



## TSC-430SA Small Animal Training Program Annual Report - Review by Supervisor

**Please complete the yellow-shaded items**

Resident	
Supervisor	
Date this form was completed	
Training Program	Alternate Pathway      Full-time Residency      Part-time Residency  <i>(Delete as appropriate)</i>
Reporting Period	<b>January 1 - December 31<sup>st</sup>, 20XX</b>
Anticipated program completion date	

**Electronic validation by Supervisor of items submitted by the Resident:**

Have you reviewed items 1-6 included in the Resident's Annual Report document (place X in yellow boxes below)? Items 1-5 are provided by the resident and should be accessible to you in the resident's Annual Report Document on DMS. Item 6, the most recent TSC review report, will also be available at that location. To open or save the files, log in to DMS, click the View My Resident's Documents link on the right side of the **Welcome** screen, select the name from the drop-down menu if you supervise more than one resident, click the resident's name, click the Annual Training Program Report document and then click the individual file links at the bottom of the document screen. To view the on-line case log, click the View My Resident's Case Log link.

- |   |   |
|---|---|
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 1. Activity Log   |
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 2. Curriculum vitae   |
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 3. MRCL On-line Case Log entries in 2017                        |
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 4. Specialty training forms (Anesthesia, Radiology and Surgery) |
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 5. Visitation Log <i>(AP residents only)</i>                    |
| <input style="width: 100%; height: 15px;" type="checkbox"/> | 6. TSC review of resident's most recent Annual Report           |

*Other items you reviewed during the year (draft case reports, radiograph sets -please describe):*

Please name other dental diplomates whom you are aware of who have contributed to the training of this resident in this reporting year:

**For Full-time or Part-time Residency Program residents only:**

Number of weeks in the annual Report year spent in directly diplomate-supervised Clinical Dental Service Rotation

Number of weeks in the annual Report year spent in Clinical Dental Service time **not** directly supervised by a diplomate.

**AVDC requirement:** At least 48 weeks must be spent on a clinical dentistry and oral surgery service under the direct supervision of an active AVDC Diplomate (or EVDC Diplomate for a maximum one third of the 48 weeks), and a total of at least 78 weeks (including the 48 weeks of directly diplomate supervised clinical time) must be spent on a clinical dentistry and oral surgery service.

Number of weeks spent in other program activities.

**AVDC requirement:** The resident must spend 20 weeks of their program in any or all of the following ways:

1. Meet all other AVDC training program requirements: preparation of case-logs, case reports, specialist hours (anesthesiology, surgery, radiology), prescribed sets of radiographs, etc.
2. Perform research or clinical investigation.
3. Preparation of scientific manuscripts.
4. Graduate degree studies related to dentistry.
5. Attendance of national or international level continuing education courses, seminars, conferences and/or scientific meetings related to veterinary or human dentistry, or related basic or clinical sciences.
6. Rotation in a dental practice or service under direct supervision of another AVDC Diplomate.
7. Other activities, with the approval of the Residency Director and Training Support Committee

**For All Residents:**

Assess the resident's performance and progress during the current review period by completing the table below:

	Unsatisfactory	Satisfactory	Good	Very good	Excellent
<b>Clinical activities, case load</b>					
<b>Theoretical knowledge (e.g.,</b>					

attendance of meetings, study efforts)					
Fulfillment of credentials requirements (e.g., radiographs, case reports)					

**Comments and suggestions for improving the resident's training:**

**Do you wish this report to remain confidential?** *(Delete one)*

<b>Yes</b> – Report will remain confidential (report will <b>not</b> be released to resident).
<b>No</b> – Report is not confidential, and <b>will be</b> released to resident).

Save the form as **ResidentLASTNAME,FirstName Supervisor 20XX** and submit it via DMS by:

- February 14<sup>th</sup> if a credentials application will be submitted in 2018,
- March 31<sup>st</sup> if a full 2017 training program year was completed by the resident,
- July 1<sup>st</sup> if the 2017 training program year started by June 30<sup>th</sup>
- August 31<sup>st</sup> if the 2017 training program year started between July 1<sup>st</sup> and September 30<sup>th</sup>
- October 15<sup>th</sup> if the 2017 training program year started later than September 30<sup>th</sup>.

Submit the form as an attachment in the resident's Annual Report document: log in to DMS, click the View My Resident's Documents link on the right side of the screen (select one name from the drop-down menu if you supervise more than one resident), click the resident's name, click the Annual Training Program Report, click the Attach File command on the top menu bar, locate and highlight the file in your hard drive and click the Attach File button at the bottom of the screen. Click Save Changes on the top command bar before you exit the document screen.

Contact the Executive Secretary by e-mail at ([ExecSec@AVDC.org](mailto:ExecSec@AVDC.org)) if you have questions about the supervisor review or difficulty submitting the completed form.

**Thank you for your efforts as supervisor of an AVDC trainee.**