

TEAM VISIT REPORT

The information provided by the team will be used as the basis for Orthopaedic Outreach reports on the outcomes and achievements of the project. Reporting ensures that improvements in service delivery and development of local services are continued. When writing your report please provide as much detail as possible. Team members may be contacted by Orthopaedic Outreach staff for more information where required.

Please be aware that a copy of your report may be sent to your counterpart/s in-country for review. If there are any issues which may be inappropriate to pass on to in-country personnel, please submit comments in a separate document.

Click the fields below to fill-in the form. Save and send the completed pdf file to ghextell@orthoreach.org.au.

PROGRAM DETAILS

Specialty		
Visit dates		
Visit location		
Name of person completing this report	(Team Leader)	
TEAM MEMBERS		
Name	Role (e.g. Surgeon)	Hospital (e.g. Royal Melbourne Hospital)
PARTICIPATING LOCAL STAF	F AND KEY CONTACTS	
Orthopaedic Outreach requires details croles, and hospital/s. Please pay particu		he team's activities. Please record names, gender, re to be an important key contact.
Name	Gender Role	Hospital

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As per discussion with the MoH/hospital counterparts. Targets or goals where visit outcomes can be measured against.

SUMMARY OF CLINICAL SERVICES

Patient records including gender and age MUST be provided for both consultations and operations performed. Data should be completed electronically or by clear hand-written notes and returned with the visit report. Operations Record templates are provided prior to departure.

Age		0-18			19-39			40-59			60+			TOTAL	
Gender	M	F	?	M	F	?	M	F	?	M	F	?	M	F	?
Consultations															
Operations															

Please provide a detailed summary of clinical services provided during this visit including:

Screening

- Level of pre-screening conducted by local staff.
- Pre-operative assessments and consultations.
- Presentation trends.

Surgery

- Major types of surgery/procedures performed.
- How surgery delivered by the team will impact on patient's quality of life.
- Morbidity and mortality.

Post-operative care

• Relevant details of patients requiring aftercare or follow-up.

CAPACITY BUILDING AND TRAINING ACTIVITIES

Please provide detailed summary of capacity building and training activities delivered during the visit including:

Informal Training

- Details of scenarios i.e. mentoring, on-the-job skills training, supervision etc.
- Details of local staff involved.

Formal Training

- Type of training.
- Topics covered.
- Details of local staff/students involved i.e. undergrad/postgrad.
- · Resources provided.
- Feedback from participants.

Training for the future

- Suggested training opportunities for future visits.
- Identify local staff who should be targeted for future training.

NING	B T 1 4	

Please provide a list of participants involved in training activities.

Name Gender Role Hospital

EQUIPMENT AND SUPPLIES
Please provide information on the following:
Availability and condition of medical equipment in-country.
Availability of supplies in-country.
 Supplies left with hospital. Recommended procurement for future trips.
 Notes to the equipment coordinator on all equipment/supplies provided.
ISSUES
ISSUES Please report on any issues relating to the visit
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RECOMMENDATIONS	
Team members are invited to make recommendations. Consider including recommendations on:	
Frequency of further visits.	
Clinical needs and priorities.	
Training needs and priorities.	
DEBRIEF	
	of each
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GENERAL COMMENTS Please provide any general/other comments on any aspects of this visit.					