

**Instructions:**

* Complete and sign the form. The same form should be used for each consecutive year.
* Save the form as a PDF.
* Submit the form via your personal profile on the ECVAA website before 1st February.
* The annual report is between 1st Jan – 31st December each year. Please amend the year in the appropriate table.
* For the first year of residency, you should fill in the start date e.g. 2nd May – 31st December. Subsequent years will run 1st Jan-31st Dec.
* Please follow the emailed instructions regarding externship forms.
* Incorrectly filled forms will take longer to process.

**Resident Name**:

**Resident Email address**:

**Alternative or Standard programme?**

**Institute of Training**:

**Supervisor(s**):

**Year of Report (1,2,3,4,5)**:

**Start date of residency**:

**Duration of Residency**:

**Expected Year for submission of Credentials**:

**Intended year to sit the Exam**:

**Period under report**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Start | x/x/20xx | 1/1/20xx | 1/1/20xx | 1/1/20xx | 1/1/20xx |
| End |  |  |  |  |  |

**Credential Requirements** (Please place a tick or cross if the requirement has been met):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |  |
| Case Log |  |  |  |  |  |  |
| Publication 1 |  |  |  |  |  |  |
| Publication 2 |  |  |  |  |  |  |
| Presentation 1 |  |  |  |  |  |  |
| Presentation 2 |  |  |  |  |  |  |

1. Performance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of anaesthetic procedures performed** | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Horses |  |  |  |  |  |
| Dogs |  |  |  |  |  |
| Cats |  |  |  |  |  |
| Cattle |  |  |  |  |  |
| Small Ruminants |  |  |  |  |  |
| Camelids |  |  |  |  |  |
| Pigs |  |  |  |  |  |
| Rabbits |  |  |  |  |  |
| Small Rodents |  |  |  |  |  |
| Avian |  |  |  |  |  |
| Exotics |  |  |  |  |  |
| Other wild animals |  |  |  |  |  |
| Others: |  |  |  |  |  |
|  |  |  |  |  |  |

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| **Research Project/Papers**  *(Please include the title and tick/cross the appropriate box)* | Ethical review and study design | Data Collection | | Writing Up | Submitted | Accepted |
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| **Oral Presentations**  *(Short title, tick/cross the year). Note: Only 2 are required for credentials.* | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
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| **Attended Meetings**  *(Short name, tick/cross the year)* | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
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| **External rotations**  *(including Emergency and Crit Care)*  *(Topic, tick/cross the year):* | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
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| **Journal clubs, other education rounds, In-house seminars**  *(Short title, tick/cross the year)* | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Journal clubs (approx. number per year) |  |  |  |  |  |
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1. Number of supervised weeks (by ECVAA/ACVAA Diplomate) in clinical anaesthesia, including veterinary anaesthesia out of hours on call service

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Centre** | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Large animals |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Small animals |  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. Number of weeks spent in other activities (see **P&Ps,** **APPENDIX I,** *Activity unrelated to clinical anaesthesia*)

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| --- | --- | --- | --- | --- | --- |
| Other activities | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Research, manuscript writing, private study |  |  |  |  |  |
| External anaesthesia rotations |  |  |  |  |  |
| Non-anaesthesia rotations |  |  |  |  |  |
| Courses, Congresses |  |  |  |  |  |
| Others:………………………….. |  |  |  |  |  |
|  |  |  |  |  |  |

1. Supervisor’s appreciation of the resident’s progress and potential difficulties of the programme

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| --- | --- |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Year 4 |  |
| Year 5 |  |

1. I have discussed this Trainee report with the Resident

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Y/N | Date | Signature of the Supervisor | Signature of the Resident |
| Year 1 |  |  |  |  |
| Year 2 |  |  |  |  |
| Year 3 |  |  |  |  |
| Year 4 |  |  |  |  |
| Year 5 |  |  |  |  |

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)*.*