

# **INTERIM PORTFOLIO FORM (to support exam application where required:**

# **Annual activity form year 1 2 3 4 (Theoretical/Practical)\***

*(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) |  |

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| **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 year of your training. *Add more 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.

* If you were on holiday/study/sick/research time then please enter the number of months, put HOLIDAY/STUDY/SICK/RESEARCH 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. (SAR= small animal radiography, SAU= small animal ultrasound, CT=computed tomography, MRI= magnetic resonance imaging).
* 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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| Time | Dates | Institution | Clinic/Course/Externship/Other (describe) | Supervisor | SAR | SAU | CT | | MRI | | Other (describe) |
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|  |  | ***Add rows*** |  |  |  |  |  | |  | |  |
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| **Total number of cases seen per modality during this 12m 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** |
|  | | | | | | | |  | |  | | |
| **Total amount of supervised time during this 12m period** | | | | | | | |  | | **weeks** | | |
| Total amount of unsupervised time during this 12m period | | | | | | | |  | | weeks | | |
| **Total amount of supervised time in a comparative species\*** | | | | | | | |  | | **weeks** | | |

\*Residents enrolled under the small animal track must spend a minimum of 4 weeks and may spend up to a total of 12 weeks performing supervised training in a comparative species

*\*\* 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. An example is shown in green italics.

* Description- please describe the additional required training eg. 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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**END.**