

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

RESIDENT BIENNIAL PROGRESS REPORT FORM

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

The resident program director is responsible for oversight of all aspects of the residency training program, including design of the program and monitoring the resident’s progress in the program. A resident program director must be available to the resident and must coordinate all clinical and educational aspects of the residency. The resident program director is responsible for ensuring that both the core curriculum (minimum requirements) and the high standards of the residency are accomplished. The resident program director 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 residency training:	1 st year	2 nd year	3 rd year	Other:
Projected Date of Training Program Completion:				

Resident Program Director (Diplomate; Oversees resident’s daily activities) Contact Information

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

Program Director (ACVSMR Diplomate; Oversees 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 resident progression or accomplishment in their training program 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 training program.

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 Program Director _____ Date: _____