

Guidelines for Compilation of Annual Progress Reports

- **Annual progress reports are to be submitted in a timely manner after completion of every 12-months training period (within 1 months of completion).**
 - **Progress reports must document training related activities of this specific 12 months period**
 - o no overlap / repeats with previous or following progress report
 - o no undocumented time periods – including between progress reports
 - o Extended periods (>3 weeks) without apparent clinical activity in the progress report should be explained in the accompanying letter (see below)
 - o No “double-dipping” i.e. the same item should not appear in separate sections of the progress report (exception conferences attendance and conference presentation)
 - o As a general rule (policy): No non-bovine cases should be included in the progress report
 - o The committee may refuse to accept a progress report overdue for longer than 6 months
 - **Provide an accompanying letter in which**
 - o you confirm that the content of the progress report is correct and accurate and has been read and approved by the primary supervisor
 - o mention externships you completed during the period in question (providing a certificate of attendance of the host institution)
 - o mention resident workshops you attended during the period in question
 - o you mention any particular circumstances you wish to bring to the attention of the Education and Residency Committee
- The letter must be signed by resident and primary supervisor (digital version suffices)

Individual clinical case section (Sheet A):

- This section should include individual patients that were examined and worked up in detail and should provide information about the resident’s activity so that the evaluator can assess the level and depth of the clinical activity
 - o Date and adequate identification (e.g. Animal ID, Owner name, Clinic case number...)
 - o One line of the table per patient
 - o Repeated exams / treatments of the same patient with the same problem are ONE case (thus only one line in the table)
 - o More than two patients with same problem in the same herd on the same day should be grouped as one herd health case (Sheet B)
 - o Do not include individual cases not requiring detailed work up (e..g. calf dehorn, preg check, fertility exams, vaccinations...)
 - o Exceptionally a patient that was seen during a regular herd visit and worked up in detail may be listed as individual case in sheet A while the remainder of the activities on the farm is listed as one herd visit in sheet B (e.g one cow with abomasal displacement operated during a herd visit or one down cow worked up in detail during the regular herd visit)

Guidelines for Compilation of Annual Progress Reports -WAG – 25.04.2019

- A reasonably specific diagnosis is required as would be expected after detailed workup (“sick cow”, or “ADR” is not acceptable)
- List activities performed (e.g. physical examination, lab analysis, joint tap, ultrasonography or other imaging, endoscopy, surgery, biopsy....)
- Level of supervision
 - o Supervision by a diplomate does not require physical presence of the diplomate. Detailed discussion of the case after or between visits can also be considered supervision
 - o A Residency is a training program and a minimum level of supervision by a board certified specialist is mandatory! Particularly during the first two years of the residency at the very least 15% of the case load should be handled under diplomate supervision
- **Criteria evaluated:**
 - o **Time spent on individual animal medicine**
 - The case load in this section during the entire residency must correspond reasonably to a minimum of 27 full time weeks of clinical activity in individual animal medicine. In combination the activities listed in sheets A and B must convincingly document 83 full time weeks of clinical activity
 - o **Variety of individual animal problems seen**
 - o **Depth of case-work up**
 - related to the stage of residency
 - o **Level of supervision**
 - related to the stage of residency

Herd health case section (Sheet B):

- **This section should comprise ALL herd health visits including**
 - o Regular herd visits of the same herd (each visit one line)
 - o Problem solving herd health cases (Work-up of one herd health problem may require repeated visits. These visits should however be summarized in one line – i.e. one case)
 - o Technical visits (vaccination, blood drawing, TB-testing, calf disbuddings)
 - o
- **Characterize the type of herd visit into**
 - o **routine herd visit**
 - Recurrent visits with one or several activities during one visit (e.g. treatment of calves with diarrhea, calf disbudding, preg check, cell count monitoring, treatment of 3 lame cows...)
 - o **technical herd visit**
 - Visits only focused on performing one or few technical procedures (e.g. disbudding calves, vaccinating cows, TB-testing, blood sample collection....). If you are vaccinating or TB-testing during a routine herd visit just list this as routine herd visit and add “vaccination” or “TB-testing” to the performed activities

- **problem solving herd visit**
 - Non-regular visit of a herd with the objective to address a specific herd issue that will be worked up in detail with the objective to resolve the issue (the focus should thus NOT be on treatment!). E.g. herd with calf diarrhea or pneumonia problem, lameness or mastitis issue.
 - Just treating a large number of individuals without work-up and developing a plan to resolve the issue IS NOT a herd health case (e.g. 4 calves with diarrhea, 10 calves with pneumonia or treating 10 lame cows is not a problem solving herd visit)
- **Provide concise and succinct description of clinical activity so the evaluator can assess variety and level of clinical activity**
- **Level of supervision**
- **Criteria evaluated:**
 - **Time spent in herd health medicine**
 - The case load in this section during the entire residency must correspond reasonably to a minimum of 27 full time weeks of activity in herd health medicine. In combination the activities listed in sheets A and B must convincingly document 83 full time weeks of clinical activity
 - A minimum of 15 problem solving herd visits is expected during the entire residency
 - **Variety of herd health cases**
 - Variety of activities cover during regular herd visits
 - Variety of problem solving herd health cases
 - **Depth of herd health case-work up**
 - with emphasis on problem solving visits
 - **Level of supervision**
 - related to the stage of residency
 - A considerable level of supervision is expected for herd health visits

