**European College of Veterinary Anaesthesia and Analgesia**

A logo of a medical equipment

Description automatically generated with medium confidence

**ECVAA Resident Evaluation during Externships**

Instruction to Externship Evaluator

This form should be completed by the Externship Evaluator (in the areas relevant to the externship subject) and sent by email (as a Word document) to the Resident’s main supervisor as soon as possible after the externship

**Instruction to Supervisor / Resident**

* Part A - the first page of the form must be submitted before 1st February to the Chairperson of the Education and Recertification committee, with the Annual Resident’s report. It should be combined in one pdf document with the Annual Report and submitted via the Resident’s website personal profile.
* Part B - the other pages of the form are confidential and MUST NOT be forwarded to the Chairperson of the Education and Recertification Committee. The supervisor may decide, at his/her discretion, to discuss the externship with the resident.

**PART A**

***To be returned (with the Resident’s annual report) by 1st February, to the Chairperson of the Education and Recertification Committee***

Resident name:

Main supervisor:

Type of residency:  Standard  Alternative

Period of externship: from to

Subject of the external rotation:

Externship Centre:  Approved ECVAA  Satellite ECVAA  Other

I certify that the above-mentioned resident has visited my institution in the specified dates as part of his/her residency training programme.

Evaluator (name and qualifications) Date

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).

**Part B**

***To be retained by the main supervisor***

Externship: from to **F**or ***(resident name)***:

Marking guidelines for this evaluation:

1-poor, needs major improvement

2-fair, needs improvement

3-good, but could still improve

4-very good

5-outstanding

N/A-not applicable to this rotation.

Theoretical knowledge

**Mark ( /5):**

**Comments:**

Patient Management

**Mark ( /5):**

**Comments:**

Team working skills

**Mark ( /5):**

**Comments:**

Personal Characteristics e.g. punctuality, receptive to feedback

**Mark ( /5):**

**Comments:**

**General Comments:**