

# Event evaluation: self-assessments and reports Reports collection booklet Sample 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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	JZ

# Pre-Event Report

🅭 AO Foundati	on Pre-Event Pa	arti	cipant I	)ata R	eport		Page 1
	[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe	9	[Eve	nt Date]			Recipient - Course Chairperson(
Registration status	[Date]						
		Cont	firmed Faculty (	n= 41)			
Registered participants	Current seat capacity usage	Intl.	Regional	National	Current particip	oant/faculty ratio	Contact hours
177	98%	40	0	0	4.2	1:1	48.0
Participant profile							
Years of experience	1 year ago	D			17 (11%)		
When did you graduate from medical school?	2 years ag	o					32 (21%)
	3 years ago	C				26 (17%)	
<b>n=151</b> (85%)	4 years ago	o				25 (17%)	
	5 years ag	D				22 (15%)	
	6–10 years ago	c				22 (15%)	
	11–15 years ag	c	2 (1%)				
	More than 15 years ago	D	5 (3%)				
Type of practice	Orthopedic traum	a					66 (44%)
I do mostly (> 50% of time):	General orthopedics (joir replacement, etc			23	(15%)		
<b>n=151</b> (85%)	General traum Specialty orthopedics (eg, spor injuries, shoulder surgery, pelv surgery	ts is 2	2 (1%)		31 (21%)		
	Other (please specify	):			29 (19%)		

### AO Foundation Pre-Event Participant Data Report

[Event Name]

[Venue City/Country]

Chairperson(s): John Doe

[Event Date]

### **Expertise (self-assessment)**

My self-assessed expertise		1 None	2 Low	3 Medium	4 High	Median
level is	General trauma	12	75	59	5	2.0
<b>n=151</b> (85%)	Orthopedic trauma	13	64	66	8	2.0
	Joint preservation and replacement	35	74	37	5	2.0
	Craniomaxillofacial 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)	0 cases	45 (30%)
How many orthopedic trauma cases do you perform as the	1–5 cases	73 (48%)
primary surgeon on average within a month?	6-10 cases	17 (11%)
<b>n=151</b> (85%)	11–15 cases	8 (5%)
	16–20 cases	2 (1%)
	More than 20	6 (4%)
Cases per month (as assistant surgeon)	0 cases	7 (5%)
How many orthopedic trauma cases do you perform as the	1–5 cases	37 (25%)
assistant surgeon on average within a month?	6–10 cases	51 (34%)
<b>n=151</b> (85%)	11–15 cases	31 (21%)
	16–20 cases	12 (8%)
	More than 20	13 (9%)

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### AO Foundation **Pre-Event Participant Data Report**

Page 3

	[Event Name] [Venue City/Country] Chairperson(s): John Doe	[Event Date]	
Practice location	Level I trauma center (full range of specialist		33 (22%)
What is your main practice location?	and equipment available 24 hours a day Level II trauma center (24-hour availability c		
<b>n=151</b> (85%)	all essential specialties, personnel, an equipment	1	40 (26%)
	Local or community hospital (resources fo emergency resuscitation, surgery, an intensive care of most trauma patients	d l	49 (32%)
	University hospita	1	26 (17%)
	Private practic	e 0 (0%)	
	Other (please specify)	: 3 (2%)	

### AO Foundation Pre-Event Participant Data Report

Page 4

[Event Name]

[Venue City/Country]

Chairperson(s): John Doe

[Event Date]

