



**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
NEUROLOGY**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Neurology Residency Training Programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at www.ACVIM.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 Residency Training Committee Chairperson for clarification.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Neurology Residency Training Committee 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 advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, 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 that include multiple sites must provide 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 a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(334) 844-4690"/>
E-mail:	<input type="text" value="art0022@auburn.edu"/>
Mailing Address:	<input type="text" value="Dept of Clinical Sciences"/>
	<input type="text" value="1220 Wire Rd"/>
	<input type="text" value="Auburn, AL 36849"/>

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

Primary Site and Length of Program:

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

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

[Amanda Taylor](#)

3. Supervising Diplomates in Neurology: Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

[Paul Cuddon- Neurology](#)
[Amanda Taylor - Neurology](#)

4. All Diplomates of ACVIM or ECVIM responsible for supervision of clinical training who are specialists in areas other than Neurology.

[Ellen Behrend - SAIM](#)
[A. Ray Dillon - SAIM](#)
[Annette Smith - Oncology](#)
[Saralyn Smith-Carr - SAIM](#)
[Seungwoo Jung - Cardiology](#)
[Stephanie Schleis - Oncology](#)
[Tekla Lee-Fowler - SAIM](#)
[Randolph Winter - Cardiology](#)

5. 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)
Erik Johnson 7.15.16 - 7.14.19 (Amanda Taylor)
Caroline Fallon 7.18.17-7.17.2020 (Amanda Taylor)
Amanda Brenna 7.15.15 - 7.14.18 (Amanda Taylor)

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 Neurology Residency Training renewal process addresses general features of the program that apply to all current residents. These questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

Current Date: 2/12/18

Program Director Name: Amanda R. Taylor, DVM, DACVIM (Neurology)

(Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Name of Sponsoring Institution (Residency Training Program): Auburn University

1. For multi-site residency programs: To ensure uniformity of training and compliance with current Certification Manual (CM) requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s).

Secondary Site/Outside Rotations (if applicable):

(Please include the following for each site: Supervising Diplomate (ACVIM or other specialty), amount of time scheduled at the site and training requirements to be met.

N/A

2. Length of Training Program:

2 years Yes []
3 years [X]
Other -provide details []

3. Advanced Degree:

Masters: Yes [X] No [] Optional []
PhD: Yes [] No [] Optional [X]

Briefly explain how the degree is integrated into the residency program:

Residents attend classes before clinical duties begin, typically 8-9 a.m. MWF or T/Th. Classes include advanced medicine, clinical pathology, neuroanatomy, neuropathology, neurosurgery, and neuro journal club. The

Master's project is completed in 3 years, with a typical schedule as such: Year One--literature review, grant writing, and writing of IACUC proposal (if applicable), Year Two--performance of experiments and data analysis, Year Three--writing and revising of manuscript and defense seminar.

4. Please list all ACVIM Supervising **Diplomates** (Cardiology, Large Animal Internal Medicine, Neurology, Oncology, Small Animal Internal Medicine, ECVIM, or ECVN Diplomates) providing supervision off-site and explain the situation and the agreements provided for contact with the resident. (Note, in Part One, current ACVIM Supervising Diplomates are included; and you are requested to provide additional comments for off-site supervision here).

Name of Diplomat(e)s	Comments
N/A	All training is on-site

5. Please list all **Diplomates** of the American College of Veterinary Pathology or the European College of Veterinary Pathologists in the areas of clinical pathology or gross/histopathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name of Diplomat(e)s	Clinical or Gross	Comments
Dr. Richard Weiss	Gross	
Dr. Joe Newton	Gross	
Dr. Jey Koehler	Gross	
Dr. Russell Cattley	Gross	
Dr. Elizabeth Welles	Clinical	
Dr. Elizabeth Spangler	Clinical	
Dr. Peter Christopherson	Clinical	
Dr. Emily Graff	Clinical	
Dr. Eric Fish	Clinical	

6. Please list all **Diplomates** of the American College of Veterinary Radiology or the 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.

Name of Diplomat(e)s	Comments
Dr. John Hathcock Dr. Rachel Moon Dr. Robert Cole Dr. Merrilee Holland Dr. Greg Almond	

7. Please list all **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, behavior, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomat(e)s	Specialty	Comments
Dr. Robert Kennis	ACVD	
Dr. Amelia White	ACVD	
Dr. Harry Boothe	ACVS	
Dr. Michael Tillson	ACVS	
Dr. Brad Matz	ACVS	

Dr. Lenore Bacek Dr. Kendon Kuo Dr. Jacob Johnson Dr. Stuart Clark-Price Dr. Aime Johnson Dr. Robyn Wilborn Dawn M. Boothe	ACVECC ACVECC ACVA DACVIM (LA), ACVA ACT ACT DACVIM (SA), DACVCP	
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8. Please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended and whether the individual has completed the Board certification process.

Name(s)	Program End Date (mm/dd/yyyy)	Diplomate? (Yes or No)
Nicholas De Pompa	7/14/2015	Yes
Serene Lai	7/14/2016	Yes

9. 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(s) (first/last)	Length of Program (in years)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s)
Caroline Fallon	3	7/18/2017	7/17/2020	Amanda R. Taylor
Erik Johnson	3	7/15/2016	7/14/2019	Amanda R. Taylor
Amanda Brenna	3	7/15/2015	7/14/2018	Amanda R. Taylor

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.

