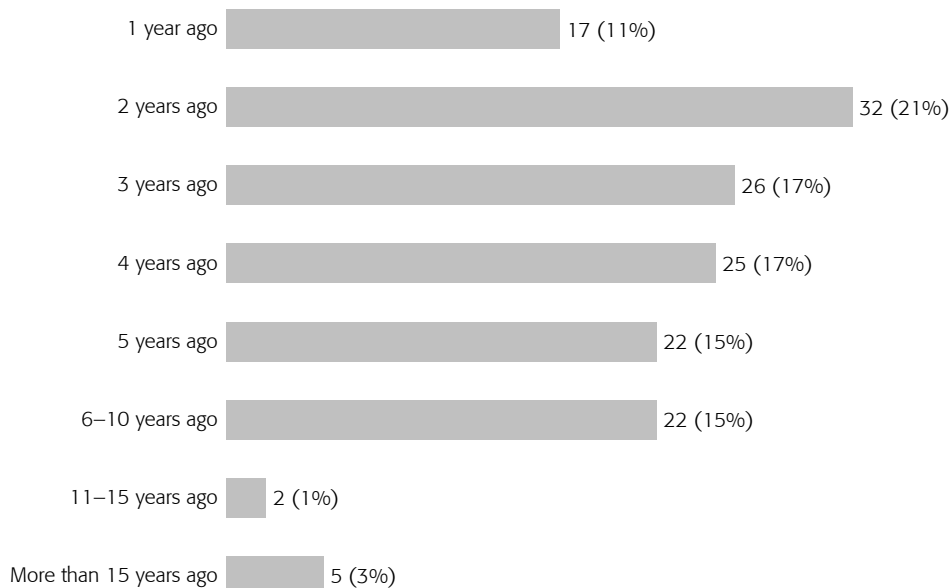
Registered participants	Current seat capacity usage	Confirmed Faculty (n= 41)			Current participant/faculty ratio	Contact hours
		Intl.	Regional	National		
177	98%	40	0	0	4.21:1	48.0

Participant profile

Years of experience

When did you graduate from medical school?

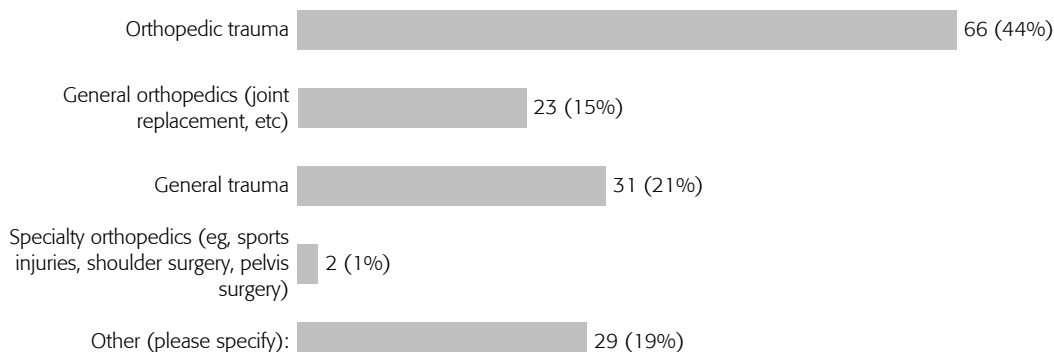
n=151 (85%)



Type of practice

I do mostly... (> 50% of time):

n=151 (85%)



[Event Name]

[Venue City/Country]

[Event Date]

Chairperson(s): John Doe

Expertise (self-assessment)

My self-assessed expertise level is...

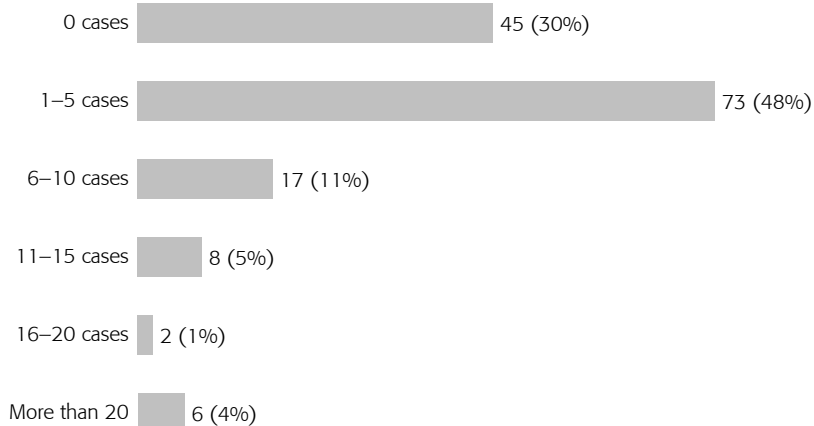
n=151 (85%)

	1 None	2 Low	3 Medium	4 High	Median
General trauma	12	75	59	5	2.0
Orthopedic trauma	13	64	66	8	2.0
Joint preservation and replacement	35	74	37	5	2.0
Cranio-maxillofacial surgery	134	14	3	0	1.0
Shoulder and elbow surgery	34	93	22	2	2.0
Hand and wrist surgery	21	92	32	6	2.0
Pelvis surgery	76	67	7	1	1.0
Foot and ankle surgery	19	88	40	4	2.0
Spine surgery	77	59	13	2	1.0
Pediatric orthopedics	69	64	16	2	2.0
Surgical sports medicine	54	73	21	3	2.0

Cases per month (as primary surgeon)

How many orthopedic trauma cases do you perform as the primary surgeon on average within a month?

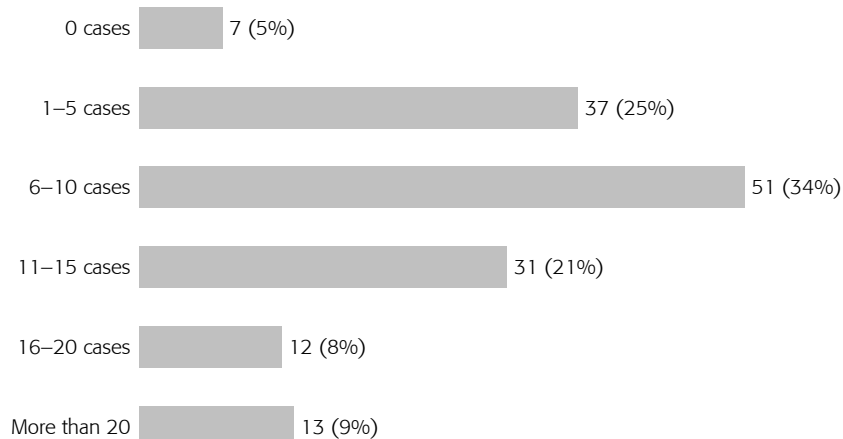
n=151 (85%)



Cases per month (as assistant surgeon)

How many orthopedic trauma cases do you perform as the assistant surgeon on average within a month?

n=151 (85%)



[Event Name]

[Venue City/Country]

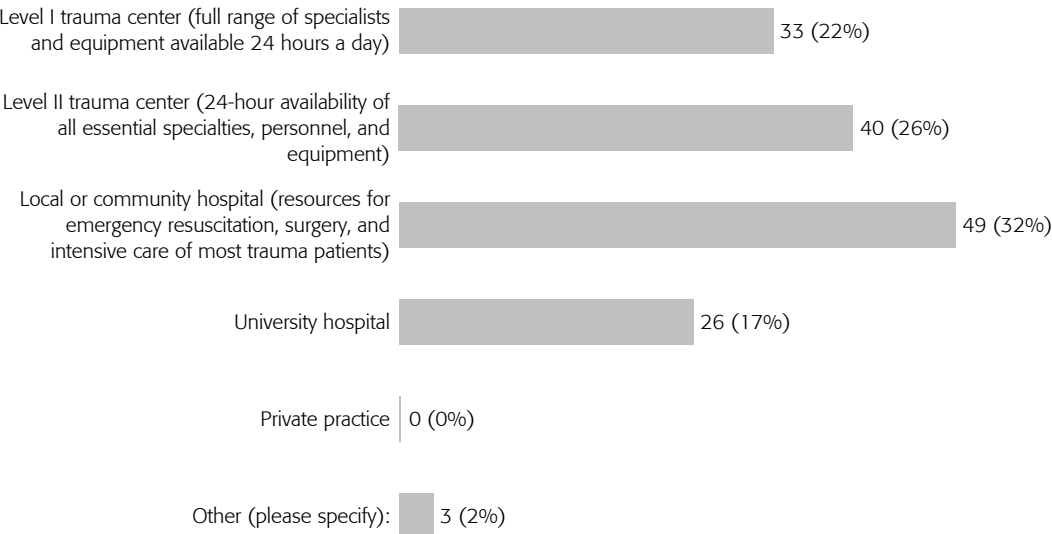
[Event Date]

