



**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
LARGE ANIMAL INTERNAL MEDICINE**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training and Credentials Committee (RTCC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Large Animal Internal Medicine (LAIM) residency training programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at www.ACIVM.org. If there is a discrepancy between this form and the CM, the CM will be considered correct, however, please contact the ACVIM office or the RTCC Chairperson for clarification.

Prior to making significant changes in a residency training program, approval of the ACVIM and LAIM RTCC must be obtained. The candidate and/or program director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or any advisors, transferring from one program to another, alterations in program duration, switching to a ‘dual board’ program, or enrolling in an institutional graduate program.

Notice: This form contains questions for three separate purposes; data collection that ACVIM must maintain for its accreditation as a specialty college; data collection for each specialty to evaluate what is appropriate for residency programs; and data collection to evaluate this Residency Training Program for renewal. It is important that all questions be answered accurately and completely, even if the answer to a specific question is not essential for a program's renewal.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs which include multiple sites must provide detailed information as to which Diplomates in the specialty of LAIM, as well as other Specialties, will be supervising the resident(s) at each site. In this updated program registration form, the Program Director must provide specific, detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, are listed in Part Two.

Program Director Name:
(Must be an active Diplomate of ACVIM, in any specialty)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(515) 294-1500"/>
E-mail:	<input type="text" value="dwong@iastate.edu"/>
Mailing Address:	<input type="text" value="Veterinary Clinical Sciences, VTH
1600 S. 16th St.
Ames, IA 50011"/>

SPECIES:

1. Location of Sponsoring Institution (Primary Site of Residency Training Program):

Primary Site and Length of Training Program:

Multi-site programs, if any, are listed in Part Two.

2. Resident Advisor(s): Must be Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine.

[David Wong](#)

3. Please list all ACVIM - LAIM Diplomates involved in resident training. (Must be Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine or ACVIM Associate). **At least 2 ACVIM Diplomates are required, one of whom must be ACVIM LAIM.**

[Brett Sponseller - LAIM](#)

[David Wong - LAIM](#)

[Paul Plummer - LAIM](#)

[Katarzyna Dembek - LAIM](#)

[Amanda Kreuder - LAIM](#)

[Joe Smith - LAIM](#)

4. Please list all ACVIM Diplomates responsible for supervision of clinical training who are specialists in areas other than LAIM.

[Rodney Bagley - Neurology](#)

[Wendy Ware - Cardiology](#)

[Jessica Ward - Cardiology](#)

5. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor.

Resident Name, Dates of Program, (Resident Advisor)
Rebecca Ruby 9.1.15 - 9.1.18 (David Wong)

Please note, any Program Director or Candidate that significantly changes or alters their Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor



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Part Two

Part Two of the LAIM Residency Training Program addresses general features that apply to all current residents.

Note: Part One is completed by the ACVIM office and includes a listing all of the ACVIM diplomates associated with each program. Hence, Program Directors are no longer required to include those diplomates on this form.

This document outlines the content of each particular training program and is a template of the requirements that each resident will complete as part of the certification process. Any deviation from this registration is considered a change in the training program and requires written notification and approval by the Residency Training and Credentials Committee (RTCC) prior to those changes being counted towards residency training. A listing of examples of changes to a program are listed at the end of this document. Of particular note, any outside rotations not listed on this program registration document must be preapproved by the RTCC in order to count towards the 104 weeks of clinical training. Outside rotations not being included in 104 weeks of required clinical training do not require RTCC approval.

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in any Specialty)

Name of Sponsoring Institution (Residency Training Program):

Species of the Program being registered:

- Equine
- Food Animal
- Mixed

Location of Secondary Site (if applicable):

(Secondary Site: A satellite clinic or educational facility at a separate location that is directly associated with the primary hospital, or an independent facility for which a continuous relationship exists with the currently approved residency training program). (GIG: D.2.f)

Outside Rotations/Other Sites (if applicable):

(GIG: D.2.c.2. If any portion of the residency is completed at a separate location from the primary site of the residency, the candidate is required to obtain the written approval of the Supervising Diplomate for each off-site rotation, and documentation of this approval must be forwarded to the LAIM RTCC.) Note: Outside rotations not listed here must be approved by the LAIM RTCC prior to completion in order to count towards the 104 weeks of clinical training. This includes radiology and pathology rotations.

