

## QUESTIONNAIRE FORM

REGARDING THE STRUCTURE AND ORGANISATION OF HOSPITALS, WHICH TRAIN  
AO FELLOWS

- 1) Name of hospital: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Fax: \_\_\_\_\_
- 2) Name of department where the fellow is trained: \_\_\_\_\_
- 3) Head of department: \_\_\_\_\_
- 4) Who is in charge of the fellows: \_\_\_\_\_  
 Email address: \_\_\_\_\_
- 5) No. of beds in the department: \_\_\_\_\_
- 6) No. of senior residents/registrar: \_\_\_\_\_
- 7) Facilities for outpatients:  
 - outpatient department?                      yes / no  
 - special consultation hours?              Yes / no  
 - specialities, e. g.: \_\_\_\_\_  
 \_\_\_\_\_
- 8) Polytrauma patients (various major fractures or combination of fractures and cerebro-spinal, thoracic or abdominal injuries) per year (approx.): \_\_\_\_\_  
 \_\_\_\_\_
- a) integrated intensive care unit:                      yes / no  
 b) intensive care unit together with other specialities                      yes / no  
 c) assisted respiration cases per year (approx.): \_\_\_\_\_  
 d) neurosurgery in the hospital:                      yes / no  
 e) cardio thoracic surgery in hospital:                      yes / no
- 9) Approx. total number of operations (trauma and orthop.) per year: \_\_\_\_\_
- a) estimated % of trauma: \_\_\_\_\_  
 b) estimated % of elective orthopaedics: \_\_\_\_\_  
 c) osteotomies of the hip:                      yes / no  
 (this is often a wish of doctors coming from developing countries)

10) Specialities (state the approx. % in relation to all operations)

- children:                      yes (..... %) or      no

- hand:                            yes (..... %) or      no

- spine:                            yes (..... %) or      no

- maxillofacial:                yes (..... %) or      no

- pelvis:                            yes (..... %) or      no

- others: \_\_\_\_\_

- are these specialities      a part of the department  or    independent  or  
in another hospital

- head(s) of speciality department(s): \_\_\_\_\_

\_\_\_\_\_

11) Special neighbouring hospitals, which could be visited by the fellowyes / no

a) name(s) of hospital(s): \_\_\_\_\_

b) head(s) of department(s): \_\_\_\_\_

12) Current scientific activities of the hospital (clinical/basic research): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13) Other activities of the hospital in which an interested fellow could take part (e.g. staff-meetings with other specialities etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) Can the fellow assist scrubbed at the operations?                      yes / no

If yes, how often? \_\_\_\_\_

15) Will the fellow be called at emergencies at night / weekends?                      yes / no

16) Lodging and board

a) does he/she have a room in the hospital area? yes / no

b) if not, where will he/she stay? \_\_\_\_\_

Describe facility (apartment/room): \_\_\_\_\_

Distance to hospital: \_\_\_\_\_

c) approx. rent of the room per week: \_\_\_\_\_

d) is there a call-system between his/her room and the hospital? yes / no

Availability in the apartment/room

- bed linen and towels: YES  NO

- cooking facilities: YES  NO

- personal phone: YES  NO

- television: YES  NO

- internet access: YES  NO

- Hospital canteen available? YES  NO

- Approx. cost per meal? \_\_\_\_\_

17) Do you prefer fellows from a particular country, region or continent? yes / no

- if yes, from which one (will be treated confidentially): \_\_\_\_\_

18) Can you accommodate more than one fellow at the same time? yes / no

(maximum ..... fellows at the same time)

19) Please describe in brief outlines the route between the nearest international airport and the hospital: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20) Travel of the AO fellow

Please describe briefly the route between the nearest international airport and the hospital with time indication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21) Administration

Responsible person in the hospital for

- Booking the accommodation: \_\_\_\_\_

- Welcoming+orientating the fellow: \_\_\_\_\_

- Handing over the room key: \_\_\_\_\_

Please submit name of bank and \_\_\_\_\_

bank account no for the transfer \_\_\_\_\_

of the stipend. \_\_\_\_\_

22) Welcome package of the host hospital for the AO fellow

Do you offer a welcome package to the AO fellow YES  NO

If 'yes' does it contain:

- information sheet with name, phone no, time of availability

of the person taking care of the AO fellow during his/her stay: YES  NO

- information brochure/sheet on the hospital YES  NO

- rules of the hospital YES  NO

- site plan of the hospital YES  NO

- working clothes/shoes YES  NO

- vouchers for the hospital canteen YES  NO

- others: \_\_\_\_\_

\_\_\_\_\_

23) Additional remarks / suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place, Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send the completed form to the following address:

President of AO International  
Clavadelstrasse  
CH-7270 Davos Platz  
Switzerland / Fax number: +41 81 414 22 83

**THANK YOU VERY MUCH INDEED!**