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**TSC-410 EQ**

**EQUINE Training Program Annual Report - Review by Supervisor**

Revised January 2016

**Please complete the yellow-shaded items**

|  |  |
| --- | --- |
| Applicant/Resident |  |
| Mentor/Supervisor |  |
| Date this form was completed |  |
| Training Program | *(Delete one)* Full Time Part Time Residency |
| Reporting Period | **January 1 - December 31st, 20XX** |
| Anticipated date for submission of credentials package |  |

Electronic validation by Supervisor/Mentor of items submitted by the applicant/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 TSS review report, will also be available at that location.

\*Residents will need items 1-5, and in some cases 6.

To open or save the files, log in to DMS, click the View My Trainee’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 trainee, click the trainee’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 Trainee’s Case Log link.

\_\_\_ 1. Activity Log

\_\_\_ 2. Curriculum vitae

\_\_\_ 3. On-line Case Log entries in 2019

\_\_\_ 4. Specialty training forms (Anesthesia, Radiology and Surgery)

\_\_\_ 5. Visitation Log ***(Part Time trainees only)***

\_\_\_ 6. TSS review of trainee’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 trainee 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 Trainees:**

Assess the trainee’s performance and progress during the current review period by completing the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unsatisfactory** | **Satisfactory** | **Good** | **Very good** | **Excellent** |
| **Clinical activities, case load** |  |  |  |  |  |
| **Theoretical knowledge (e.g., attendance of meetings, study efforts)** |  |  |  |  |  |
| **Fulfillment of credentials requirements (e.g., radiographs, case reports)** |  |  |  |  |  |

**Comments and suggestions for improving the trainee’s training:**

|  |
| --- |
|  |

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

**Yes** (report will **not** be released to trainee). **No** (report will be released to trainee).

**Save the form as *Trainee*LASTNAME,FirstName** **Supervisor 20XX and submit it via DMS by February 14th.**

Submit the form as an attachment in the trainee’s Annual Report document: log in to DMS, click the View My Trainee’s Documents link on the right side of the screen (select one name from the drop-down menu if you supervise more than one trainee), click the trainee’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 Director 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.**