

**Instructions to Residents**

* Complete and sign the form. The same form should be used for each consecutive year of your residency.
* Discuss the form with your Supervisor who should comment on your progress.
* Externship and evaluation forms should be combined with this report and everything saved as one PDF.
* It is very important to name the form correctly: **SURNAME\_FIRST NAME\_YEAR\_REPORT 1,2,3, or 4.**
* Submit the form via your personal profile on the ECVAA website before 1st February each year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Official use only | **Official Use Only** | | | | |
|  | **Resident Name** |  | | | |
|  | **Resident Email address** |  | | | |
|  | **Resident pathway** | **New** |  | **Old** |  |
|  | **Programme** | **Standard** |  | **Alternative** |  |
|  | **Training Centre** |  | | | |
|  | **Main supervisor** |  | | | |
|  | **Co-supervisor(s)** |  | | | |
|  | **Annual report no: (1, 2, 3….)** |  | | | |
|  | **Start date of residency** |  | | | |
|  | **Duration of Residency** |  | | | |
|  | **Expected credentials submission year** |  | | | |
|  | **Intended year to sit Part 1 Exam** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Annual report** | **1** | **2** | **3** | **4** | **5** |
| **Start** | ?/?/20?? | 1/1/20?? | 1/1/20?? | 1/1/20?? | 1/1/20?? |
| **End** | 31/12/20?? | 31/12/20?? | 31/12/20?? | 31/12/20?? | 31/12/20?? |
| 1. The annual report is between 1st Jan – 31st December each year. 2. For the first year of residency, you should fill in the start date e.g. 2/5/2025 – 31/12/2025. Subsequent years will run 1st Jan - 31st Dec. Please fill in the year. | | | | | |
| Official use only |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Credential requirements** | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Case Log** |  |  |  |  |  |
| **Publication 1** |  |  |  |  |  |
| **Publication 2** |  |  |  |  |  |
| **Presentation 1** |  |  |  |  |  |
| **Presentation 2** |  |  |  |  |  |
| Please place a tick or cross if the requirement has been met, i.e.   * If journal article has been accepted for publication * If presentation has been completed. Presentation evaluation form(s)must be submitted with the annual report | | | | | |
| Official use only |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Research Project/Papers** | | **Ethical review and study design** | **Data Collection** | **Writing Up** | **Submitted** | **Accepted** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Please include the title and tick or cross the appropriate box | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Oral Presentations** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Include a short title and tick or cross the relevant annual report column.   * Note: Only 2 oral presentations are required for credentials. | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attended Meetings** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| Include a short meeting name and tick or cross the relevant annual report column  **Minimum requirements:**   * Two anaesthesia related conferences in a 3 – 4 year residency. * At least one conference should be an AVA congress, in-person attendance is encouraged but online attendance is acceptable. | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **External rotations** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| **Externship forms:**   * The front page of (mandatory and optional) externship assessment forms, completed within the 12-month assessment period, **MUST** be submitted with the annual report * Mandatory rotations   1. 2 weeks veterinary intensive care   2. 1 week veterinary cardiology   3. 1 week veterinary diagnostic imaging | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Journal clubs, other education rounds, In-house seminars** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| Journal clubs | |  |  |  |  |  |
| Resident seminar | |  |  |  |  |  |
| Morbidity & mortality rounds | |  |  |  |  |  |
| Training tool | |  |  |  |  |  |
| Book reading | |  |  |  |  |  |
| SAQ challenge | |  |  |  |  |  |
| Other… | |  |  |  |  |  |
| Indicate the number in each category which has been attended during the 12-month report period | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of anaesthetic procedures performed** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Horses** | |  |  |  |  |  |
| **Dogs** | |  |  |  |  |  |
| **Cats** | |  |  |  |  |  |
| **Cattle** | |  |  |  |  |  |
| **Small Ruminants** | |  |  |  |  |  |
| **Camelids** | |  |  |  |  |  |
| **Pigs** | |  |  |  |  |  |
| **Rabbits** | |  |  |  |  |  |
| **Small Rodents** | |  |  |  |  |  |
| **Avian** | |  |  |  |  |  |
| **Exotics** | |  |  |  |  |  |
| **Other wild animals** | |  |  |  |  |  |
| **Others:** | |  |  |  |  |  |
| Cases should only be recorded that have been performed within each 12-month report period.   * Do not carry cases forward from previous annual reports.   Only record cases for which you have been the primary anaesthetist on the case.   * Cases for which you have been with the case throughout the anaesthetic with the exception of comfort breaks e.g. lunch. * You can enter the number of cases you have supervised in brackets e.g. a case you have supervised a nurse or another vet monitoring.   Case requirements for the residency include a minimum:   1. 50 domestic small animals (dogs and cats) 2. 50 equidae (horses, ponies, domesticated donkeys and mules) 3. 25 minor species    1. at least 5 cases must be domestic ruminants, pigs and/or small camelids\* and cannot be all research animals from the same project i.e. they should reflect a variety of species and techniques.    2. at least 5 cases must be ‘other species’ (for example rabbits, rodents, birds, fish, amphibians, reptiles, wild/feral and zoo species, primates, camelids\*).    3. \* Please note that small camelids (llamas, alpacas, guanacos and vicuñas) can be included in either of the two categories above, but the number should be limited, such that a variety of other species can still be included. | | | | | | |
| Official use only |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of supervised weeks (by ECVAA/ACVAA Diplomate) in clinical anaesthesia, including veterinary anaesthesia out of hours on call service** | | | | | | | |
| **Animals** | | **Centre** | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Large animals** | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Small animals** | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| * The Resident must spend a large part of their **clinical activity** under **direct supervision** of a certified ECVAA or ACVAA Diplomate. (p 25)   1. 3-year residency this equates to 94 -124 weeks of clinical activity with 65 weeks directly supervised   2. 4-year residency this equates to 120 – 166 weeks with 65 weeks directly supervised | | | | | | | |
| Official use only |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of unsupervised weeks (by ECVAA/ACVAA Diplomate) in clinical anaesthesia, including veterinary anaesthesia out of hours on call service** | | | | | | | |
| **Animals** | | **Centre** | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Large animals** | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Small animals** | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Official use only |  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of weeks spent in other activities** | | **Annual report** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| Research, manuscript writing, private study | |  |  |  |  |  |
| External anaesthesia rotations | |  |  |  |  |  |
| Non-anaesthesia rotations | |  |  |  |  |  |
| Courses, Congresses | |  |  |  |  |  |
| Holidays | |  |  |  |  |  |
| Others:………………………….. | |  |  |  |  |  |
| * Residents must spend at least 20% of their residency on activities other than clinical work.   1. In a 3-year residency this equates to 31 weeks   2. In a 4-year residency this equates to 42 weeks | | | | | | |
| Official use only |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Annual report** | **Supervisor’s appreciation of the resident’s progress and potential difficulties of the programme** | |
| **1** |  | |
| **2** |  | |
| **3** |  | |
| **4** |  | |
| **5** |  | |
| Official use only | |  |