Chairperson(s): John Doe

Practice location

What is your main practice location?

n=151 (85%)



[Event Name]

[Venue City/Country]

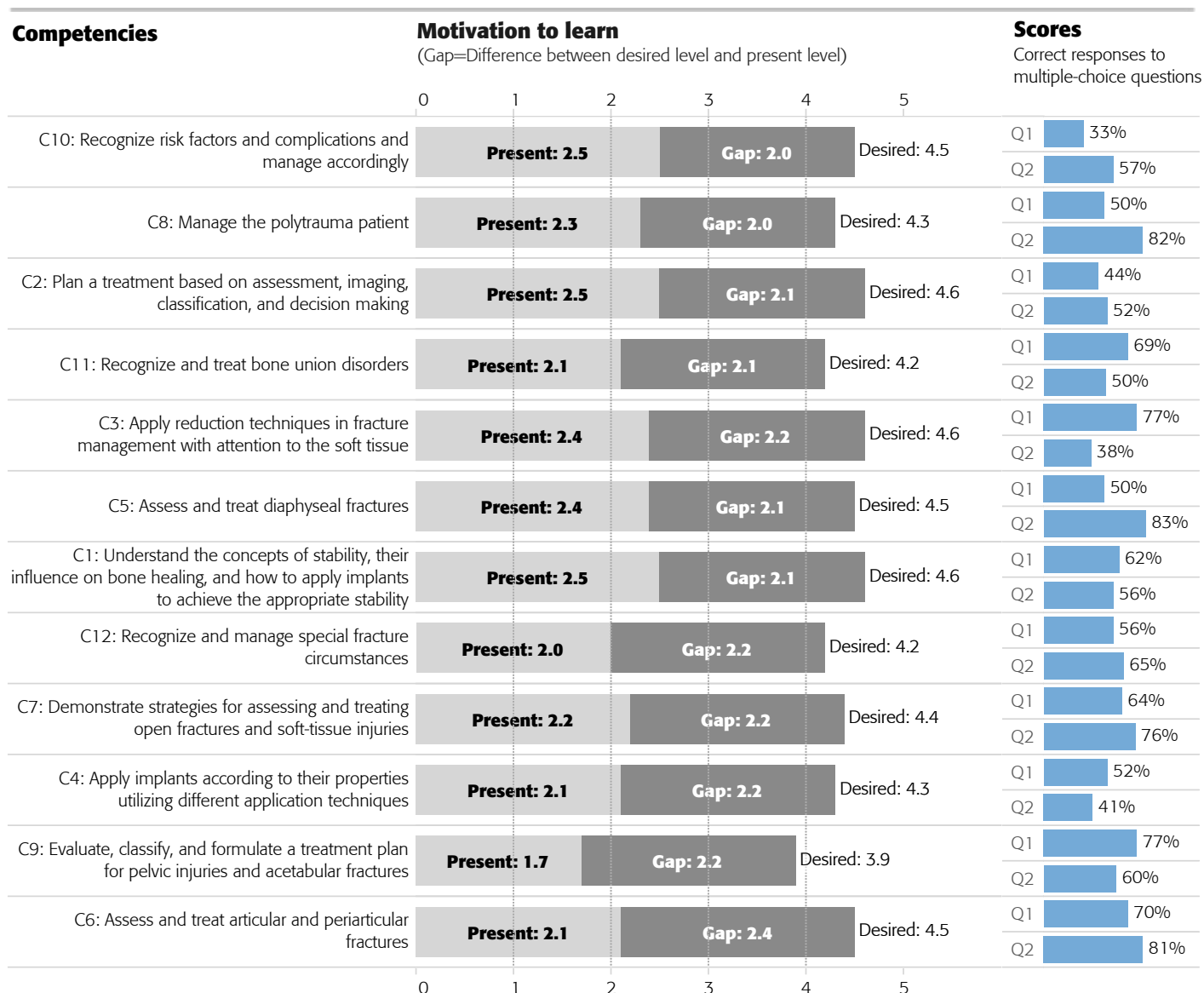
[Event Date]

Chairperson(s): John Doe

Motivation to learn and knowledge indicators (scores) by competency

What is your present and desired level of ability for the following competencies?

n=150 (85%)



Explanation

□ Desired Level: The level of ability participants would like to have for each competency (1=low, 5=high)

■ Gap: Motivation to learn ("Desired level" minus "Present level")

■ Present Level: Participants' self-reported present level of ability for each competency

■ Scores: Average % score of all participants for each multiple choice question

Interpretation of gap scores

< 1: Means low motivation to learn about the competency

1 to 2.5: Means good motivation level

> 2.5: May mean learners are anxious about their low level of ability

Post-Event Evaluation Report

[Event Name]

[Venue City/Country]

[Event Date]

Language: English

Chairperson(s): John Doe

Recipient
- Course
Chairperson(s)

Executive summary [Date]

Registered participants	Current seat capacity usage	Confirmed faculty (n= 41)			Current participant/faculty ratio	Contact hours
		Intl.	Regional	National		
179	99%	40	0	0	4.26:1	48.0

Impact

What was the overall impact of this educational event?

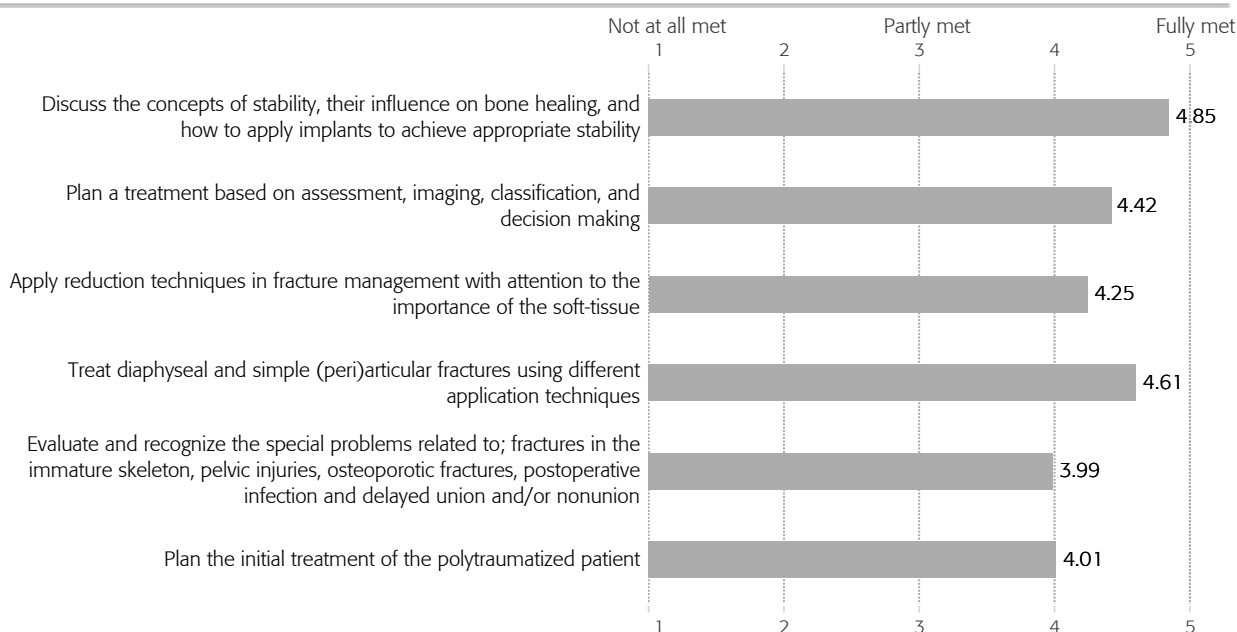
n=136 (76%)