Ancillary topics (Sheet C):

- This section in particular focuses on post-mortem examinations. The P&Ps stipulate a minimum of 30 cases attended / completed during the entire residency (more case are certainly encouraged)
- At least 15 necropsies with active participation (not just observation) of the resident under supervision level 2, 4, or 6
- Necropsies where the resident just observed must have been conducted by a board certified pathologist or a pathologist in training to be eligible to be counted to the minimum number of cases
 - Supervision level 7 can be included but will not be counted to the minimum number of 30 cases

Guidelines for Compilation of Annual Progress Reports -WAG – 25.04.2019

- Observing a necropsy conducted by a non-board certified pathologist or a pathologist in training can be included but will not be counted to the minimum number of 30 cases
- Max. 15 necropsies conducted by the resident without supervision can be counted to the minimum number of cases
- Further to this a **one week FTE of work in clinical pathology** is required during the residency
 - This clinical pathology week is about exposure to standard laboratory procedures (not just about interpretation of lab results). Must be completed in a diagnostic lab and under supervision of board certified clinical pathologist (does not need to be one consecutive week)
- **Criteria evaluated:**
 - **Time spent in clinical pathology lab**
 - one week required
 - **Variety of necropsy cases**
 - **Quality**
 - Level of activity (just observing vs. many cases of active participation)
 - **Level of supervision**
 - The more interaction with a clinical pathologist the better
 - The more active participation (vs. just observation) the better

National or International Veterinary conferences, congresses with an emphasis on bovine health management attended (Sheet D)

- This section documents the completion of the requirement “Attendance of at least 3 national or international conferences”
- This section should only include meetings at veterinary medical level with a (or one) focus on bovine medicine or herd health. These should be meetings openly advertised and accessible to the buiatric community on a national or international level
- At least one conference in a foreign country during the residency is strongly encouraged
 - In this section you can and should include a conference also listed in sheet E (if you presented at a conference that event should thus figure in sheet D AND E).
 - Do not include workshops, small evening seminars, meetings organized by pharmaceutical companies or continuing education events for veterinarians (these should go in the section of lectures and seminars attended)
 - Do not include exclusively non-bovine conferences
 - Do not include State or agricultural fairs
 - Do not include conferences or meetings that are not specific veterinary conferences
- **Criteria evaluated:**
 - **Number of conferences and number of international conferences**

Presentation at national or international Veterinary conferences, congresses with an emphasis on bovine health management (Sheet E)

- This section should only include presentations at meetings at veterinary medical level with a focus on bovine medicine or herd health. The conference must be unambiguously identified (Name, location, date)
- At least 1 presentation at a national or international meeting during the residency
- Can be poster or oral presentation
 - o Oral: The resident must be the presenter and first or last author (not just co-author)
 - o Posters: Resident must be first or last author and must have attended the poster session (Attendance of the conference where the poster was presented)
 - Statement “Several authors functioned as first author” or similar is not acceptable
 - o What is not accepted in this section:
 - Presentations at meetings organized for producers / patient owners, students or lay people
 - Meeting on farm with the objective to discuss farm specific issues
 - Presentations or papers where the resident is not presenter / first author

Lectures and seminars attended (F)

- This section should include lectures seminars, journal club sessions, webinars etc. as long as they were at veterinary level with emphasis on bovine herd health or medicine.
- Clearly spell out:
 - o Date and duration of the lecture (including discussion)
 - o Type of event (lecture, seminar, workshop, wet lab...)
 - o Topic
 - o Location
 - o Speaker
 - o Participants (e.g. producers, students, veterinarians, lay people)
- Do not include
 - o any lectures / seminars that were part of one of the conferences listed in sheet D unless they were not part of the regular programme but had to be booked apart
 - o Lectures / seminars that are not related to the subject of bovine health management
- **Criteria evaluated:**
 - o **Number and variety of lectures and seminars attended**

Lectures and seminars given (Sheet G)

- This section should include all lectures and seminars given to peers, students, producers or lay people as long as they are related to the subject of bovine health management. This section can include webinars, journal clubs, topic rounds organized for veterinarians or graduate students....
- A seminar in this section is defined as **a presentation of at least 45 min followed by an academic discussion (at veterinary level)**. Identify items in this list qualifying as seminar (MUST be followed by a discussion at peer level)
 - A minimum of 6 seminars must be presented by the resident during the training period. A seminar is defined as 45 min lecture followed by discussion at veterinary level. The seminars must be intended for veterinarians (not specifically for students) and an academic discussion must follow.
 - To be able to assess to which each seminar pertains the type of participants must be identified (e.g. vets, farmers, students, grad students...)
- **Criteria evaluated:**
 - **Activity in**
 - undergraduate and graduate teaching
 - contribution to continuing veterinary education