** Logo, company name

Description automatically generated**

# **Annual progress form Radiation Oncology year – 1 – 2 - 3**

*(delete as appropriate leaving your current year visible)*

|  |  |  |  |
| --- | --- | --- | --- |
| Updated personal details | | | |
| Last name(family name) |  | | |
| First name |  | | |
| Male/Female |  | | |
| Address |  | | |
| City |  | | |
| Postcode |  | | |
| Country |  | | |
| Phone numbers (include country and area code) | Work | Home | Mobile/cell |
|  |  |  |
| Email address 1 |  | | |
| Email address 2 |  | | |
| Residency programme location |  | | |
| Programme director name |  | | |
| Programme director email address |  | | |
| Supervisor name |  | | |
| Supervisor email address |  | | |

|  |  |
| --- | --- |
| Status update | |
| Date you started the residency programme |  |
| Number of supervised months completed in training programme |  |
| Year you intend to sit the certifying exam |  |
| Please give a brief statement on the progress of your publications and presentations at meetings |  |
| Please give a brief statement of progress on your confirmed case diary (include number of cases) |  |

## Supervisors report

The supervisor should complete the following report with a score (0-5) for each category and then discuss this with the resident.

5 = Resident is well above programme requirements

4 = Resident is above programme requirements

3 = Resident meets programme requirements

2 = Resident is below programme requirements

1 = Resident is well below programme requirements

0 = Residents current level of performance is not acceptable

NA = not applicable

A marginal score (2) in a category on two consecutive annual assessment forms OR an unsatisfactory score (1 or 0) in any category on a single occasion will automatically trigger probation for the resident.

|  |  |
| --- | --- |
| *Area of performance* | Score (1-5) |
| *Clinical abilities* |  |
| *Demonstrates appropriate technical skills* |  |
| *Conducts contrast procedures competently* |  |
| *Able to assess a patient for appropiate treatment based on clinical and imaging findings* |  |
| *Quality of radiation therapy planning abilities in relation to stage of training* |  |
| *Able to advise on adjunct therapy in relation to patient condition* |  |
| *Manages case flow in an efficient manner* |  |
| *Interacts with residents/faculty in other clinical specialties effectively* |  |
| *Able to handle emergencies* |  |
| *Knowledge* |  |
| *Demonstrates understanding of basic science relevant to radiation therapy, diagnostic imaging and medical oncology.* |  |
| *Familiarity with and understanding of relevant veterinary and human radiation oncology literature.* |  |
| *Demonstrates growth in knowledge base* |  |
| *Demonstrates ability to critically evaluate quality of newly reported information in the literature* |  |
| *Interpersonal skills and professional conduct* |  |
| *Communicates effectively with faculty, residents, students, staff and referring veterinarians* |  |
| *Demonstrates enthusiasm and willingness to work* |  |
| *Demonstrates judgment, maturity, and professionalism* |  |
| *Accepts responsibility* |  |
| *Accepts professional criticism* |  |
| *Supports a "team effort"* |  |
| *Arrives on time* |  |
| *Participates in rounds* |  |
| *Teaching ability* |  |
| *Demonstrates both an ability and an interest in teaching during clinics and student rounds* |  |
| *Shares knowledge with other residents and faculty* |  |
| *Research and other academic pursuits* |  |
| *Maintains appropriate progress on research and other writing projects* |  |
| *Attends pertinent hospital conferences and required courses* |  |
| *Attends national and international imaging meetings* |  |
| *Additional comments from supervisor:* | |
| *Areas of positive performance and recognition:* | |
| *Specific areas where improvement is needed:* | |
| *Action Plan:* | |
| **RESIDENT:** Confirm as resident that you have seen and approved the content of this report  NAME    DATE | |
| **SUPERVISOR:** Confirm as supervisor that you have discussed the content of this report with the resident  NAME  DATE | |
| **DIRECTOR:** Confirm as supervisor that you have discussed the content of this report with the resident  NAME  DATE | |

**4.** **Activity log year 1 – 2 – 3** *(delete as appropriate leaving your current year visible)*

Complete Tab 1- 6 of the excel sheet Appenxic 2A Add more rows as required.

* Radiation Oncology Caselog
* Diagnostic Imaging Caselog
* Medical Oncology Caselog
* Training Log
* Presentation Log
* CPD Log

**Additional Training**

Please summarise any additional training that you have received or participated in during the year.

Description: please describe the additional required training eg. Journal club, book club, case conference rounds / examination preparation rounds, mock examinations, radiation biology course, radiation physics course, excluding details already included in the CPD log. Please add more rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Location | Frequency | Total number of hours /days during the year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**END.**