Event objectives

To what degree were the stated objectives met?

n=136 (76%)



Content usefulness (overall)

How useful was the content to your daily practice?

n=136 (76%)

1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful	
0	2	17	76	41	4.15

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Faculty (overall)

How effective were all faculty in the role they played?

n=136 (76%)

1 Not at all effective	2 Not very effective	3 Effective	4 Very effective	5 Extremely effective	
0	0	27	80	29	4.01

Satisfaction

Would you recommend this event to your colleagues?

n=136 (76%)

Yes (100%)

Funding and bias

Commercial bias

Did you perceive this event to be commercially biased?

n=136 (76%)

1 Totally biased	2	3 Somewhat biased	4	5 Not at all biased	
3	4	63	39	27	3.61

Payment

Who covered the overall cost of you participating in this event?

n=136 (76%)

Paid by myself	24%
Partly by myself, partly by hospital	32%
Partly by myself, partly by industry	9%
Partly by hospital, partly by industry	5%
All costs covered by hospital	25%
All costs covered by industry	6%

Logistics

(For comments and feedback, see "Annex")

Venue/Location

Please rate the venue/location:

n=136 (76%)

1 Unsatisfactory	2 Improvement needed	3 Met expectations	4 Exceeded expectations	5 Exceptional	
0	13	44	53	26	3.68

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Intended practice changes

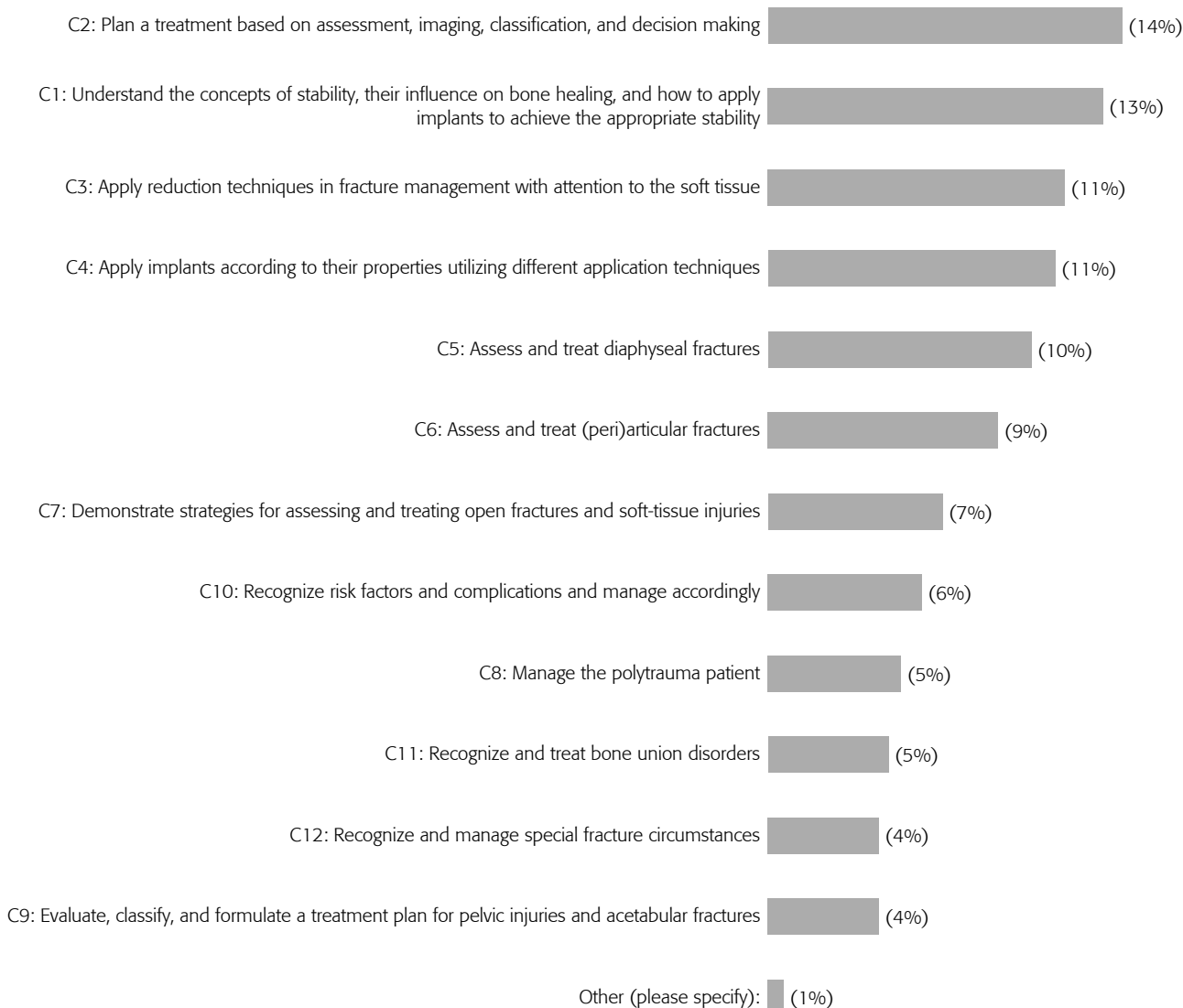
How many practice changes do participants intend to make?

For a full list of intended changes, see "Commitment to change (original statements of participants)"

n=164 (89%)

Number of intended changes: **160**

Intended changes related to one or more competency



[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

- Course
Chairperson(s)

Motivation to learn by competency

What is your present and desired level of ability for the following competencies?