### 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%)

Competencies	Motivation to learn (Gap=Difference between	Correct	Scores Correct responses to multiple-choice questions		
	0 1 2	3 4	1 5		
C10: Recognize risk factors and complications and		Gap: 2.0	Desired: 4.5	Q1	33%
manage accordingly	Fresent. 2.5	Gap. 2.0		Q2	57%
C8: Manage the polytrauma patient	Present: 2.3	Gap: 2.0	Desired: 4.3	Q1	50%
	Fresent. 2.5	uap. 2.0	Desired. 1.5	Q2	82%
C2: Plan a treatment based on assessment, imaging		Gap: 2.1	Desired: 4.6	Q1	44%
classification, and decision making	Present: 2.5	Gap: 2.1	Desired. 4.0	Q2	52%
C11: Recognize and treat bone union disorders	Present: 2.1	Gap: 2.1	Desired: 4.2	Q1	69%
CTT. Recognize and treat pone union disorders	Present: 2.1	Gap: 2.1		Q2	50%
C3: Apply reduction techniques in fracture		Com 2.2	Desired: 4.6	Q1	77%
management with attention to the soft tissue	Present: 2.4	2.4 Gap: 2.2 Desired:		Q2	38%
C5: Assess and treat diaphyseal fractures	Present: 2.4	Corr. 0.1	Desired: 4.5	Q1	50%
C3. Assess and treat diaphyseal fractures	Present: 2.4	Gap: 2.1	Desired. 4.5	Q2	83%
C1: Understand the concepts of stability, their influence on bone healing, and how to apply implants		Corr. 2.1	Desired: 4.6	Q1	62%
to achieve the appropriate stability	Present: 2.5	Gap: 2.1	Desired. 4.0	Q2	56%
C12: Recognize and manage special fracture	Present: 2.0	Gap: 2.2	Desired: 4.2	Q1	56%
circumstances	Present: 2.0	Gap: 2.2	Desiled. 4.2	Q2	65%
C7: Demonstrate strategies for assessing and treating			Desired: 4.4	Q1	64%
open fractures and soft-tissue injuries	Present: 2.2	Gap: 2.2	Desiled. 4.4	Q2	76%
C4: Apply implants according to their properties			Desired: 4.3	Q1	52%
utilizing different application techniques	Present: 2.1	Gap: 2.2	Desired: 4.5	Q2	41%
C9: Evaluate, classify, and formulate a treatment plan			Desired: 3.9	Q1	77%
for pelvic injuries and acetabular fractures		Gap: 2.2	Jesirea: 3.9	Q2	60%
C6: Assess and treat articular and periarticular				Q1	70%
fractures		Gap: 2.4	Desired: 4.5	Q2	81%

### 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

Evocutivo cummonu	DN Post-Event [Event Name] [Venue City/Country] Language: English Chairperson(s): John Do	1		ent Date]		Page 1 Recipient - Course Chairperson(s
Executive summary	[Date]	- 0				
			ed faculty (n=			
Registered participants Cu 179	irrent seat capacity usage 99%	Intl. 40	Regional 0	National 0	Current participant/faculty ratio 4.26:1	Contact hours 48.0
What was the overall impact of this educational event? <b>n=136</b> (76%)	I learned some	that what I set thing new, b e able to us thing new, b us	my pract do in my pract ting is appropri out probably we be it in my pract	ice ate 9% n't 2% ice 0%		89%
Event objectives				Not at all met	Partly met	Fully met 4 5
Discuss th	ne concepts of stability, their in how to apply implants t					4 85
To what degree	treatment based on assessme	nt, imaging,	classification, a decision mak	ind		4.42
To what degree were the stated Plan a to objectives met?	treatment based on assessme on techniques in fracture man	agement wi	decision mak	ind ing		4.42
To what degree were the stated Plan a to objectives met? n=136 (76%) Apply reduction		agement wi importance icular fractu	decision mak th attention to e of the soft-tise	ind ing the sue		
To what degree were the stated plan a f objectives met? n=136 (76%) Apply reduction Treat d Evaluate an	on techniques in fracture man	agement wi importance icular fractu appl ms related orotic fractu	decision mak th attention to e of the soft-tis: res using differ ication techniqu to; fractures in ures, postopera	ind ing the sue res res the ive		4.25

### Content usefulness (overall)

How useful was the content to	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful	
your daily practice?	0	2	17	76	41	4.15
-176 (76%)						