Please complete the following table (provide case numbers from previous year or provide estimates if hard numbers are not available):

Primary site: actual numbers estimated numbers
 Secondary site: actual numbers estimated numbers
 Other site: actual numbers estimated numbers

	Total No. Annual Hospital Cases	Average No. Cases Presented to Hospital Daily	Average No. Outpatient Cases Treated Daily	Average No. Inpatients Treated Daily	Total No. Annual Ambulatory Visits	Average No. of Ambulatory Cases Per Visit
Equine	2151	7-8	3-4	5-6	1495	2
Equine (Secondary site)*						
Food & Fiber	2775	10-12	4-5	6-7	1616	171
Food & Fiber (Secondary site)*						
Total						

*For programs whose training program has more than one site.

Comments: Total case numbers for equine and food animal, both hospital and ambulatory, are calculated case numbers for all food animal and equine cases (includes medicine and surgery cases).

1. Length of Training Program: 3

2. Advanced Degree:

	Yes	No	Optional
Masters:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If an advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

Advanced degree available at the expense of candidate.

3. If ACVIM Associate Members are involved in resident training (Note: Associate Members are not ACVIM diplomates, but individuals who have been awarded ACVIM Associate status; most programs will not have Associate Members involved in their training programs as there are very few ACVIM Associate Members), please list them here:

Associate Members	Associate Member Specialty, if applicable
none	

4. Please list all Diplomates of the American College of Veterinary Pathology or European College of Veterinary Pathology in the areas of clinical pathology or gross/histoanatomic pathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident, and provide the RTCC with a "Letter of Commitment" signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVP or ECVP.

Name of Diplomate(s)	Specialty Certifying Body	Clinical or GrossAnatomic	Comments
Amanda Fales-Williams, DVM, PhD	ACVP	Gross Anatomic	
Joseph Haynes, DVM, PhD	ACVP	Gross Anatomic	
Jesse Hostetter, DVM, PhD	ACVP	Gross Anatomic	
Shannon McLeland, DVM, PhD	ACVP	Gross Anatomic	
Jodi Smith, DVM, PhD	ACVP	Gross Anatomic	
Micheal Yaeger, DVM, PhD	ACVP	Gross Anatomic	
Heather Flaherty, DVM	ACVP	Clinical	

Austin Viall, DVM, MS Shannon Hostetter, DVM, PhD Claire Andreasen, DVM, PhD	ACVP ACVP ACVP	Clinical Clinical Clinical	
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5. Please list all Diplomates of the American College of Veterinary Radiology or European College of Veterinary Diagnostic Imaging associated with residency training. If *off-site*, please explain the situation, and the arrangements for direct contact with the resident, and provide the RTCC with a “Letter of Commitment” signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVR or ECVDI.

Name of Diplomate(s)	Specialty Certifying Body	Comments
Kristina G. Miles, DVM Elizabeth A. Riedesel, DVM, MS	ACVR ACVR	

6. Please list the Diplomates available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology that are certified by the American Board of Veterinary Specialties or the European Board of Veterinary Specialties. If off-site, please explain the situation and the arrangements provided for contact with the resident **and provide the RTCC with a “Letter of Commitment” signed by individual(s) providing direct supervision.** Please indicate certifying body in the table.