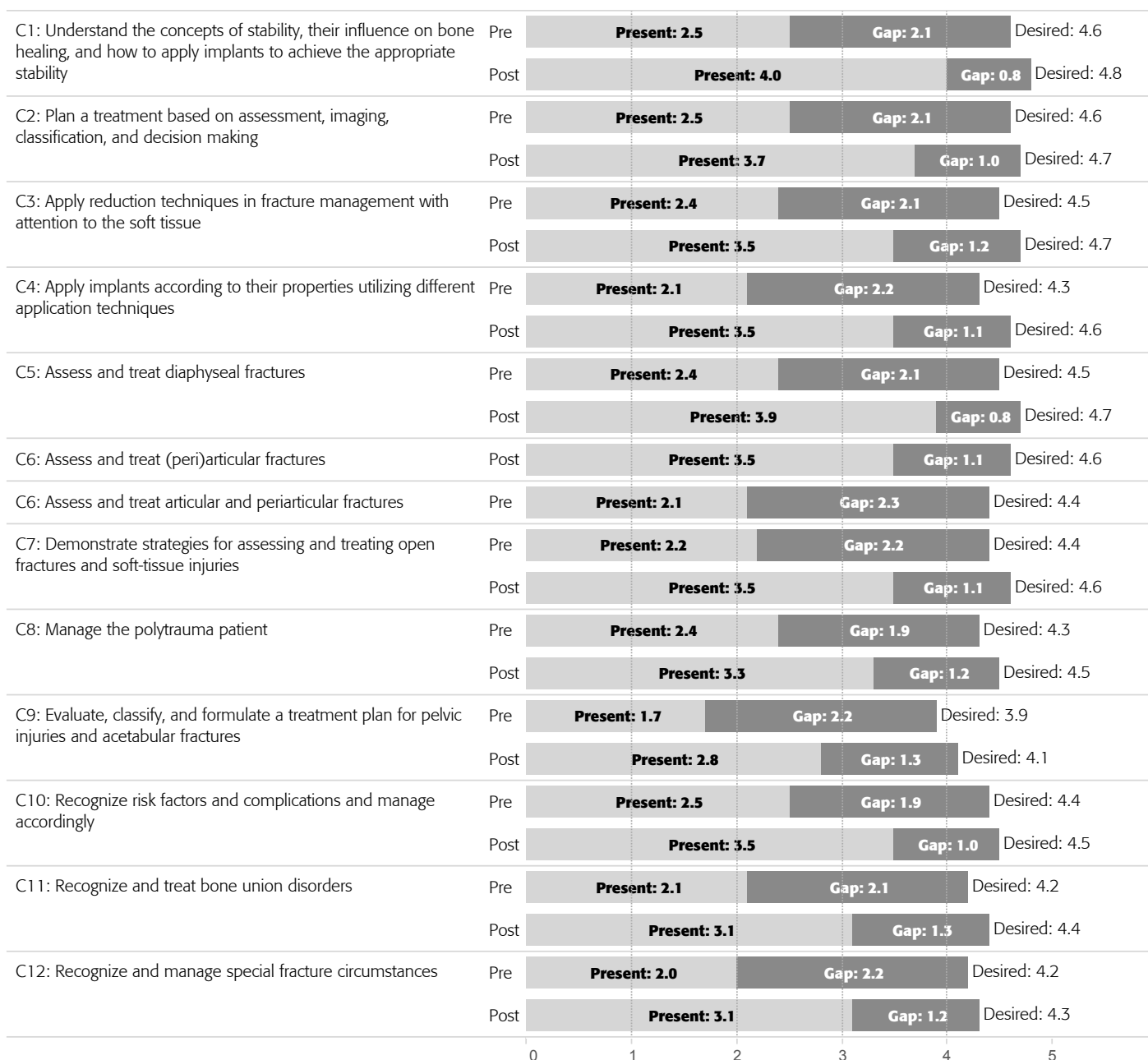
Pre: **n=179** (100%)

Post: **n=134** (75%)

Competencies

Pre and Post Motivation to learn

(Gap=Difference between desired level and present level)



Explanation

- ☐ Desired Level: The level of ability participants would like to have for each competency (1=low, 5=high)
- ☒ Gap: Motivation to learn ("Desired level" minus "Present level") (labelled if value > 0.5)
- ☐ Present Level: Participants' self-reported present level of ability for each competency

Interpretation of gap scores

- < 1: Means low motivation to learn about the competency
- 1 to 2.5: Means good motivation level
- > 2.5: May mean learners are anxious about their low level of ability

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

General feedback from participants on content and faculty

Do you have any suggestions for improvement regarding content and faculty?

n=83 (39%)

Please only faculty with good english level

Prefer only native Englisch speakers. Sometimes it was hard to understand the English.

Regarding the open lectures on Wednesday, it would be ideal to include lectures regarding apporaoches for "beginner" surgeries/the surgeries demonstrated during the practical part. It would be great to have such lectures on a beginner/Basic Level. I was at the lecture approaches - a lot of the Information presented was very advanced, even though there were Basics included.

send the book beforehand; in that way people can try to prepare in a better way.

Ski!!

some of the faculty members were very hard to understand

Sometimes the level of English speach was not very good, it would help if the faculty members are more easily understood.

The content could be even more practical, the faculty's great!

The course always had a lunch break from 12.00-16.00 which I was hoping to be able to enjoy. That wasn't the case. I think you profit from the course itself as well as the breaks. It is not necessary to seperate those things.

The faculty is well skilled. I was educated by good educators. Native English speakers are preffered. Some faculty members are harder to understand just because of their english.

The skiing during luch The scetches in the end were not nessecary.

[feedback continued on additional pages]

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

Feedback from participants on logistics, communication, and venue

Did you experience any obstacles in terms of logistics, communication, and venue?

n=87 (34%)

Yes-language obstacles

to many people in the cours

The quality of the provided lunch was not good..do not destroy all the qualities of the courses by this strong factor...You should extend the break or serve better food.

The overall logistics is very good. However, I do have one criticism; Lunch was a bit dissapointing, and in between only coffee or water was available. The fee for this course is substantial, but food and beverage was not as I expected it to be.

The lunchbreaks were too short (for skiing) and the food was not very good.

The location was very good, easy to reach, with free parking always available. It was very good to have free lunch in the Congress Centre. I did not experience any obstacles.

The lecture hall was a little bit crowded and cramped

the food was really bad. AO world night disappointing

the buffet at lunch time was not really suitable for vegetarians like I am it would be very nice to be able to get a cop of coffe whenever you want (need) it

sometimes break time was too short, spending more time in waiting lines for lunch or coffee instead of regenerating

Some faculty do not speak English

[feedback continued on additional pages]

[Event Name]

[Venue City/Country]

[Event Date]

Language: English

Chairperson(s): John Doe

Annex

Commitment to change (original statements of participants)

Please describe the specific change you intend to make in your clinical practice

n=164 (89%)

Number of intended changes: **160**

to make an accurate planning before surgery!

To teach other colleagues my acquired knowledge and skills, encouraging them as a matter of policy, to attend the AO courses.

To reorganize my practice reflecting the principles I have learnt - organization, adequate pre op planning for all procedures, using appropriate techniques/instrumentation and documentation of cases.

Using the theory of primary/ secondary bone healing in relation to absolute and relative stability. Making a pre operative plan

Use of the AO classification

use AO classification in daily practice,

Use all the techniques and knowledge behind the procedures learned on the skills stations. Also a lot of the knowledge presented in the lectures.

Use a universal distractor to assist with reduction of fractures

Understand the different kind of bone healing and treatment options

Try to discuss more cases (diagnostic workup and Treatment) with supervisor

Treatment of polytraumatized patient. Changes in terms of safer fluoroscopy use. Changes in treatment of open fractures.

[changes continued on additional pages]

Content and Faculty Report

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Executive summary [Date]

Registered participants	Current seat capacity usage	Confirmed faculty (n= 41)			Current participant/faculty ratio	Contact hours
		Intl.	Regional	National		
179	99%	40	0	0	4.26:1	48.0

Content

Content usefulness (highest/lowest)

How useful was the content
to your daily practice?

Event average content scores for each method **Discussion: 4.39**

Lecture: 4.38

Practical: 4.65

Average number of respondents: **n=138** (77%)

Highest rated	Method	1	2	3	4	5	Content score
		Not at all useful	Not very useful	Useful	Very useful	Extremely useful	
Trochanteric fractures	Lecture	0	0	0	24	128	4.84
Fixation principles in osteoporotic bone: the geriatric patient	Lecture	0	0	1	5	32	4.82
Practical exercise 10: Stabilization of the pelvic ring using a large external fixator	Practical	0	0	0	6	23	4.79

Lowest rated

Classification of long-bone fractures: review of eLearning activity	Lecture	1	11	47	77	31	3.75
Introduction to AO Surgery Reference	Lecture	2	0	4	7	6	3.79
Distal femoral fractures: management principles	Lecture	2	5	38	64	42	3.92

[Event Name]
[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

Individual faculty results (Lectures only)

How effective was this faculty member as a lecturer?

n=136 (76%)

Event average faculty score: **4.37**

1=Not at all effective
2=Not very effective
3=Effective
4=Very effective
5=Extremely effective

