

# **PORTFOLIO FORM: Annual activity form year 1 2 3 4**

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

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| --- | --- | --- | --- |
| Updated personal details | | | |
| Last name (family name) |  | | |
| First name |  | | |
| 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 |  | | |

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| Status update | |
| Date you started the residency programme |  |
| Number of supervised **weeks** completed in training programme |  |
| Year you intend to sit the theory section of the exam |  |
| Year you intend to sit the practical section of the exam |  |
| Please give a brief statement on the progress of your publications and presentations at meetings | 1st author publication  2nd publication as first or co-author  Oral presentation at a national or international veterinary conference  Presentation at an academic meeting of your own institution |
| 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 (1-3) for each category and then discuss this with the resident.

3 = Resident meets or is above programme requirements

2 = Resident is below programme requirements

1= Resident’s current level of performance is well below programme requirements

NA = not applicable

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

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| *Area of performance* | Score (1-3) |
| *Clinical abilities* |  |
| *Demonstrates appropriate technical skills* |  |
| *Conducts contrast procedures competently* |  |
| *Quality of radiographic interpretation in relation to stage of training* |  |
| *Able to build a prioritized differential diagnosis based on clinical and imaging findings* |  |
| *Able to advise on appropriate imaging procedures 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 imaging and clinical medicine.* |  |
| *Familiarity with and understanding of relevant veterinary and human radiology 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 and SIGNATURE  Date | |
| **SUPERVISOR:** Confirm as supervisor that you have discussed the content of this report with the resident  Name and SIGNATURE  Date | |
| **DIRECTOR:** Confirm as supervisor that you have discussed the content of this report with the resident  Name and SIGNATURE  Date | |

## Activity log year

Complete parts A and B of the activity log for the year of your training. PLEASE ADD OR DELETE ROWS AS REQUIRED.

**PART A - General activity**

* The supervised time is counted in weeks. The training program consists of 132 weeks, of which 120 weeks must be supervised.

A 12-month period is composed usually of 52 weeks.

* If you were on holiday, study, congress/course, sickness, or research time then please enter the number of weeks in the appropriate row in the “Institution” column and leave the rest blank. THESE PERIODS OF TIME ARE NOT COUNTED AS SUPERVISED.
* Please state the NUMBER of imaging examinations that you have seen in each category. (LAR = large animal radiology, LAU = large animal ultrasound, CT= computed tomography, MRI= magnetic resonance imaging, NM = nuclear medicine, SAR= small animal radiography, SAU= small animal ultrasound).
* An imaging examination is defined as a study of an anatomical area motivated by a clinical question (e.g., thorax, abdomen, fetlock, stifle, etc.) that results in a diagnostic imaging report that is independently generated by a resident during clinically supervised training. Multiple imaging examinations may be performed on a single patient at one visit.

Examples:

* + A dog with a metastasis check thorax radiographs and abdominal ultrasound, would be counted as 2 imaging studies (1 radiology and 1 ultrasound).
  + A CT examination of the head, thorax and abdomen, with specific clinical questions for each of the areas, would be counted as 3 CT imaging studies.
  + A radiography examination of a shoulder joint and a stifle joint that includes a full set of the standard projections of each joint is counted as 2 imaging studies, BUT a screening examination of multiple joints with single or limited projections of each joint (for example pre-purchase or osteochondrosis screening) is counted as one imaging study.
* NOTE: If you spent time in an external institution other than your parent institution then you must ask the supervisor to complete a supervised externship form. These are available from the website along with further instructions.

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| Timein weeks | Dates in chronological order(please indicate start andend dates) | Institution | Description | Supervised by / Unsupervised | LAR | LAU | CT | MRI | NM | SAR | SAU | | Other (e.g. Exotics). Please describe | |
|  |  |  | Clinic |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Study |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Research |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Congress / Course |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Holidays |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Sickness |  |  |  |  |  |  |  |  | |  | |
|  |  |  | Externship |  |  |  |  |  |  |  |  | |  | |
|  |  | **Add or delete rows as appropriate** |  |  |  |  |  |  |  |  |  | |  | |
| **Total number of cases seen per modality during this 12-m period**  Please, do not forget to select the row and “Update Field” using F9 \*\*. The sum will be automatically updated | | | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **0** | |
|  | | | | |  |  |  |  |  |  |  | |  | |
| **Total amount of supervised time spent in comparative species\*** | | | | | | | | |  | | | **weeks** | |
| **Total amount of supervised time during this 12-month period (including comparative species)** | | | | | | | | |  | | | **weeks** | |
| **Total amount of unsupervised time during this 12-month period (including holidays)** | | | | | | | | |  | | | **weeks** | |
| **Total number of weeks for this 12-month period** | | | | | | | | |  | | | **weeks** | |

\* Residents enrolled under the large animal track have to spend a minimum of 24 weeks of supervised training in small animal diagnostic imaging.

\*\* To Update Field:

[*https://support.microsoft.com/en-gb/office/update-fields-7339a049-cb0d-4d5a-*](https://support.microsoft.com/en-gb/office/update-fields-7339a049-cb0d-4d5a-8679-97c20c643d4e?ui=en-us&rs=en-gb&ad=gb)

**PART B - Additional required training**

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

Description- Please describe the additional required training e.g. known case conference rounds/examination preparation rounds, mock examinations, nuclear medicine course, physics course, case presentation to institution, EVDI conference, ACVR conference etc.

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| **Description** | **Location** | **Frequency** | **Total number of hours /days during the year** |
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## Checklist:

Before sending your annual Activity form to the ECVDI, please check that:

 Your residency start date is correct

 Your form has been signed by your supervisor, your residency director and by yourself

 The dates in the General Activity Table are according to the day, month and year of your   
 residency starting date

 You have entered the number of weeks spent on comparative species this year,

 You have verified the calculation of your supervised weeks this year (and included the   
 supervised time spent on comparative species)

 You have verified the calculation of your unsupervised weeks this year

PLEASE UPLOAD COMPLETED THE FORM TO YOUR PROFILE ON THE ECVDI WEBSITE **AND** EMAIL to [adminecvdi@ecvdi.eu](mailto:adminecvdi@ecvdi.eu).

**END.**