

APPENDIX 3

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

PRACTICE EXPERIENCE RESIDENT BIENNIAL PROGRESS REPORT FORM

Please meet with your supervisor to complete this progress evaluation form. This evaluation is due every February 1st during the duration of your residency. All contained information will be held in strict confidence.

The supervisor is responsible for oversight of all aspects of the residency, including design of the program and monitoring the resident's progress in the program. A supervisor must be available to the resident and must coordinate all clinical and educational aspects of the residency. The supervisor is responsible for ensuring that both the core curriculum (minimum requirements) and the high standards of the residency are accomplished. The supervisor is also responsible for reviewing sports medicine and rehabilitation immersion, experience, and skills logs and for reviewing and critiquing progress reports with the resident.

A. PERSONNEL INFORMATION

Date:

Resident's Contact Information

| | |
|-------------------------|--|
| Name: | |
| Practice or University: | |
| Address: | |
| City, State, Zip: | |
| Country: | |
| Phone: | |
| E-mail: | |

| | | | | |
|---------------------------|----------------------|----------------------|----------------------|--------|
| Current year of training: | 1 st year | 2 nd year | 3 rd year | Other: |
|---------------------------|----------------------|----------------------|----------------------|--------|

| | |
|---|--|
| Projected Date of Residency Completion: | |
|---|--|

**Resident Supervisor (ACVSMR Diplomate; Oversees Resident & Residency Program)
Contact Information**

| | |
|-------------------------|--|
| Name: | |
| Practice or University: | |
| Address: | |
| City, State, Zip: | |
| Country: | |
| Phone: | |
| E-mail: | |

Instructions: Mark the box at the appropriate level of progression or accomplishment in their residency for each of the listed items below.

| 1. Program Requirements | Unacceptable | Needs Improvement | Average | Above Average | Excellent | N/A |
|---|--------------|-------------------|---------|---------------|-----------|-----|
| Clinic schedule | | | | | | |
| Participation in rounds or journal club | | | | | | |
| Progress in resident project | | | | | | |
| Progress towards publications | | | | | | |

Comments:

| 2. Knowledge Base | Unacceptable | Needs Improvement | Average | Above Average | Excellent | N/A |
|----------------------------------|--------------|-------------------|---------|---------------|-----------|-----|
| Basic science knowledge | | | | | | |
| General knowledge of specialty | | | | | | |
| Awareness of current literature | | | | | | |
| Clinical knowledge of specialty | | | | | | |
| Feedback from other departments | | | | | | |
| Feedback from external rotations | | | | | | |

Comments:

| 3. Clinical Abilities | Unacceptable | Needs Improvement | Average | Above Average | Excellent | N/A |
|--|--------------|-------------------|---------|---------------|-----------|-----|
| History taking | | | | | | |
| Physical examination skills | | | | | | |
| Patient assessment | | | | | | |
| Formulating differential diagnoses | | | | | | |
| Identifying relevant rehabilitation issues | | | | | | |
| Development of treatment plans | | | | | | |
| Patient care and compassion | | | | | | |
| Attention to detail | | | | | | |
| Patient follow up | | | | | | |
| Technical skills | | | | | | |
| Procedural competence | | | | | | |

Comments:

4. Clerical and Managerial Skills

| | Unacceptable | Needs Improvement | Average | Above Average | Excellent | N/A |
|---|--------------|-------------------|---------|---------------|-----------|-----|
| Support of hospital procedures and policies | | | | | | |
| Completeness of medical records | | | | | | |
| Responding to correspondence or contacts | | | | | | |
| Availability | | | | | | |
| Meets deadlines | | | | | | |

Comments:

5. Interpersonal skills

| | Unacceptable | Needs Improvement | Average | Above Average | Excellent | N/A |
|--|--------------|-------------------|---------|---------------|-----------|-----|
| Attitude and communication with in-house veterinarians | | | | | | |
| Attitude and communication with RDVMs | | | | | | |
| Attitude, communication and ability to relate to clients | | | | | | |
| Attitude and communication with staff | | | | | | |
| Attitude, communication and interaction with other departments | | | | | | |
| Ability to handle emergencies or stressful situations | | | | | | |
| Professional behavior and appearance | | | | | | |
| Leadership qualities | | | | | | |
| Recognizes limitations | | | | | | |
| Willingness to ask for help | | | | | | |
| Self confidence | | | | | | |
| Teamwork | | | | | | |
| Receptive to feedback | | | | | | |
| Ability to multitask | | | | | | |

Comments:

6. Positive aspects of resident's performance, including improvements since last evaluation (if applicable).

7. Comments or suggestions for improvement in the resident's performance or progress towards completion of their residency.

8. Short term goals (please include timeframe for completion).

9. Long term goals (please include timeframe for completion).

Please submit this completed form and any requested training records electronically to secretary@vsmr.org for review and feedback by the Credentials and Residency Committee.

Signature of Resident: _____ Date: _____

Signature of ACVSMR Supervisor _____ Date: _____