		Faculty score			Faculty score
Trochanteric fractures	[Faculty 1]	4.93	What have we learned so far?	[Faculty 18]	4.52
Fixation principles in osteoporotic bone: the geriatric patient	[Faculty 2]	4.84	The AO World: from history to lifelong learning	[Faculty 19]	4.50
Fractures in the growing skeleton: how are they different?	[Faculty 3]	4.84	Infection after osteosynthesis: how to diagnose and manage	[Faculty 20]	4.49
Reduction techniques for articular fractures: principles and methods	[Faculty 4]	4.77	Treatment algorithms for the polytrauma patient	[Faculty 21]	4.48
Femoral neck fractures	[Faculty 5]	4.68	Fractures of the humeral diaphysis	[Faculty 22]	4.45
Management principles for articular fractures: how do they differ from diaphyseal fractures?	[Faculty 6]	4.66	Radiation hazards	[Faculty 23]	4.43
Fracture fixation using locking plates	[Faculty 7]	4.66	Principles of diaphyseal fracture management: what is important in treating these fractures?	[Faculty 24]	4.43
Distal radial fractures: which to fix? How to fix?	[Faculty 8]	4.65	Relative stability: biomechanics, techniques, and fracture healing	[Faculty 25]	4.42
Delayed healing: causes and treatment principles	[Faculty 9]	4.64	Fractures of the femoral diaphysis (including subtrochanteric fractures)	[Faculty 26]	4.41
Soft-tissue management of proximal and distal tibial fractures: spanning fixation	[Faculty 10]	4.64	Minimally invasive osteosynthesis: when to use it?	[Faculty 27]	4.41
Intramedullary nailing	[Faculty 11]	4.63	Fractures of the tibial diaphysis	[Faculty 28]	4.35
Forearm fractures: not just another shaft fracture	[Faculty 12]	4.62	Introduction to AO Surgery Reference	[Faculty 29]	4.28
Influence of patient factors and the mechanism of injury on fracture management	[Faculty 13]	4.62	Absolute stability: biomechanics, techniques, and fracture healing	[Faculty 30]	4.19
Emergency management of pelvic fractures: a critical skill that can save lives	[Faculty 14]	4.59	Fractures of the olecranon and patella	[Faculty 31]	3.90
Preoperative planning: rationale and how to do it	[Faculty 15]	4.59	Biology of bone healing: review of eLearning activity	[Faculty 32]	3.82
Introduction to AOTrauma STaRT: Surgical Training and Assessment for Residents	[Faculty 16]	4.56	Distal femoral fractures: management principles	[Faculty 33]	3.66
Management of open fractures	[Faculty 17]	4.55	Reduction techniques of diaphyseal fractures: principles and methods	[Faculty 34]	3.46

[list continued on additional page]

[Event Name]
[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

Complete content evaluation

How useful was the content to your daily practice?

n=148 (83%)

Event average content score for all discussions: **4.39**

Method: **Discussion groups**

	Content score	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful
Discussion group 4: Special fractures (polytrauma, complications, etc)	4.43	0	2	9	45	64
Discussion group 3: Articular fractures: management principles	4.42	0	3	10	60	80
Discussion group 2: Diaphyseal fractures: management principles	4.38	0	3	18	56	85
Discussion group 1: General principles, classification, concepts of stability, their influence on bone healing, and how to apply implants to achieve appropriate stability	4.34	0	3	16	62	74

[Event Name]
[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

Complete content evaluation

How useful was the content to your daily practice?

n=139 (78%)

Event average content score for all practicals: **4.65**

Method: **Practical exercises**

	Content score	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful
Practical exercise 10: Stabilization of the pelvic ring using a large external fixator	4.79	0	0	0	6	23
Practical exercise 5 (part 2): Operate your plan: fixation of a type 22-C1 forearm fracture using the 8-hole and 11-hole locking plates	4.78	0	0	4	24	117
Practical exercise 3: Tibial shaft fractures: intramedullary nailing with reaming	4.74	0	0	2	39	122
Practical exercise 7: Management of a malleolar type 44-B fracture	4.71	0	1	5	33	118
Practical exercise 6: Tension band wiring of the olecranon	4.70	0	1	6	32	119
Practical exercise 9: Management of a trochanteric fracture using a dynamic hip screw	4.70	0	0	5	28	92
Practical exercise 2: Principles of the internal fixator using locking plates	4.68	0	0	3	43	106
Practical exercise 4: Tibial fractures treated with different external fixator frame constructs: assessment of stability	4.67	0	1	3	44	115
Practical exercise 8: Management of a femoral neck fracture using 7.3 mm cannulated screws	4.67	0	0	8	24	90
Practical exercise 1: Internal fixation with screws and plates: absolute stability	4.65	0	0	4	47	106
AO Skills Lab	4.49	0	1	11	55	89
Practical exercise 5 (part 1): Preoperative planning: plan your forearm operation	4.25	4	6	15	39	73

[Event Name]
[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

**- Course
Chairperson(s)**

Annex

Complete content evaluation

How useful was the content to your daily practice?

n=136 (76%)

Event average content score for all lectures: **4.38**

Method: **Lectures**

		Content score	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful	Faculty score
Trochanteric fractures	[Faculty 1]	4.84	0	0	0	24	128	4.93
Fixation principles in osteoporotic bone: the geriatric patient	[Faculty 2]	4.82	0	0	1	5	32	4.84
Reduction techniques for articular fractures: principles and methods	[Faculty 4]	4.75	0	0	4	31	119	4.77
Fracture fixation using locking plates	[Faculty 7]	4.72	0	1	1	41	120	4.66
Delayed healing: causes and treatment principles	[Faculty 9]	4.67	0	0	0	12	24	4.64
Management principles for articular fractures: how do they differ from diaphyseal fractures?	[Faculty 6]	4.65	0	0	4	46	104	4.66
Forearm fractures: not just another shaft fracture	[Faculty 12]	4.64	1	0	4	46	111	4.62
Femoral neck fractures	[Faculty 5]	4.63	0	1	6	41	104	4.68
Fractures in the growing skeleton: how are they different?	[Faculty 3]	4.63	0	1	1	9	27	4.84
Intramedullary nailing	[Faculty11]	4.62	0	0	6	50	108	4.63
Soft-tissue management of proximal and distal tibial fractures: spanning fixation	[Faculty 10]	4.58	0	0	8	48	96	4.64
Distal radial fractures: which to fix? How to fix?	[Faculty 8]	4.57	0	0	7	52	93	4.65
Relative stability: biomechanics, techniques, and fracture healing	[Faculty 25]	4.55	0	0	8	57	99	4.42
Absolute stability: biomechanics, techniques, and fracture healing	[Faculty 30]	4.52	0	2	9	54	98	4.19
Preoperative planning: rationale and how to do it	[Faculty 15]	4.51	0	1	12	50	95	4.59
Emergency management of pelvic fractures: a critical skill that can save lives	[Faculty 14]	4.51	0	2	9	57	96	4.59
Fractures of the humeral diaphysis	[Faculty 22]	4.49	0	1	10	55	88	4.45
Management of open fractures	[Faculty 17]	4.46	0	1	15	56	92	4.55
Fractures of the tibial diaphysis	[Faculty 28]	4.45	0	0	7	75	80	4.35
Fractures of the femoral diaphysis (including subtrochanteric fractures)	[Faculty 26]	4.45	0	0	6	78	79	4.41
Infection after osteosynthesis: how to diagnose and manage	[Faculty 20]	4.39	2	2	12	57	84	4.49
Introduction to AOTrauma STaRT: Surgical Training and Assessment for Residents	[Faculty 16]	4.37	1	0	1	6	11	4.56
Treatment algorithms for the polytrauma patient	[Faculty 21]	4.35	0	4	15	65	81	4.48
Principles of diaphyseal fracture management: what is important in treating these fractures?	[Faculty 24]	4.34	0	1	17	67	72	4.43

[list continued on additional page]

Individual Faculty Report

[Event Name]

[Venue City/Country]

[Event Date]

Language: English

Chairperson(s): John Doe

Recipient

- Individual

Event statistics

[Date]

Confirmed Faculty (n= 30)						
Registered participants	Current seat capacity usage	Intl.	Regional	National	Current participant /faculty ratio	Contact hours
179	99%	40	0	0	4.26:1	48.0

Individual performance: [Faculty 2]

Event average performance score for all lectures:

