

Evaluation of the AOVET Fellow by the Chief Surgeon

Surgeon's Name: _____

Surgeon's Address: _____

Name and Title of the Chief Veterinarian: _____

AOVET Specialty Clinic: _____

Address: _____

Fellow

First name: _____

Family name: _____

Nationality: _____

Date of birth (DDMMYYYY): _____ Male Female

Fellowship period (DDMMYYYY) from: _____ to: _____

Please evaluate the fellow's performance, selecting what best describes the fellow's skills and abilities in different behavioral areas. Identify the major strengths and weaknesses you have observed in the fellow's performance under the "comments" portion at the end of this evaluation form.

1. Clinical performance

General competency: Was the fellow able to adapt to the surgical unit and profit from this programmed experience.

Evaluated area	poor	below average	acceptable	good	excellent	not applicable
• Attendance at scheduled surgical interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attendance at emergency interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Performance as scrubbed surgical assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participation at daily patients' report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presence at ward rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attendance to Department's meetings or conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Participation at outpatient's clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Medical knowledge and clinical judgment

General competency: Did the fellow show knowledge about established and evolving main topics in VET surgery. Is he/she able to apply this knowledge.

Evaluated area	poor	below average	acceptable	good	excellent	not applicable
• Possession of updated scientific knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relevance of clinical judgment when consulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Motivation for bibliographic investigation and clinical research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interest in AO techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Interpersonal and communicational skills

General competency: Did the fellow demonstrate interpersonal and communicational skills that result in effective information exchange and communication with other colleagues, technicians, patient owners and patients.

Evaluated Area	poor	below average	acceptable	good	excellent	not applicable
• Personal introduction with a presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Language proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Integration as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communication with patient owner/patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Prognosis

In your opinion, will the fellow

- use AO technique in his / her country? yes no don't know
- become a leading surgeon? yes no don't know
- become an active member of the regional AOVET education group? yes no don't know
- be proposed as AOVET course instructor / lecturer? yes no don't know

5. Additional comments

Place, Date: _____ Signature: _____

Please send completed form to:

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