**n=136** (76%)

	[Event Name] [Venue City/Country] Language: English Chairperson(s): John Do		[Event D	ate]		- Co	cipient ourse airperson(s
Faculty (overall)							
How effective were all faculty in the they played?	e role	1 Not at all effective	2 Not very effective	3 Effective	4 Very effective	5 Extremely effective	
<b>n=136</b> (76%)		0	0	27	80	29	4.01
Satisfaction							
Would you recommend this event your colleagues?	to			Yes (100%)			
<b>n=136</b> (76%)							
Funding and bias							
Commercial bias							
Did you perceive this event to be commercially biased?		1 Totally biased	2	3 Somewhat biased	4	5 Not at all biased	
<b>n=136</b> (76%)		3	4	63	39	27	3.61
Payment		P	aid by myself			24%	
Who covered the overall cost of you participating in this	Par	tly by myself, part	ly by hospital				32%
n=136 (76%)	Par	tly by myself, part	ly by industry	9	%		
	Partl	y by hospital, part	ly by industry	5%			
		All costs covere	ed by hospital			25%	

### Logistics

(For comments and feedback, see "Annex")

Venue/Location						
Please rate the venue/location:	1 Unsatisfactory	2 Improvement needed	3 Met expectations	4 Exceeded expectations	5 Exceptional	
<b>n=136</b> (76%)	0	13	44	53	26	3.68

	Post-Event Evalua [Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe	[Event Date]	Page 3 Recipient - Course Chairperson(s)
Intended practice chang	es		
How many practice changes do p	articipants intend to make?		
For a full list of intended changes, <b>n=164</b> (89%)		iginal statements of participants	)"
Number of intended changes: 1 Intended changes related to o			
-	n assessment, imaging, classification, .	and decision making	(14%)
C1: Understand the concepts of s	tability, their influence on bone healir implants to achieve the		(13%)
C3: Apply reduction technique	s in fracture management with attent	ion to the soft tissue	(11%)
C4: Apply implants according t	to their properties utilizing different ap	oplication techniques	(11%)
	C5: Assess and treat	diaphyseal fractures	(10%)
	C6: Assess and treat (p	eri)articular fractures	(9%)
C7: Demonstrate strategies for as	sessing and treating open fractures ar	nd soft-tissue injuries	(7%)
C10: Recogni	ize risk factors and complications and	manage accordingly	(6%)
	C8: Manage th	e polytrauma patient	(5%)
	C11: Recognize and treat b	oone union disorders	(5%)
	12: Recognize and manage special fra		(4%)
C9: Evaluate, classify, and formulate a			(4%)
	Ot	her (please specify): (1%)	

[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)

C1: Understand the concepts of stability, their influence on bone healing, and how to apply implants to achieve the appropriate	Pre	Present: 2.5	Gap: 2.1	Desired: 4.6
stability	Post	Present: 4.0		Gap: 0.8 Desired: 4.8
C2: Plan a treatment based on assessment, imaging, classification, and decision making	Pre	Present: 2.5	Gap: 2.1	Desired: 4.6
	Post	Present: 3.7		Gap: 1.0 Desired: 4.7
C3: Apply reduction techniques in fracture management with attention to the soft tissue	Pre	Present: 2.4	Gap: 2.1	Desired: 4.5
	Post	Present: 3.5	G	ap: 1.2 Desired: 4.7
C4: Apply implants according to their properties utilizing different application techniques	Pre	Present: 2.1	Gap: 2.2	Desired: 4.3
	Post	Present: 3.5	Ga	p: 1.1 Desired: 4.6
C5: Assess and treat diaphyseal fractures	Pre	Present: 2.4	Gap: 2.1	Desired: 4.5
	Post	Present: 3.9		Gap: 0.8 Desired: 4.7
C6: Assess and treat (peri)articular fractures	Post	Present: 3.5	Ga	p: 1.1 Desired: 4.6
C6: Assess and treat articular and periarticular fractures	Pre	Present: 2.1	Gap: 2.3	Desired: 4.4
C7: Demonstrate strategies for assessing and treating open iractures and soft-tissue injuries	Pre	Present: 2.2	Gap: 2.2	Desired: 4.4
	Post	Present: 3.5	Ga	p: 1.1 Desired: 4.6
C8: Manage the polytrauma patient	Pre	Present: 2.4	Gap: 1.9	Desired: 4.3
	Post	Present: 3.3	Gap	1.2 Desired: 4.5
C9: Evaluate, classify, and formulate a treatment plan for pelvic njuries and acetabular fractures	Pre	Present: 1.7 G	ap: 2.2	Desired: 3.9
	Post	Present: 2.8	Gap: 1.3	Desired: 4.1
C10: Recognize risk factors and complications and manage accordingly	Pre	Present: 2.5	Gap: 1.9	Desired: 4.4
accordingly	Post	Present: 3.5	Ga	p: 1.0 Desired: 4.5
C11: Recognize and treat bone union disorders	Pre	Present: 2.1	Gap: 2.1	Desired: 4.2
	Post	Present: 3.1	Gap: 1	.3 Desired: 4.4
C12: Recognize and manage special fracture circumstances	Pre	Present: 2.0	Gap: 2.2	Desired: 4.2
	Post	Present: 3.1	Gap: 1.	Desired: 4.3

