



**Center for Reproductive Medicine**

**Glickman Urological & Kidney Institute and Ob/Gyn and Women's Health Institute**

**Evaluation form for Clinical Observer in  
Reproductive Medicine**

Observer's Name: <b>IGNACIO MORALES DINAMARCA</b>	Employee Number:
Observership in <input checked="" type="checkbox"/> Male Infertility (Urology) <input type="checkbox"/> Reproductive Surgery & Infertility (Ob/Gyn)	
Attending: <input checked="" type="checkbox"/> Edmund Sabanegh, MD <input type="checkbox"/> Tommaso Falcone, MD	
Observership period: <b>AUGUST 10 - SEPT. 10</b>	
Permanent Address: <b>PADRE CORREA 2616 Depto 11 PROVIDENCIA, SANTIAGO DE CHILE.</b>	
Phone: <b>56-2-7248909</b>	Email: <b>drignaciomorales@gmail.com</b>

How did you learn about our Observership program? (E.g. Internet/Center website, colleague, friend's recommendation, meeting)	<b>INTERNET CENTER WEBSITE</b>
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How do you rate the following (please cross one):

1. Clinical case discussion (Clinical picture, test and imaging results, and lines of management)			
Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
2. Observation and interactive discussions during surgeries			
Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>

3. Were you able to observe adequate number of surgeries?				
Yes <input checked="" type="checkbox"/>	To some extent [ ]		No [ ]	
4. Did the observation of these techniques helped advance your surgical skills?				
Very helpful <input checked="" type="checkbox"/>	Helpful [ ]	To some extent [ ]	Not helpful [ ]	
5. Will these techniques be useful in your practice in your home country?				
Yes <input checked="" type="checkbox"/>	To some extent [ ]		No [ ]	
6. Were you able to observe surgery in the area of your interest?				
Yes <input checked="" type="checkbox"/>	To some extent [ ]		No [ ]	
7. Observation of techniques in IVF lab				
Very helpful [ ]	Helpful [ ]	To some extent [ ]	Not helpful [ ]	Not Applicable <input checked="" type="checkbox"/>
8. Microsurgery Course				
Very helpful <input checked="" type="checkbox"/>	Helpful [ ]	To some extent [ ]	Not helpful [ ]	Not Applicable [ ]

Overall assessment of our program (please cross one):

1. Was your Observership period adequate?			
Adequate <input checked="" type="checkbox"/>	Short <input type="checkbox"/>	Too Short <input type="checkbox"/>	
2. How would you rate your experience in our program in terms of skills and knowledge acquired:			
Excellent <input checked="" type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Not Good <input type="checkbox"/>
3. Did this Observership help in achieving your goals?			
Very helpful <input checked="" type="checkbox"/>	Helpful <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not helpful <input type="checkbox"/>
9. Would you recommend other candidates looking for similar Observership training?			
Highly recommend <input checked="" type="checkbox"/>	Recommend <input type="checkbox"/>	Not recommend <input type="checkbox"/>	Not sure <input type="checkbox"/>

Provide your suggestions to further improve this Observership Program:

1. To have some videos of infertility surgery in order to review the techniques.
- 2.
- 3.
- 4.

*[Handwritten signature]*