****

**Form TSC-400EQ**

**Annual Report Document:**

**Equine Activity Log and Check List**

Reviewed and revised March 2018

# Purpose of the Annual Report

The Equine Training Support Sub-committee (EQ-TSS) exists to help residents and Advanced Standing applicants prepare for the credentials application process. TSS reviews the progress of the training programs of all residents and Advanced Standing candidates, to recognize progress, point out deficiencies, and make suggestions for improving your program. To allow TSS to perform these tasks, **all residents registered with AVDC are required to submit an annual report each year**. The “reporting year” is January 1st – December 31st. Residents who have been on a leave-of-absence for the entire year are required to submit only a brief report, updating AVDC on their leave-of-absence status.

# Content and Submission of the Annual Report

Your Annual Report document is to be submitted via **on or before January 31st, 2017**.

AVDC strongly recommends that you review your case log and upload the required Annual Report files to allow your Supervisor or Advanced Standing Mentor time to review the files, inform you whether any additions or corrections need to be made and allow you to revise and upload files that require correction. Instructions for submitting files to DMS are available in the DMS User’s Guide – the link is on the DMS Welcome screen. **You will not be able to upload revised files after the deadline**.

Annual report requirements for **residents** would include a report on the status of everything included below.

When you have submitted your DMS Annual Report document, your Supervisor or Mentor will receive e-mail notification from DMS that your report is available for his or her review. You can delete files and upload revised files as necessary anytime until January 31st. From February 1st-14th, your Supervisor can review the final version of the files and upload her/his Supervisor’s report. **Supervisor reports are to be submitted via DMS by February 14th.**

**Extension of Deadline:** Submissions received after the January 31st deadline will not be accepted without prior approval of an extension. If you will be unable to meet the deadline, submit an e-mail request for a one-time 60-day extension to the Executive Secretary ([ExecSec@AVDC.org](mailto:ExecSec@AVDC.org)) **prior to the January 31st deadline**; include the reasons for the requested delay **and** request that your Supervisor sends a note to [ExecSec@AVDC.org](mailto:ExecSec@AVDC.org) supporting your request. Examples of acceptable reasons for an extension include family deaths or personal medical issues.

**While you are logged into DMS to upload your annual report document, be sure to check your personal information in the DMS data-base** (click on View/Edit Your Personal Information on the menu on the right side of the Welcome page, then click Edit This Information if changes need to be made – be sure to click Save Changes if you make any changes).

**Following TSS review**, the report of the review will be posted in the Certification Response section of your Annual Training Program Report document on DMS. You will receive an e-mail notification when the TSS review has been posted to DMS.

**Action Required Report - Response from Resident**

When the TSS reviewer and chair see the need for correction or clarification of items in an Annual Report, an **Action Required** report is sent to the trainee. A DMS email is sent to the trainee and supervisor; the Action Required report is included in the Certification Response section of the Annual Report document.

When the Action Required report is received, **the resident is required to respond within** **21 days**. The response can consist of revisions in the Case Log and/or submission of files requiring revision – upload a letter explaining the reason for and resolution of items for which action is required to the Annual Report document (remember to click Save Changes after you have uploaded the files). The Annual Report document will not be classified as Review Completed until the items requiring action are resolved. In the absence of an acceptable explanation for missing the 21 day deadline and a plan to correct the deficiency, the registration status of a training program will be reviewed by TSS and may be suspended, in which case accumulation of Specialty Training Hours, Visitation Hours and Case Logging during the program suspension period will not be permitted – **the six year case logging ‘clock’ will not be stopped during a program suspension as a result of lack of a response to an Action Required report**. An Annual Report for the subsequent year will not be reviewed if no response to the items identified as Action Required has been received, and TSS may recommend termination of the registration of the program. **A Credentials Application will not be reviewed if an Action Required TSS review report is awaiting response from the trainee.**

**Complete this Form and submit it as part of your DMS Annual Report document.**

Name the file: *your*LASTNAME, Firstname AnnRep 2018

|  |  |
| --- | --- |
| **Resident or Advanced Standing Candidate Name** |  |
| **Report period** | **January 1st – December 31st, 2018** |
| **Supervisor or Advanced Standing Mentor** |  |
| **Start date, end date, and proposed credentials submission date** | **Registered Start Date of your program: \_\_\_\_\_\_**  **Proposed End Date of your program: \_\_\_\_\_\_**  Are you planning to submit a Credentials Application in 2019? YES or NO |
| **Program type** | *Delete as appropriate:* **Alternate Pathway OR Residency** |