### 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)

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### 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 separate 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 critisism; 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 Englisch

[feedback continued on additional pages]

[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe

[Event Date]

### 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 orimary/ secondary bone healing in relation to absolute and relative stability. Making a pre operative plan

Use of the AO classification

use AO classification i 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 en treatment options

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

Tretman 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



### AO Foundation Content and Faculty Report

CONFIDENTIAL Page 1

[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe

[Event Date]

Recipient

- Course

### Chairperson(s)

### **Executive summary** [Date]

Confirmed faculty $(n=41)$								
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		

### Content

Content usefulness (highest/lowest)	Event average content scores for each method	Discussion:	4.39
How useful was the content to your daily practice?		Lecture: Practical:	4.38 4.65
		i iuciicui.	4.05

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

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



L [list continued on additional page]

## AO Foundation Content and Faculty Report

[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe

[Event Date]

Recipient

1=Not at all effective

2=Not very effective 3=Effective

4=Very effective 5=Extremely effective

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

		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

- Course

Page 2



[Event Name]

Language: English

[Venue City/Country]

Chairperson(s): John Doe

Recipient

- Course Chairperson(s)

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### 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 Date]

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### AO Foundation Content and Faculty Report

[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		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	467	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

### AO Foundation Content and Faculty Report

[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe

[Event Date]

Recipient

- Course Chairperson(s)

Page 6

### 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

🔌 AO Found	lation	Individua	l Fac	ulty Rep	port			Page 1
		[Event Name] [Venue City/Coun Language: English Chairperson(s): John	-		[Event Date]			cipient <b>dividual</b>
<b>Event statistics</b>	[Da	ate]						
			Сог	nfirmed Faculty	r (n= 30)			
Registered participants	Current se	eat capacity usage	Intl.	Regional	National	Current participant /faculty ratio	) Conta	act hours
179		99%	40	0	0	4.26:1	2	48.0
Individual perfo	rmance:	[Faculty 2]					Faculty	v Content
				E	vent average pe	rformance score for all lectures:	4.37	4.38
						Method	Your score	Content score
Fixation principles in os	steoporotic b	oone: the geriatric pat	ient			Lecture	4.84	4.82
Introduction to AOTrau	ima STaRT: S	Surgical Training and A	Assessmer	nt for Residents		Lecture	4.56	4.37

Impact		I learned something new and plan to use it in my practice			89%
What was the ove impact of this educational event		It reconfirmed that what I do in my practice setting is appropriate	9%		
<b>n=136</b> (76%)		I learned something new, but probably won't be able to use it in my practice			
	Low impact	I learned something new, but do not want to use it in my practice			
		I did not learn anything new	0%		
Event objecti	ves	Not at a	all met	Partly met	Fully met
To what degree <sup>I</sup> were the stated objectives met?	Discuss the concepts o	of stability, their influence on bone healing, and how to apply implants to achieve appropriate stability			4.85
n=136 (76%)	Plan a treatment base	ed on assessment, imaging, classification, and decision making			4.42

Apply reduction techniques in fracture management with attention to the importance of the soft-tissue Treat diaphyseal and simple (peri)articular fractures using different application techniques

Evaluate and recognize the special problems related to; fractures in the immature skeleton, pelvic injuries, osteoporotic fractures, postoperative infection and delayed union and/or nonunion

Plan the initial treatment of the polytraumatized patient

4.25

3.99

4.01

4

2

1

3

4.61

5

### AO Foundation Individual Faculty Report

Page 2

[Event Name] [Venue City/Country]

[Event Date]

