European College of Veterinary Sports Medicine and Rehabilitation

Resident progress report

# Residents annual report documentation

|  |  |  |  |
| --- | --- | --- | --- |
| **Residents name** |  | **Date of enrollment** |  |
| **Training centre** |  | **Duration of RTP** | 3 years |
| **Primary supervisor** |  | **Primary species** | Equine |
| **Date of report** |  | **Track** | Large animal track |
| **Years completed** |  |  |  |

**Details**

Residents must submit a report form for each year of their program. This is normally submitted within one month of the anniversary of their enrolment. The purpose of the annual report is to demonstrate adequate progression and to identify variation from the planned training and if necessary, identify residents who might require approval of such deviations or extensions to their training to meet all of their requirements. There are no punitive outcomes of delayed submission, however annual reports for each year of the program are required as part of the credentialing process to be eligible to sit the examination.

**Enrolment of further residents on to a training program may be delayed if annual reports are not available or if deficiencies in the program are identified in the report. As such this documentation must be submitted with the approval and knowledge of the program director.**

**Residents should provide cumulative data each year (ie including data from previous years)**

# Residents activity summary

Please complete details of the clinical training completed in the year of the report

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | | **Year 2** | | **Year 3** | | **Year 4** | | **Year 5** | | **TOTAL** | **REQUIREMENT** | |
|  | **Approved** | **Completed** | **Approved** | **Completed** | **Approved** | **Completed** | **Approved** | **Completed** | **Approved** | **Completed** |  |  | |
| **Sports medicine and rehabilitation clinics** |  |  |  |  |  |  |  |  |  |  |  | 97 | |
| **Clinical rotation with the alternate species** |  |  |  |  |  |  |  |  |  |  |  | 4 | |
| **External Rotations** |  |  |  |  |  |  |  |  |  |  |  | 13 | |
| Small | Equine |
| **Surgery** |  |  |  |  |  |  |  |  |  |  |  | 5 | 5 |
| **Internal Medicine** |  |  |  |  |  |  |  |  |  |  |  | 4 | 5 |
| **Neurology** |  |  |  |  |  |  |  |  |  |  |  | 1 |  |
| **Diagnostic Imaging** |  |  |  |  |  |  |  |  |  |  |  | 3 | 3 |
| **Research** |  |  |  |  |  |  |  |  |  |  |  | 12 | |
| **Conference attendance /**  **Formal course work** |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Vacation** |  |  |  |  |  |  |  |  |  |  |  |  | |

|  |
| --- |
| **Variation of program –** Please explainany variation between the proposed training and the training that has been completed. |
|  |

# Details of rotations

Please provide details of training undertaken in the previous table for the external rotations and rotations in the alternate species

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE  (start) | Year of program | INSTITUTE, CLINIC OR HOSPITAL | ROTATION DISCIPLINE | DURATION  (days) | NAME & QUALIFICATIONS OF ROTATION SUPERVISOR | **SIGNATURE OF ROTATION SUPERVISOR** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Variation of program –** Please explainany variation between the proposed training and the training that has been completed. |
|  |

# Case log summary – LARGE ANIMAL

The detailed case log is only required for final submission of credentials. The case log summary is to document progress and identify any potential deficiencies in the training program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements** | **Description** |  | **Requirements  (number of cases)** | **Number of cases logged by the resident** |
| **General requirements** | | | | |
| **Education in basic knowledge and skills** *Surgery, Internal medicine & Radiology* | | | **65** | 0 |
| **Education in special knowledge and skills** | | | **200** | 0 |
| Resident responsibility | Cases managed as primary clinician | | 120 | 0 |
| Cases managed as assistant responsibility | |  | 0 |
|  | **Rehabilitation & re-training programmes** | | 40 | 0 |
| **Focus on training and prevention of injury** | | 50 | 0 |
| **TOTAL NUMBER OF CASES** | | | **300** |  |
| **Logged pathologies** | | | | |
| **Typical problems of rehabilitationg animals & typical disorders in sports horses** | Osteoarthritis, affecting a range of joints | | 20 | 0 |
| Developmental orthopaedic disease | | 10 | 0 |
| Muscle, tendon and ligament disorders and injuries | | 20 | 0 |
| Neck, including neurological and musculoskeletal disorders | | 5 | 0 |
| Fractures, including a range of bones & treatment options | | 10 | 0 |
| Back disorders including different treatment options | | 10 | 0 |
| Head problems affecting sporting performance | | 5 | 0 |
| Neurological disorders affecting performance: central and peripheral problems | | 5 | 0 |
| Respiratory problems affecting performance: upper or lower respiratory tract | | 10 | 0 |
| Emergency cases (for example multiple trauma, exertional rhabdomyolysis) | | 5 | 0 |
| Cardiovascular problems affecting performance | | 5 | 0 |
| Systemic problems affecting performance, e.g. infectious diseases & metabolic problems | | 5 | 0 |
| Additional disorder or other types of disorders | Cardiology (for example atrial fibrillation, dysrhythmia, valvular disorders) | | 5 | 0 |
| Gastroenterology (for example gastric ulcers, dirrheoea) | | 5 | 0 |
| Endocrinology (for example pituitary pars intermedia dysfunction) | | 5 | 0 |
| Metabolic diseases (e.g. EMS) | | 3 | 0 |
| Respiratory diseases (recurrent airway obstruction, upper airway disorders) | | 10 | 0 |
| Dermatology | | 5 | 0 |
| Age specific challenges: e.g. career prolonging measures in ageing athletes and management of juvenile carrers | | 5 | 0 |
| Behavioural problems | | 5 | 0 |
| Specialised shoeing and foot trimming | | 20 | 0 |