**Activity Log and Check List**

|  |  |  |
| --- | --- | --- |
| **Activity Log** | **2018** | **Total All Years to date** |
| **Specialty hours** – hours completed: **Anesthesia**  *(If your specialty hours have been* ***approved*** *by* **Radiology**  *the Credentials Committee, write in* ***Pre-Approved)****.* **Surgery** |  |  |
|  |  |
|  |  |
| **Publications:** If you have any **Pre-Approved** items, write in the code number and article status for Approved Publications Requirement. |  |  |
| **Full-mouth Radiograph Sets:**  For **pre-approved** radiograph sets, write in the code number.  **Equineee**  If submitted but either Pending Committee review or Not  Approved, write in Submitted-Pending or Submitted-Not  Approved for the most recent submission. Radiograph sets  are **required** to be submitted by the end of the first 12 months  of a residency program and are **required** to be approved by the  end of the first 24 months of a residency program. |  |  |
| **Equipment List:** If your Credentials Equipment List is Pre-Approved, write in Credentials List - Pre-Approved. If your Initial Equipment List included comment that some items are on order, include a comment in the Report to TSS window later in this form updating the status of those items. |  |  |
| **Dental Charts:** If your Dental Charts have been Pre-Approved, write in Pre-Approved. If submitted but either Pending Committee  review or Not Approved, write in Submitted-Pending or Submitted-Not Approved for the most recent submission. |  |  |
| Residency supervision clinical **weeks** completed**.** |  |  |
| Meetings, lectures, labs **attended** (# hours here, details in CV) |  |  |
| Seminars, lectures, labs **presented** (# hours here, details in CV) |  |  |

The following items are to be submitted as part of your annual report. Check the yellow boxes to confirm that they are included in your Annual Report document.

***Activity Log.*** Complete the **Activity Log and Check List** above.

***Updated Curriculum Vitae.***

Submit your CV updated through December 31st. Format your CV as described in the AVDC *Curriculum Vitae* document. Name the file: ***Your*LASTNAME, FirstName** **CV {year}***.*

* Under **Education**, list professional meetings, lectures and laboratories attended (date, sponsoring organization, type of presentation [lecture, practicum], presenter and lecture or laboratory topics). There is no specific hour requirement for seminars and wet labs attended. Enter hours in the ***Activity Log*** above.
* Under **Professional Presentations**, list presentations made chronologically (include date, sponsoring organization, location, topic, type of audience and number of people in audience). There is no specific hour requirement for presentations given. Enter hours in the ***Activity Log*** above.

***MRCL Case Log.***

Check the yellow box to confirm that you have reviewed your MRCL case log and **confirmed** that there are no more than the minimum required number of cases in each MRCL category, and that no more than 67% of the cases in OM, PE3, PE4, EN3, RE, OS2, OS3, OS4, OS5, OR1, or OR3 categories consist of only one type of procedure. A case log that includes more than the minimum required number of cases in particular categories will be returned for adjustment, which will delay completion of the review.

***MRCL Forms (Case Reviewed by AVDC Diplomate forms).***

Check the yellow box to confirm that there is an MRCL form available on DMS for **all** cases listed as MRCL cases in your log, and that any cases marked TSS Not OK in last year’s Annual Report review have been corrected or replaced. Read the DMS User’s Guide for information on using the case log and generating MRCL forms via DMS.

***Specialty Training Forms****.*

If you have a Pre-Approval certificate for one or more specialties, write Pre-Approved in the appropriate line in the current year column in the ***Activity Log***. If you have not completed the required hours, include in your Annual Report document your incomplete Specialty Training Forms (separate form for Anesthesia, Radiology and Surgery) for each specialty for which you have not yet received Pre-Approval. Name the file: ***Your*LASTNAME, FirstName** **Spec *Anes OR Rad OR Surg* {year}***.* Enter the number of hours for each specialty in the ***Activity Log***.

***Residency Dental Clinical Weeks.***

**Residents:** Insert the number of Dental Service clinical weeks in the ***Activity Log***.

***Program changes and response to TSS comments and other comments.***

In the box below, describe any Program Changes and include any responses to comments from TSS and any other comments you wish to make to TSS in this box. The box will expand as necessary.

|  |
| --- |
| Program Changes:  Response to TSS comments on last year’s final Annual Report review and a brief comment on any case log changes that resulted in a Changed notation for previously TSS OK cases:  Other Comments for the TSS reviewer: |