### Recipient - Individual

Language: English Chairperson(s): John Doe

### Complete content evaluation: Discussion groups and Practicals

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 principle	s <b>4.42</b>	0	3	10	60	80
Discussion group 2: Diaphyseal fractures: management principle	s <b>4.38</b>	0	3	18	56	85
Discussion group 1: General principles, classification, concepts of stability, their influence o bone healing, and how to apply implants to achieve appropriate stabilit	אר <b>4.34</b>	0	3	16	62	74

Event average content score for all practicals: 4.6
---

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

**n=139** (77%)

# CME Report



### AO Foundation CME Report [Event Name]

Page 1

Recipient - CME

**Authorities** 

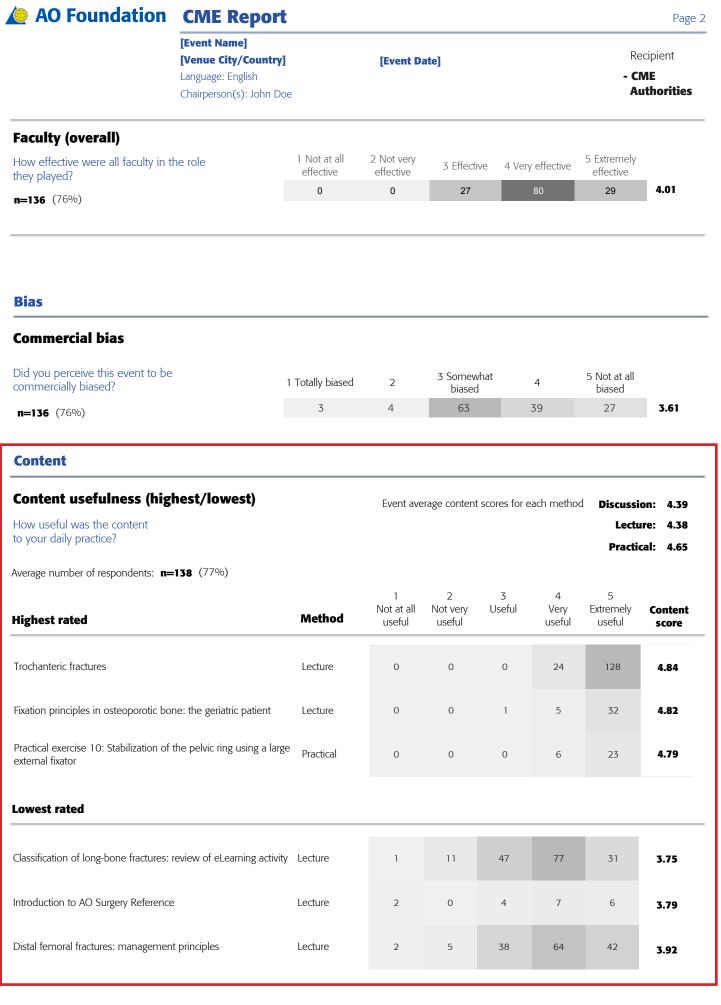
[Venue City/Country] Language: English Chairperson(s): John Doe [Event Date]

### **Executive summary** [Date]

Registered participants								
· · · · 0· · · · · · · F · · · · · F · · · ·	Current seat capacity usage	Intl.	Regional	National	Current participant/faculty ratio		Contact h	ours
179	99%	40	0	0	4.26:1	48.0		
mpact	learned so High impact	mething ne	ew and plan to u my	use it in practice				89%
What was the overall mpact of this educatic event?	onal		/hat I do in my setting is app	ropriate	9%			
n=136 (76%)	I learned sc		ew, but probabl to use it in my					
	Low impact	omething n	ew, but do not use it in my					
	L	I did I	not learn anythi	ng new 0%				
Event				Not at all n 1	net P 2	artly met 3	4	Fully me
D <b>bjectives</b> Di	iscuss the concepts of stability, the how to apply impla							4 85
vara tha stated	Plan a treatment based on assessment, imaging, classification, and decision making						4.4	2
<b>n=136</b> (76%) Apply	reduction techniques in fracture r		nt with attention tance of the so				4.25	
	Treat diaphyseal and simple (per		ractures using c application tech					4.61
	luate and recognize the special pr nature skeleton, pelvic injuries, os infection and	teoporotic f		perative			3.99	
	Plan the initial treatme	ent of the p	polytraumatized	patient			4.01	