Name of Diplomate(s)	Specialty Certifying Body	Comments
James O. Noxon, DVM	ACVIM	Dermatology
Darren Berger, DVM	ACVD	Dermatology
Jennifer Schleining, DVM, MS	ACVS	Large Animal Surgery - FA
Tamara Swor, DVM	ACVS/ACVECC	Large Animal Surgery - Eq
Stephanie Caston, DVM	ACVS	Large Animal Surgery - Eq
Kevin Kersh, DVM	ACVS	Large Animal Surgery - Eq
Dane Taraniuk, DVM, MS	ACVS	Large Animal Surgery - Eq
Cheryl Hedlund, DVM, MS	ACVS	Small Animal Surgery
Karl Kraus, DVM, MS	ACVS	Small Animal Surgery
Mary Sarah Bergh, DVM, MS	ACVS/ ACVSMR	Small Animal Surgery
William Hoefle, DVM, MS	ACVS	Small Animal Surgery
Gil Ben-Shlomo, DVM, PhD	ACVO	Ophthalmology
Rachel Allbaugh, DVM, MS	ACVO	Ophthalmology
Dean H. Riedesel, DVM, PhD	ACVAA	Anesthesiology
Bonnie H. Kraus, DVM	ACVAA/ACVS	Anesthesiology
April Blong, DVM	ACVECC	Emergency/Critical Care
Rebecca Walton	ACVECC	Emergency/critical care
Johnathan Mochel, DVM, MSc, PhD	ECVPT	Clinical pharmacology
Tyler Dohlman, DVM, MS	ACT	Theriogenology
Swanand Sathe, DVM	ACT	Theriogenology
Alex Gillen, DVM	ACVS	Large Animal Surgery-Eq

7. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated Resident Advisor. This information is also required in Part 3 (Part 3 is not made available to the public).

Resident Name(s) (first/last)	Length of Program (in years)	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Rebecca Ruby	3	9/1/2015	9/1/18	David Wong

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

8. Does your training program consist of a minimum of *104 weeks*?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

9. Does your training program provide on-site residency training by at least two ACVIM Diplomates (one of whom must be a Diplomate in the Specialty of Large Animal Internal Medicine)? If no, please provide a detailed explanation of how a second Diplomate is involved in training.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

10. Does each resident in your program spend a minimum of 52 weeks on clinical rotations under the direct supervision of at least one (1) ACVIM LAIM Diplomate?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

11. Does each resident in your program spend an additional 16 weeks on clinical rotation under the direct supervision of one or more Supervising Diplomates (other than the Diplomate(s) referred to above) or individuals with ACVIM Associate status, in the Specialty of LAIM, Small Animal Internal Medicine, Cardiology, Neurology, or Oncology? (*GIG: F.1.h.5. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction.*)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

12. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either internal medicine or related areas, or in writing, studying, teaching, or obtaining experience with a radiologist, clinical pathologist, or other specialist? This time does not necessarily need to be directly supervised. (Note that vacation time and time to attend professional meetings is included in this period.) (*GIG: F.1.h.5. Specialists with*

whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

13. Does each resident in your training program receive training from at least two other Board-certified specialists (not ACVIM). These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency/critical care, or clinical pharmacology. The training must be direct consultation, not telephone or e-mail consultation.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

14. Does each resident in your training program have a minimum of 40 hours of direct contact with a board certified veterinary radiologist interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds and/or seminars? (GIG: F.1.h.5. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

15. Does each resident in your training program have a minimum of 40 hours direct contact with a board certified veterinary clinical pathologist or anatomic pathologist evaluating clinical pathologic findings, reviewing cytologies and biopsies, and attending clinical pathologic conferences and/or seminars? (GIG: F.1.h.5. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

16. Does each resident in your program participate in patient management, including patient receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referring veterinarians? Is case management supervised and reviewed by an ACVIM Diplomate or ACVIM Associate?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

17. Is a complete medical record using the problem oriented veterinary medical record system maintained for each individual patient? (Medical records must be retrievable)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

18. Does the resident participate in clinical rounds on a daily basis while on clinical rotations? Is a supervising Diplomate available for the majority of rounds? If no, please describe how rounds are attended and supervised. (*GIG: F.1.e.1. Teaching Rounds: Residents must attend and participate in clinical rounds on a daily basis during the clinical training period. The resident should lead rounds discussions an average of once weekly.*)

Yes	No
X	<input type="checkbox"/>

Comments:

19. Please indicate the availability of the following facilities or equipment. Indicate if these are available at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section.