|  |  |  |
| --- | --- | --- |
| **Annual report** | **Resident self-reflection of the last 12-months and goals for the next 12-months** | |
| **1** |  | |
| **2** |  | |
| **3** |  | |
| **4** |  | |
| **5** |  | |
| Official use only | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of resident and supervisor bi-annual meetings** | | | |
| **Annual report** | **Date** | **Signature of the Supervisor** | **Signature of the Resident** |
| **1** |  |  |  |
|  |  |  |
| **2** |  |  |  |
|  |  |  |
| **3** |  |  |  |
|  |  |  |
| **4** |  |  |  |
|  |  |  |
| **5** |  |  |  |
|  |  |  |
| **ECVAA P&P’s**  Residents must meet with their Supervisor at least twice yearly for evaluation of performance and progress. One of these meetings should happen in January in association with the resident annual trainee report.  **Note:** Failure to submit this document correctly may lead to a fine being issued to the supervisor. | | | |
| Official use only | |  | |

By signing this document, both the resident and the supervisor guarantee that the numbers provided in the tables are correct and verified.

*By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at* [*www.ecvaa.org*](http://www.ecvaa.org) *(*[*Link*](http://www.ecvaa.org/files/ECVAA_GDPR.pdf)*). If you do not agree with this Privacy Policy, please contact the Honorary Secretary directly, at* [*ecvaa.secretary@gmail.com*](mailto:ecvaa.secretary@gmail.com)*.*

|  |  |
| --- | --- |
| Official use only | |
| General comments |  |
| Feedback to resident |  |
| Feedback to supervisor |  |