### **Content usefulness (overall)**

How useful was the content to your daily practice?	1 Not at all useful	2 Not very useful	3 Useful	4 Very useful	5 Extremely useful		
	0	2	17	76	41	4.15	
n-136 (76%)							



# As of October 1, 2016, the content ratings for event activities will not be included in the CME report.

# Commitment to Change Outcome Report

🅭 AO Founda	tion	Commit	nent to	o Chang	Page 1		
	[Event Name] [Venue City/Country] Language: English Chairperson(s): John Doe		[Event Date]			Recipient - Course Chairperson(s) - Curriculum	
Executive summa	ry	[Date]					Task force
			Cor	nfirmed faculty	(n=41)		
Registered participants	Current se	eat capacity usage	Intl.	Regional	National	Current participant/faculty ratio	Contact hours
179		99%	40	0	0	4.26:1	48.0
Impact	High	I learne	d something	new and plan r	to use it in ny practice		89%
What was the overall impact of this educationa	al L	It reco					
event? n=136 (76%)		I learned s					
	Low	I learne	ed something	g new, but do r use it in r	not want to   0 ny practice   0	%	
	L		١d	lid not learn an	ything new 0	%	

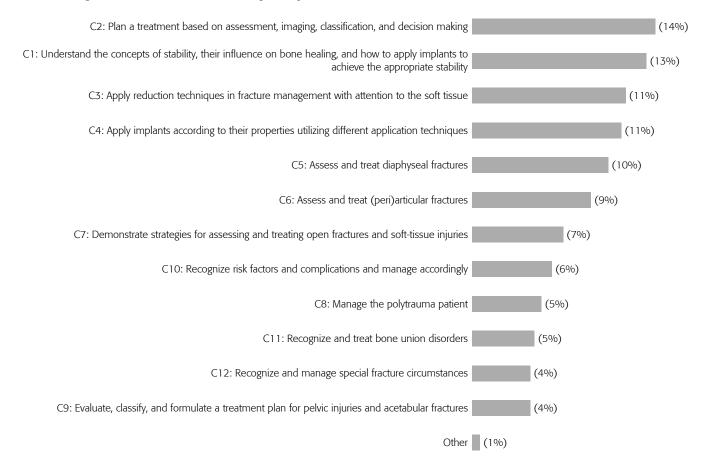
### **Intended practice changes**

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]

Chairperson(s): John Doe

Language: English

[Event Date]

Page 2

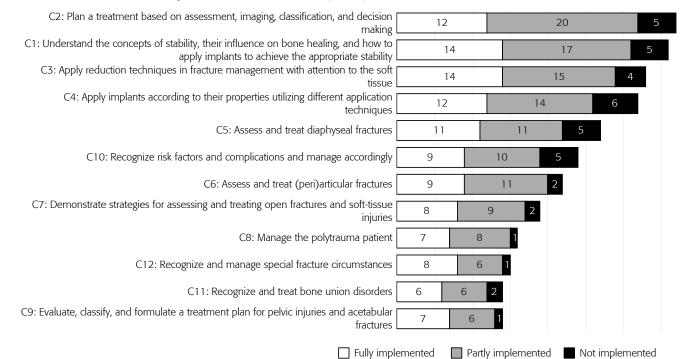
Recipient

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



### **Barriers to implementing practice changes**

Frequency of barriers	Not enough time to implement 11	
The barriers participants faced in implementing their intended changes	Not enough surgical experience 9	
	I changed practice rotation before I could implement it	
n=41 (23%) Total number of barriers: 62	I did not have access to equipment or facilities 8	
Total number of Damers: 62	Supervising surgeon resisted use of this knowledge or skill 8	
	Lack of interdisciplinary collaboration 7	
	No patients presented with this problem 6	
	Other 2	
	Practice guidelines prevented use 1	
	Team was not able to do what was needed 1	
	Too expensive for patients 1	
	I did not learn enough to apply in practice $\mid$ 0	
	Patients would not accept it $\mid$ 0	

# Contact

### **AO Foundation**

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Version September 2016

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