	Available?		On Site?		Location of Off-Site Equipment
	Yes	No	Yes	No	
a) Standard radiological equipment	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
b) Ultrasonographic equipment	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
c) Color flow/Doppler equipment	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
d) Cardiac catheterization capability	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
e) Endoscopy equipment	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
GI equipment	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
Bronchoscopy	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
Cystoscopy	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
Rhinoscopy	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
Laparoscopy	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
f) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Serum osmolality measurement	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
h) Colloid oncotic pressure measurement	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
i) Electrocardiography	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
j) Blood Pressure Measurement	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
k) Electroencephalography	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
l) Electromyography	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
n) Nuclear Medicine	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
o) Computed Tomography	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
p) Magnetic Resonance Imaging	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
q) Radiation Therapy Facility	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
r) Veterinary Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
s) Computerized Medical Records w/Searching Capabilities	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
t) Medical Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
u) Intensive Care Facility – 24 hours	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
v) Urethral pressure profile & cystometrography	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
w) Hemodialysis capability	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
x) Total parenteral nutrition capability	X	<input type="checkbox"/>	X	<input type="checkbox"/>	

If any of the above equipment or facilities is available off-site, please explain how the resident can access them for case management, research, or study.

20 (a). Are formal conferences, such as clinicopathologic conferences, *journal clubs*, or seminars held on a weekly basis? (GIG: F.1.e.2. Residents must attend formal conferences such as clinicopathologic conferences, journal clubs, or seminars in internal medicine and related disciplines weekly throughout the calendar year)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

20 (b). Please list how many hours per week and how many weeks per year for each journal review activity (for example, a program may offer a Journal Review in Food Animal one hour per week for 48 weeks per year and Equine one hour per week for 32 weeks per year). (GIG: D.2.d.1. Journal Club: Routine and regular attendance and participation in a critical review of the literature, e.g. journal club; must attend eighty (80) hours minimum during the residency training program)

Journal Review Activity	How Many Hours Per Week	How Many Weeks Per Year (total of 80 hours minimum)
JVIM	1	20
Eq Vet J	1	20
AJVR	1	12

21. Please provide a description of the conferences, etc., that are provided and the typical schedule. (As required by question 20(a) above)

Weekly attendance at resident seminars presented by a variety of clinical residents and specialties at the ISU LVMC is expected of each residency candidate.

Monthly large animal radiology conferences are held to discuss cases of interest seen within the large animal hospital and attendance is expected of all large animal residents.

22. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis? (GIG: F.1.e.2.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

23. How many major veterinary medical or medical meetings is each resident able to or expected to attend during his/her training program? (GIG: F.1.e.3. The resident must attend at least one major veterinary medical or human medical meeting during the residency)

None	One	Two	> Two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

24. Are one or more publications required as part of the training program?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

25. Does the training program require a research project? Please indicate the number of research projects required.

Yes	No	Optional	Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Comments:

26. Does each resident in your program receive regular institutional reviews of their progress and performance by the supervising Diplomate, hospital section, or other Departmental committee or advisory group? (*Note: LAIM Candidates are required to receive a minimum of two (2) formal evaluations per year. These evaluations should provide the resident an unbiased comprehensive review of his/her progress as an ACVIM Candidate and include reasonable suggestions for improvement, if indicated. Evaluations should be presented in writing and discussed with each Candidate.*)

Yes	No	Frequency (i.e., quarterly, annually?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly

Written evaluation:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shared with resident:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

27. Does each resident **complete at least 1 of the following** to complete requirements D.2.d.2 of the GIG?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

- A) Successful completion of at least 6 hours of seminars or classes recognized by the ACVIM and covering the following subjects: critical review of the veterinary medical/biomedical literature; grant writing; study design and participation in clinical trials (These seminars may be offered at the ACVIM forum).
- B) Submission of a grant proposal (which must be documented by a letter from the Resident Advisor).
- C) Acceptance and presentation at a scientific meeting of an abstract (either oral or poster) of original work.
- D) Documented completion of a prospective research program pertinent to the candidate's specialty (by a letter from the Resident Advisor).
- E) Completion of a retrospective research project pertinent to the candidate's specialty (which must be documented by a letter from the Resident Advisor).
- F) Completion of graduate work in biostatistics, research methods and/or research ethics (which is documented by a letter from the Resident Advisor).

28. Is there any additional pertinent information that the Residency Training Committee should consider in its evaluation of this Training Program?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- Transferring from one program to another
- Alterations in program duration
- Switching to a 'dual board' program
- Enrolling in an institutional graduate program
- Change of Program Director or Resident Advisor
- **Outside or elective rotations not listed on this form**

X As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.