

Confidential Report from the VET Fellow

Family name: _____

First name: _____

Nationality: (Country of Citizenship) _____

Present Home Address: _____

Name and location of HoST Clinic: _____

Duration of Stay (DD/MM/YYYY) from: _____ to: _____

Name of Host Clinic's Chief Surgeon: _____

Names of staff surgeons who took part in mentoring you:

Please evaluate your fellowship, answering the following questions

How do you rate your experience during the fellowship? poor acceptable good excellent

Will it have any impact on your practice? yes somehow no

If yes, how will your experiences change your practice?

What area(s) of surgery did you get the most experience in?

What new techniques did you learn?

How much experience did you gain in AO techniques? none some a lot

How often did you get to assist in surgery? _____

What didactic educational activities did you attend?

Did you feel that you in any way took away surgery from the residents? yes no

If yes, how?

How valuable did you find your fellowship? not valuable somewhat valuable extremely valuable

What would have made your fellowship a more valuable experience to you?

Did the Host Clinic Chief Surgeon/Mentor treat you in a reasonable manner? yes no

Describe: _____

Additional comments and suggestions

Place, Date: _____ Signature: _____

You will receive a certificate of your fellowship as soon as we receive this completed confidential report.

Your documents will then be reviewed by the AOVET Education Commission and so you can expect to receive your certificate within 3 months after received confidential report. Thank you for your patience and understanding.

Please send completed form to:

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