Faculty

4.37

Content

4.38

Method

Your score

Content score

Fixation principles in osteoporotic bone: the geriatric patient

Lecture

4.84

4.82

Introduction to AOTrauma STaRT: Surgical Training and Assessment for Residents

Lecture

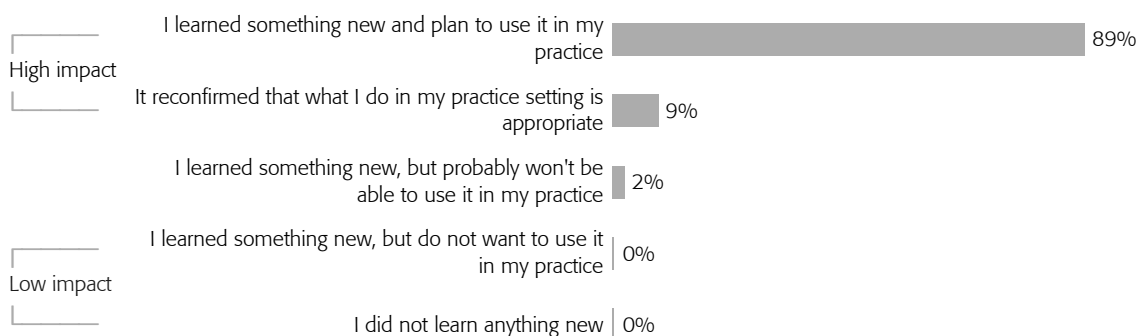
4.56

4.37

Impact

What was the overall impact of this educational event?

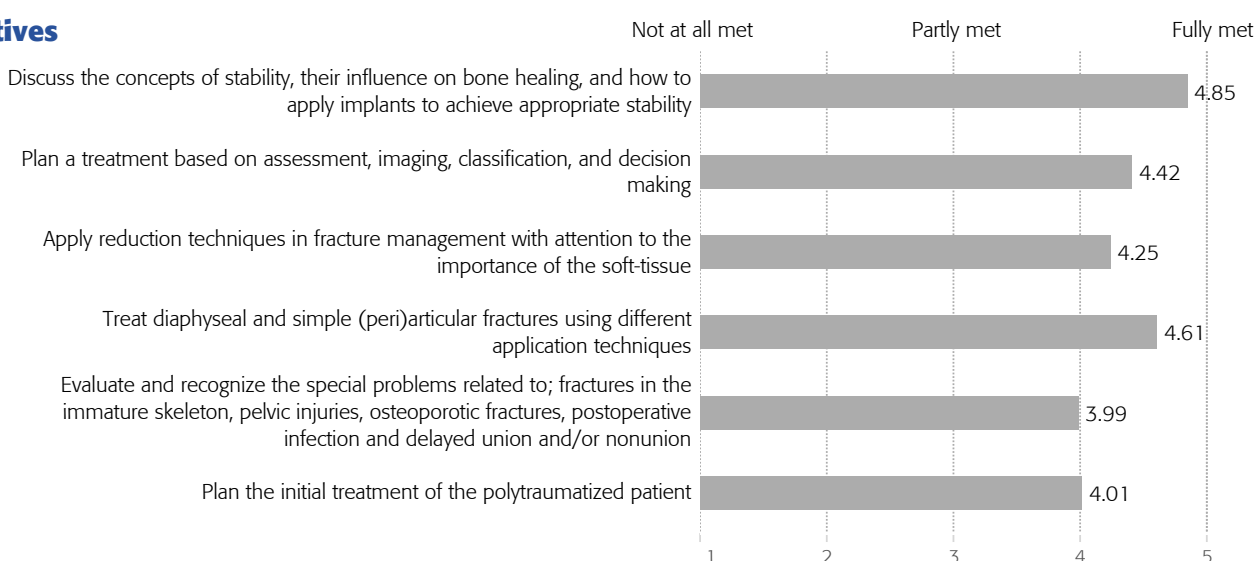
n=136 (76%)



Event objectives

To what degree were the stated objectives met?

n=136 (76%)



[Event Name]

[Venue City/Country]

[Event Date]

Language: English

Chairperson(s): John Doe

Recipient

- Individual

Complete content evaluation: Discussion groups and Practicals

How useful was the content to your daily practice?

n=148 (82%)Event average content score for all discussions: **4.39**Method: **Discussion groups**

	Content Score	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful
Discussion group 4: Special fractures (polytrauma, complications, etc)	4.43	0	2	9	45	64
Discussion group 3: Articular fractures: management principles	4.42	0	3	10	60	80
Discussion group 2: Diaphyseal fractures: management principles	4.38	0	3	18	56	85
Discussion group 1: General principles, classification, concepts of stability, their influence on bone healing, and how to apply implants to achieve appropriate stability	4.34	0	3	16	62	74

n=139 (77%)Event average content score for all practicals: **4.65**Method: **Practical exercises**

	Content Score	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful
Practical exercise 10: Stabilization of the pelvic ring using a large external fixator	4.79	0	0	0	6	23
Practical exercise 5 (part 2): Operate your plan: fixation of a type 22-C1 forearm fracture using the 8-hole and 11-hole locking plates	4.78	0	0	4	24	117
Practical exercise 3: Tibial shaft fractures: intramedullary nailing with reaming	4.74	0	0	2	39	122
Practical exercise 7: Management of a malleolar type 44-B fracture	4.71	0	1	5	33	118
Practical exercise 6: Tension band wiring of the olecranon	4.70	0	1	6	32	119
Practical exercise 9: Management of a trochanteric fracture using a dynamic hip screw	4.70	0	0	5	28	92
Practical exercise 2: Principles of the internal fixator using locking plates	4.68	0	0	3	43	106
Practical exercise 4: Tibial fractures treated with different external fixator frame constructs: assessment of stability	4.67	0	1	3	44	115
Practical exercise 8: Management of a femoral neck fracture using 7.3 mm cannulated screws	4.67	0	0	8	24	90
Practical exercise 1: Internal fixation with screws and plates: absolute stability	4.65	0	0	4	47	106
AO Skills Lab	4.49	0	1	11	55	89
Practical exercise 5 (part 1): Preoperative planning: plan your forearm operation	4.25	4	6	15	39	73

CME Report

[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

- CME
Authorities

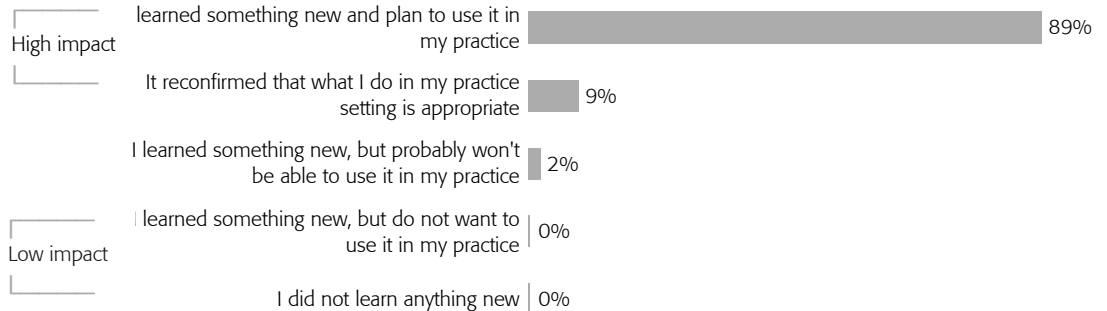
Executive summary [Date]

Registered participants	Current seat capacity usage	Confirmed faculty (n= 41)			Current participant/faculty ratio	Contact hours
		Intl.	Regional	National		
179	99%	40	0	0	4.26:1	48.0

Impact

What was the overall impact of this educational event?

