(Amended Date 06/03/19)

European College of Veterinary Sports Medicine and Rehabilitation

Satellite Training Centre Application

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# General information Satellite Training Centres

Training centres which fulfil only specific aspects of EVSMR (e.g. residents will have access to only specific equipment/expertise) are allowed to contribute to residents’ training by offering rotations under diplomate supervision and will be designated as a ‘Satellite Training Centre’ (STC). These centres need to be re-accredited every five years. STCs require appropriate diplomate level staff relevant to the discipline that are recognised by EBVS or AVMA or other relevant body as appropriate. It is recognised that aspects of physiotherapy and rehabilitation may be undertaken by personnel who have higher level qualifications but are not veterinary surgeons where legally permitted in specific countries and may provide valuable training opportunities for residents with appropriate specialist veterinary oversight.

STCs should provide residents with access to the following resources and access to clinical training that integrates residents into daily clinical practice, rather than simply an observer:

1. Veterinary medical library containing the relevant textbooks and current journals related to the speciality
2. Medical records that are adequately maintained for each case and easily retrievable.
3. Diagnostic or therapeutic facilities as appropriate for the discipline.
4. Adequate caseload for the acquisition of the competencies described in the policies and procedures.

## Clinical Supervisor

Each STC must provide a named clinical supervisor who will be responsible for the direct supervision of residents during their time at the centre. No more than 2 residents should be supervised within the centre at any time. The clinical supervisor will be expected to sign a mentorship agreement as part of an approved training programme or alternate training programme.

# Formal steps towards recognition

A satellite training centre can be recognised as part of an existing programme or may seek recognition before offering training opportunities to residents in specific disciplines.

Any major changes to the training centre must be communicated immediately to the ECVSMR Secretary by using the ‘Major Changes Form’.

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVSMR Secretary, Email: info@ecvsmr.org

# Part 1: Application for the Satellite Training Centre approval

Please refer to the ECVSMR Policies and Procedures (P&P) for help with completion of this application.

|  |  |
| --- | --- |
| Details of clinical centre |  |
| Name of centre | click to type here |
| Address | click to type here |
| Country | click to type here |
| Centre head / chair | click to type here |
| Email of institute head | click to type here |
| Programme outline and training |  |
| Duration of training placement being offered  | Click or tap here to enter text. |
| Proposed start date | Enter date  |
| This centre is suitable for  | choose track residents |
| Training being offered in: | click to type here |
| Residents may not be commence a placement at a Satellite Training Centre until approved by the Education Committee and ratified by the Executive Board |
|  |  |
| Access to facilities and resources |
| Please indicate equipment available and resources that will support the training of this resident. It is not expected that all facilities will be present and acknowledged that some are specific to certain species. Where necessary provide brief details of these facilities. Specific model details are not required.

|  |  |  |
| --- | --- | --- |
| Equipment/Resource | Comments | Location(s) available |
| Academic resources |
| [ ] Access to full reading list |  |  |
| [ ] Online access to relevant human and veterinary journals |  |  |
| [ ] Searchable patient record database |  |  |
| Clinical facilities |
| [ ] Radiography  |  |  |
| [ ] Ultrasonography  |  |  |
| [ ] Scintigraphy |  |  |
| [ ] Cardiology (ECG/Echo) |  |  |
| [ ] Computed tomography |  |  |
| [ ] Magnetic Resonance Imaging |  |  |
| [ ] Respiratory Endoscopy |  |  |
| [ ] Gastroscopy |  |  |
| [ ] Dynamic endoscopy |  |  |
| [ ] Exercise physiology facilities |  |  |
| [ ] Laboratory diagnostics |  |  |
| Equipment for rehabilitative therapies |
| [ ] Cryotherapy |  |  |
| [ ] Heat therapy |  |  |
| [ ] Neuromuscular electrical stimulation |  |  |
| [ ] Therapeutic Ultrasound |  |  |
| [ ] Laser (Class 3b or higher) |  |  |
| [ ] Extracorporeal Shockwave orradial pressure wave treatment |  |  |
| [ ] Magnetic field therapy |  |  |
| [ ] Equipment for therapeutic exercises |  |  |
| [ ] Underwater treadmill |  |  |
| [ ] Pool |  |  |
| [ ] Podiatry service |  |  |
| [ ] Other |  |  |
| Equipment for objective locomotor assessment |
| [ ] Pressure mats |  |  |
| [ ] Force plates |  |  |
| [ ] Video-based gait analysis |  |  |
| [ ] Sensor-based gait analysis |  |  |
| ☐Arena for ridden and unridden assessment of horses |  |  |
| [ ] Allied professional services working collaboratively with specialists (eg saddle fitters, give details) |  |  |
| [ ]  Others:  |  |  |

Details of other facilities or details to support residentclick to type here |
| Involvement in clinical activities |
| Please describe what role residents will take in clinical activities (observation, assisting in procedures, primary case responsibility under direct supervision or other)click to type here |
| Details of formal training  |
| Please describe what formal training opportunities exist for developing clinical training and understanding of research methods (eg rounds, journal clubs, image interpretation training, statistical methods training) during time spent at the STCclick to type here |
| Clinical Staff |
| Clinical rotations at Satellite Training Centres should be supervised by an appropriate EBVS or AVMA recognised specialist in the field. Details of other diplomates (in the primary species) involved in training at the centre should be listed below. Other clinical staff who contribute to training can be listed where they are nationally recognised in this field. (tab at end of last row to add more staff) |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Name | College | Internal / External | Comments (part time working / details).  |
|  |  |  |  |
|  |  |  |  |
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 |

Please provide any further details to enable the education to determine the impact of the STC on resident training

click to type here

## Satellite Training Centre Clinical Supervisor

|  |  |
| --- | --- |
| Prefix: | …………. |
| First Name: | ………………………………….... |
| Middle Name (optional) | …………………………………... |
| Last Name: | …………………………………... |
| Degree/Title: | …………………………………... |
| Contact Information |  |
| Contact Address: | …………………………………... |
| Post code: | …………………………………... |
| City: | …………………………………... |
| Country: | …………………………………... |
| Telephone number 1: | …………………………………... |
| Telephone number 2: | …………………………………... |
| Fax number: | …………………………………... |
| E-mail address 1: | …………………………………... |
| Facility |  |
|  …………………………………... |
| I agree that:* I confirm the head / chair of the institute has consented to being involved in resident training at no cost to the visiting resident (other than accommodation)
* I will remain a Diplomate of my college in good standing;
* I will ensure that the Resident’s training on this rotation is consistent with the Residency Training Plan approved for this Residency Training Programme;
* I will ensure and certify that residents spend the required time under my direct supervision
* I will confirm the authenticity of case logs generated by residents during their rotation

**GDPR Disclaimer:** I also agree that all personal details regarding this application, electronic and written communications, progress and performance of residents, accreditation and re-accreditation can be stored electronically and transferred between officials of the college by email and other electronic means, that storage of such details may involve online ‘cloud’ based databases held outside the European Union. All records will be retained by the College in perpetuity or until such time as the college considers necessary. |
| Place, Date:  |
| Signature:  |  |