

The final trip report form must be submitted within **30 days** of the trip.
Submit form to SOOr via Niccole Alexander at nalexander@aap.org

1. OVERVIEW

Name _____

Dates of Trip (*start date, end date*) _____

Type of Outreach (*surgical, conference, both, other*) _____

Location (*facility, city, country*) _____

Type of Facility (*children's hospital, academic med center, general hospital, clinic*) _____

Team leader(s) (*first name, last name, email address, phone number*) _____

Sponsoring organization (*name of the organization, POC, website, email, phone*) _____

Name of local leader(s) (*first name, last name, email*) _____

Participants List (name, function, professional role) - [Attach as Appendix A.](#)

Trip Summary - highlights of trip, narrative or word attachment with images - [Attach as Appendix B.](#)

Note: This narrative of your experience may be published in the "POSNA Resident Review" publication or on the SOOr website. It can also serve as the short presentation you will give before your peers at the Section on Orthopaedics educational program at the AAP National Conference and Exhibition.

IMPORTANT: Please remember to bring the *Photo Release Form* with you prior to departure if you think you may be including pictures of families/patients as part of your report. This form can be obtained on the SOOr website. [Attach as Appendix C, if needed.](#)

2. TRIP LOGISTICS

Names of other sponsoring organizations. *Attach as Appendix D.*
(name, website, what was contribution - either financial or in-kind)

What local programs (clubfoot, spine, etc.) were involved? _____

Total volunteers on the trip (number) _____

Total cost for entire trip (amount) _____

Individual member costs - *Attach amounts and receipts as Appendix E.*

The scholar is reimbursed for expenses up to \$1,500 after the trip report has been submitted and approved. Receipts must accompany all expenses listed within the scholar's reimbursement request.

3. CLINICAL DETAILS

Most common clinical diagnosis (list up to 5)

1. _____
2. _____
3. _____
4. _____
5. _____

Total patients seen in clinic (number) _____

Total OR cases (number) _____ *Provide case lists if appropriate, Appendix F.*

Most common OR procedures (list up to 5)

1. _____
2. _____
3. _____
4. _____
5. _____

List major complications (list all) _____

What equipment or supply issues/problems were there? _____

List greatest safety concerns (*sterile supply, lack of blood bank, anesthesia ...*)

4. EDUCATION

Total local orthopaedic surgeons involved (*number*) _____

Total other local physicians involved (*number*) _____

US residents (*number*) _____ US fellows (*number*) _____

Talks and speakers at training and teaching sessions _____

5. COMMENTS AND RECOMMENDATIONS

Would you return with this organization on future trips (*yes, no*) _____

What can be done to further involve local doctors? _____

What worked best? _____

What did not work? _____

Recommendation for future trips _____