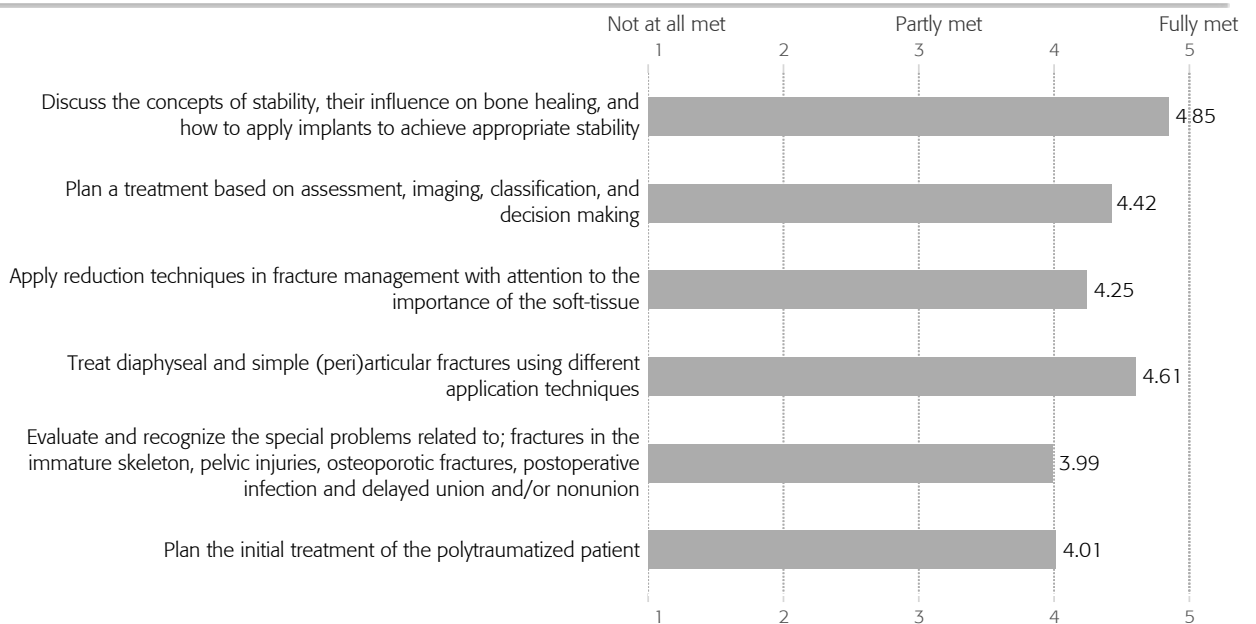
n=136 (76%)



Event objectives

To what degree were the stated objectives met?

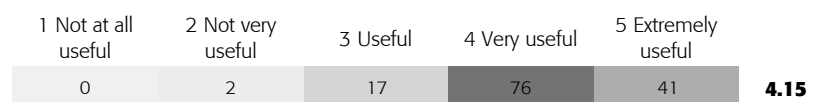
n=136 (76%)



Content usefulness (overall)

How useful was the content to your daily practice?

n=136 (76%)



[Event Name]

[Venue City/Country]

Language: English

Chairperson(s): John Doe

[Event Date]

Recipient

- CME
Authorities

Faculty (overall)

How effective were all faculty in the role they played?

n=136 (76%)

1 Not at all effective	2 Not very effective	3 Effective	4 Very effective	5 Extremely effective	
0	0	27	80	29	4.01

Bias

Commercial bias

Did you perceive this event to be commercially biased?

n=136 (76%)

1 Totally biased	2	3 Somewhat biased	4	5 Not at all biased	
3	4	63	39	27	3.61

Content

Content usefulness (highest/lowest)

How useful was the content to your daily practice?

Average number of respondents: n=138 (77%)

Event average content scores for each method
Discussion: 4.39
Lecture: 4.38
Practical: 4.65

Highest rated	Method	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful	Content score
Trochanteric fractures	Lecture	0	0	0	24	128	4.84
Fixation principles in osteoporotic bone: the geriatric patient	Lecture	0	0	1	5	32	4.82
Practical exercise 10: Stabilization of the pelvic ring using a large external fixator	Practical	0	0	0	6	23	4.79

Lowest rated

Classification of long-bone fractures: review of eLearning activity	Lecture	1	11	47	77	31	3.75
Introduction to AO Surgery Reference	Lecture	2	0	4	7	6	3.79
Distal femoral fractures: management principles	Lecture	2	5	38	64	42	3.92

Commitment to Change Outcome Report

[Event Name]

[Venue City/Country]

[Event Date]

Language: English

Chairperson(s): John Doe

Recipient
- **Course**
- **Chairperson(s)**
- **Curriculum**
- **Task force**

Executive summary

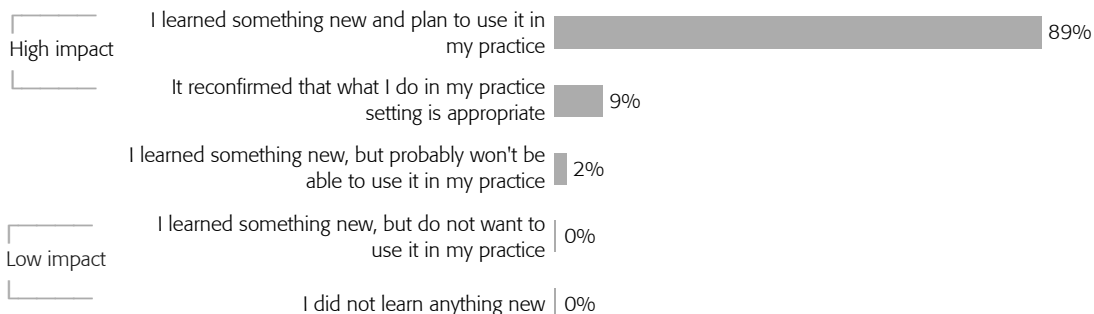
[Date]

Registered participants	Current seat capacity usage	Confirmed faculty (n= 41)			Current participant/faculty ratio	Contact hours
		Intl.	Regional	National		
179	99%	40	0	0	4.26:1	48.0

Impact

What was the overall impact of this educational event?

n=136 (76%)