# CONFERENCES, CONGRESSES OR MEETINGS ATTENDED

Residents are required to attend a minimum of three conferences relevant to the specialty during the Residency Program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **Year of program** | **CONFERENCE TITLE & LOCATION** | **TYPE** | | | | **Duration**  **(Approved hours)** |
| **Local** | **National** | **International** | **CPD/CE**  **Short Course** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Variation of program –** Please explainany variation between the proposed training and the training that has been completed. |
|  |

# PROFESSIONAL PRESENTATIONS GIVEN BY THE RESIDENT

The resident must deliver a minimum of 2 presentations during the program. This is defined as a scientific presentation made to a specialist audience (for example diplomates of the specialty or related disciplines, approved members of associations relevant to the specialty such as BEVA or IAVRPT), followed by a discussion period. The resident must receive feedback on his presentation by a specialist (supervisor or others).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **Year of program** | **TITLE OF MEETING** | **TITLE OF PRESENTATION** | **LOCATION** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Variation of program –** Please explainany variation between the proposed training and the training that has been completed. |
|  |

# OTHER TRAINING

Please provide details of the training and participation in formal training during the program. This includes attendance at residents seminars, rounds, research training and teaching. Please add rows for each year as appropriate. Examples are included but can be amended

## YEAR 1

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## YEAR 2

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## YEAR 3

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## YEAR 4

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## YEAR 5

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# RESEARCH AND PUBLICATIONS

Please provide details of research projects and publications.

## RESEARCH ACTIVITY

|  |  |  |
| --- | --- | --- |
| **Title of research project** | **Summary (<50 words)** | **Progress. Please identify progress for each year** |
|  |  |  |
|  |  |  |

## PUBLICATIONS

The resident has to fulfil at least the following publication requirements: A. one first author original research paper or large case series (≥20 cases) B. one first author case report, small case series. Other publications can be included for completeness. If the publication is not in-press or published then for annual reports indicating progress is useful, however for credentials, all publications must be accepted for publication.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authors** | **Title** | **Journal** | **Full citation / DOI / Link** | **Journal impact factor** |
|  |  |  |  |  |
|  |  |  |  |  |

# Statement from the resident

Please detail any other variations to the program that require the approval of the education committee:

Declaration: I confirm that the information contained in this report is a true and accurate summary of my training.

Signed:

Date:

# Statement from the supervisor

Supervisors must make an annual formal appraisal of the resident. Please mark each area with a ✓

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Exceptional** | **Acceptable** | **Needs**  **Improvement** | **Comments** |
| Attendance, independence and commitment |  |  |  |  |
| Quality of clinical work in primary discipline |  |  |  |  |
| Quality of clinical work in other disciplines |  |  |  |  |
| Progress with research work |  |  |  |  |
| General academic progress |  |  |  |  |
| Knowledge and understanding |  |  |  |  |
| Professionalism |  |  |  |  |
| Overall |  |  |  |  |

Please explain any variation in the program not listed in the sections above:

Declaration: I confirm that the information contained in this report is a true and accurate summary of the resident’s training.

Signed:

Name:

Date:

**FOR OFFICIAL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Date reviewed |  |
| Outcome | No intervention – adequate progress | Variation to program approved | Program approval requires review by program director |
|  | Residents training suspended | Variation to program not-approved | Program enrolment suspended |
| Other |  | | |
| Conflicts of interest  Disclose names of any committee who have conflicts of interest and state involvement |  | | |

Signed Date

Name and position