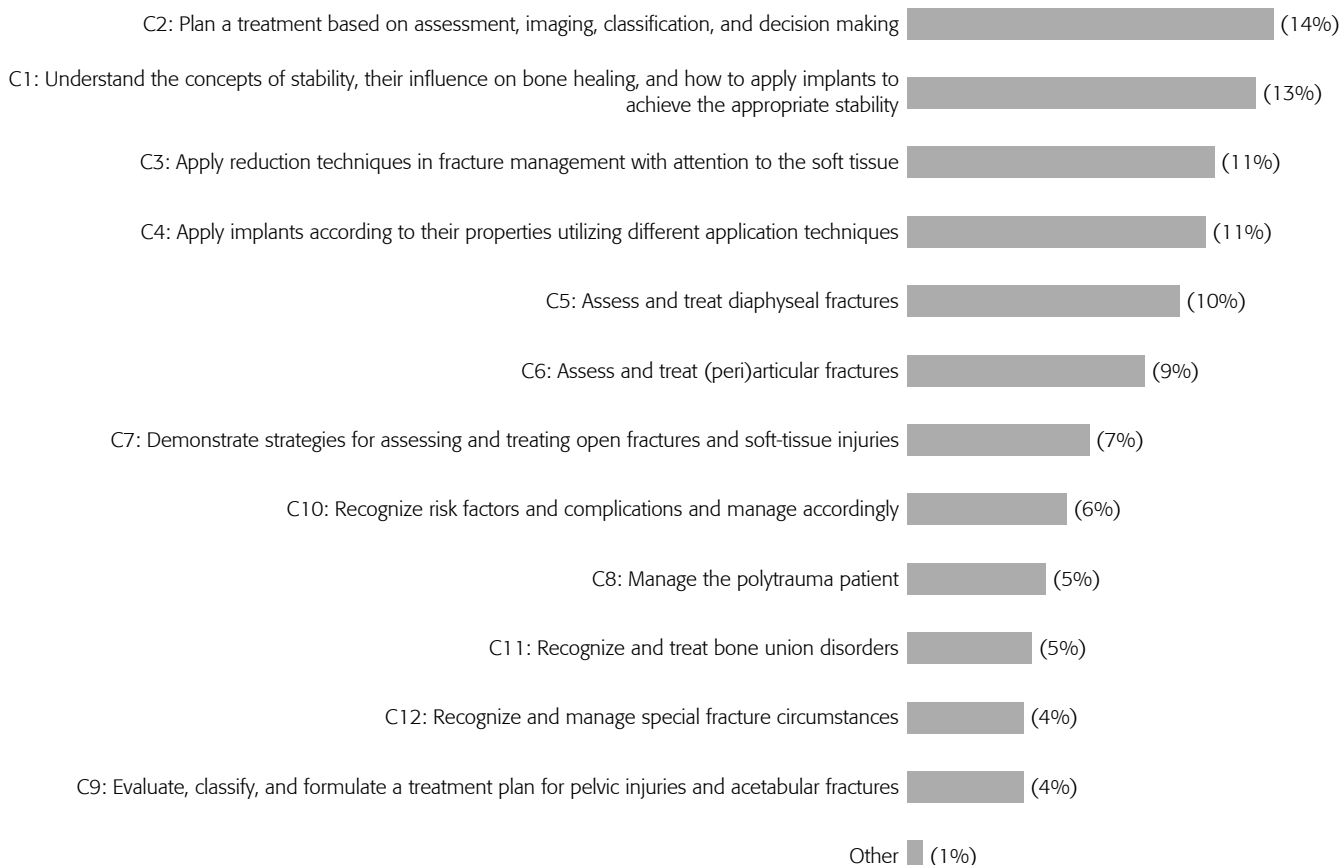
Intended practice changes

How many practice changes do participants intend to make?

n=164 (89%)

Number of intended changes: 160

Intended changes related to one or more competency



[Event Name]

[Venue City/Country]

[Event Date]

Language: English

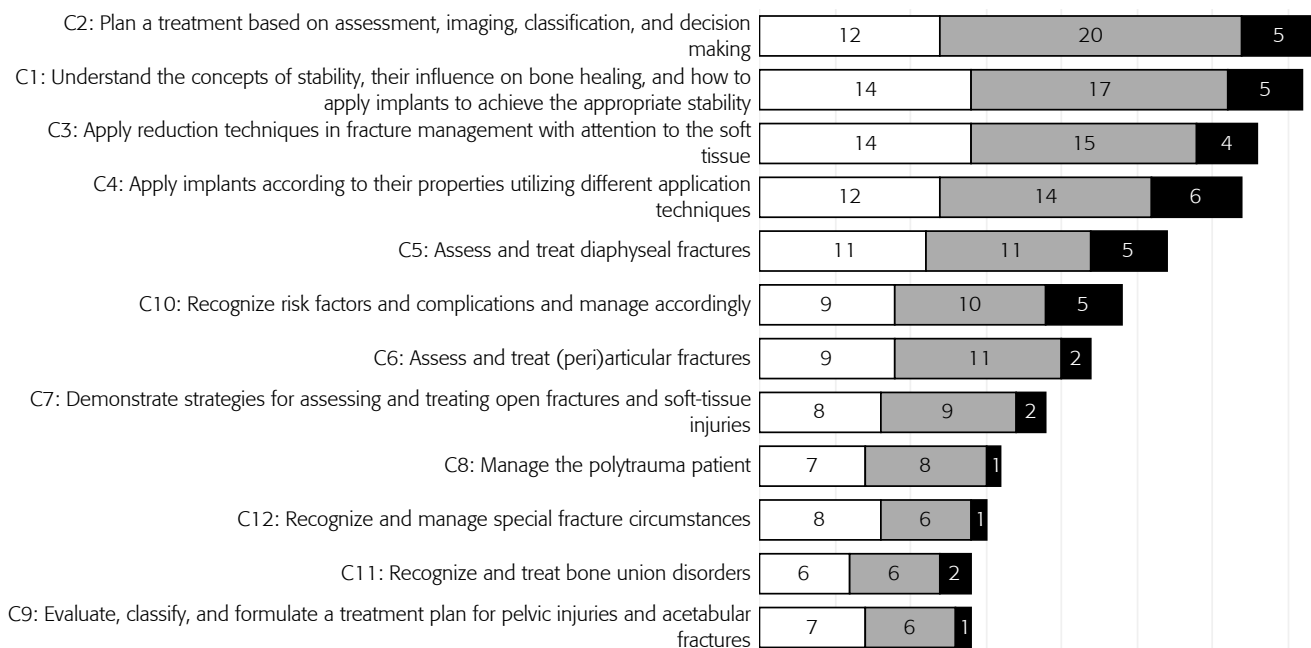
Chairperson(s): John Doe

Recipient
- Course
Chairperson(s)
- Curriculum
Task force

Implementation status (3-month follow up)

n=41 (23%)

Number and status of intended changes related to one or more competency: 65



☐ Fully implemented ☐ Partly implemented ☐ Not implemented

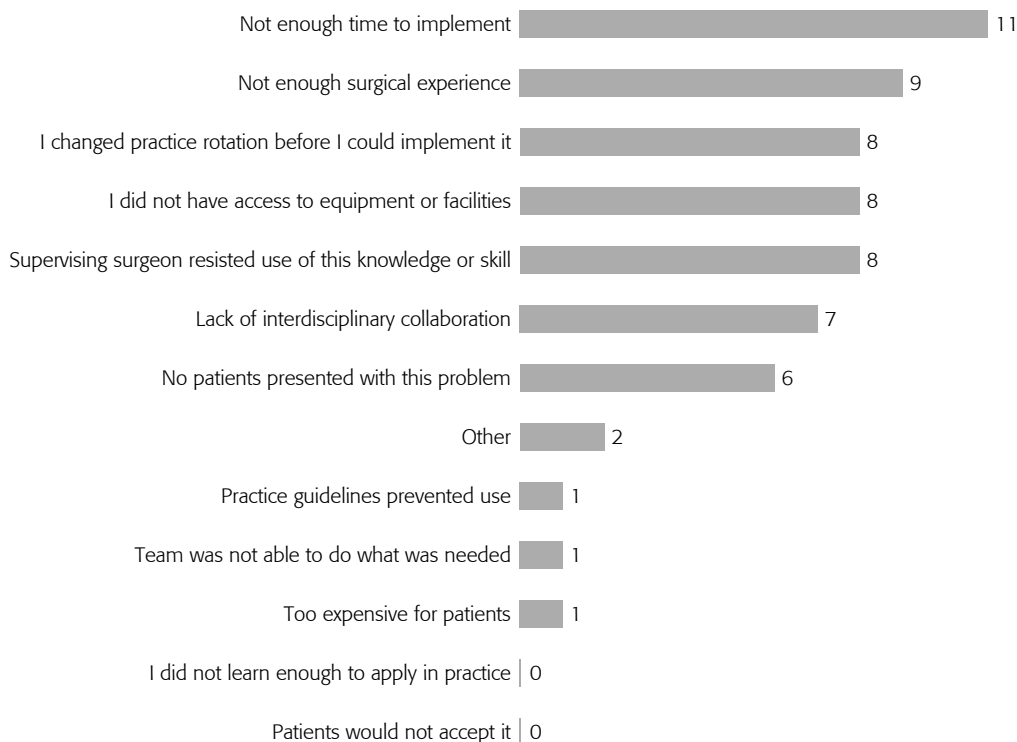
Barriers to implementing practice changes

Frequency of barriers

The barriers participants faced in implementing their intended changes

n=41 (23%)

Total number of barriers: 62



Contact

AO Foundation

AO Education Institute
Stettbachstrasse 6
8600 Duebendorf
Switzerland

Phone +41 44 200 24 20
Fax +41 44 200 24 21

elarning@aofoundation.org
www.aofoundation.org
<http://eval-guide.aoeducation.org>

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For further information regarding event evaluations, please visit the online event evaluation guide at <http://eval-guide.aoeducation.org>