10. Is this a traditional or non-traditional residency training program? A traditional neurology residency is a two (2) or three (3) year postgraduate training program, with a minimum of ninety six (96) weeks of supervised clinical training with a majority of the time spent at one location. A non-traditional neurology residency allows for training that may occur in non-contiguous blocks of time over an extended time period.

Traditional	<input checked="" type="checkbox"/>
Non-traditional	<input type="checkbox"/>

For non-traditional programs, please provide a detailed description of the residency program, including length of program, proposed annual schedule, and the amount of time of direct Diplomate supervision for each location of the residency.

11. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and**

the remainder as indirect supervision (indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).

Please provide an outline of planned yearly schedule, including number of weeks of direct and indirect supervision (i.e. in year 1, the resident will be directly supervised for 25 weeks etc.) A table similar to the example below outlining the proposed weekly schedule of duties for the residents should be provided:

EXAMPLE TABLE ONLY:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery Direct Supervision	36	36	
Neurology/Neurosurgery - Indirect Supervision			34
Internal Medicine	4	2	2
Clinical Pathology	2		
Radiology	2		
Neuropathology		2	2
Other Rotation (please list the name of each rotation)			
		1	
	2	4	4
Research	4	5	8
Independent Study			
Vacation	2	2	2
Total	52	52	52

Numbers indicated are in “weeks”.

* Many residencies are a combined neurology / neurosurgery program with no distinct separation between the services. Some programs, however, have separate training with a surgery service and this example includes that possibility in describing the weekly rotations.

The example table is only a listing of a proposed weekly schedule for each of the three years of a typical 3-year residency program, including all that is required by ACVIM without making any specific recommendations.

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *	45	20	35
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	44	18	30
Neurology/Neurosurgery - Indirect Supervision	1	2	5
Internal Medicine	0	4	0
Clinical Pathology	0	2	0
Radiology	0	2	0
Neuropathology	1	14	1
Other Rotation (please list the name of each rotation):			

Other: Human Hospital Observation with Neurosurgeon			2
Other:			
Research	4	4	4
Independent Study	0	4	8
Vacation	2	2	2
Total *	52	52	52

***The totals should add up to 52 weeks.**

12. Describe how daily clinical case rounds are conducted and supervised:

Case rounds are held daily at the close of the business day, 4-5 p.m. or so. In general, the faculty member leads rounds but occasionally the house officers are asked to lead rounds. At this time we discuss presenting complaints, histories, neuro exam findings/localization, differential diagnoses, diagnostic and treatment plans, and updates on how hospitalized patients are doing. We also conduct a review of patients' neuroimaging and pathophysiology of diseases.

13. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Radiology, Clinical Pathology, Neuropathology and Neurosurgery. A Training Agreement Form must be completed and signed by the Diplomate supervising the required training, regardless of whether the training occurs on site or off-site. **Please use the standardized “Training Agreement Form” found on the ACVIM website (www.ACVIM.org) to document proof of supervision for all required contact hours (clinical pathology, radiology, neuropathology surgery, etc.) in rotations other than neurology.** 1 Training Agreement form is required per rotation per resident at the beginning of the residency. Forms do not need to be resubmitted each year as long as a valid Training Agreement Form is on file.

In addition, please provide a brief description of how each phase of this required training is accomplished.

Radiology: 50 hours with a Board-certified radiologist interpreting radiographs, attending seminars and participating in and evaluating the results of special radiographic procedures.

Each resident spends a two-week rotation on clinics with a board-certified radiologist. At that time, residents attend daily student teaching rounds, assist with interpretation of radiographic findings, and assist with student teaching. Additionally, residents spend a lot of time with the radiologists during advanced imaging, learning from their side-by-side interpretation of cases. Finally, radiologists and radiology residents participate in neuropathology rounds, during which clinical case findings (localizations, differential diagnoses) are correlated with imaging findings and clinical and anatomic pathologic findings.

Clinical Pathology: 50 hours with a Board-certified pathologist or clinical pathologist evaluating clinical pathologic findings, attending clinicopathologic conferences, and examining surgical sections.

Each resident spends a two-week rotation on clinics with a board-certified clinical pathologist. At that time, residents attend daily student teaching rounds, read and interpret cytopathologic findings, and conduct independent review of banked CSF cytopathologic slides. Additionally, the clinical pathologists assist residents in interpretation of difficult or unusual CSF or other laboratory findings for hospitalized patients.

Neuropathology: 50 hours devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program recognized and approved by the college.

Each resident takes a 2 credit, semester-long master's course in neuropathology during the course of their residency. This course meets three times a week for one semester, 1-2 hours at a time. Additionally, residents attend monthly neuropathology rounds, during which clinical case findings (localizations, differential diagnoses) are correlated with imaging findings and clinical and anatomic pathologic findings.

Neurosurgery: 50 hours participating in veterinary neurosurgical procedures. Please provide a specific description of the type of participation [i.e. observation, performance of neurosurgery], and credentials of those providing the training [i.e. ACVS vs. ACVIM Neurology]. A Training Agreement Form must be completed if this training is provided by individuals other than the ACVIM (Neurology) or ECVN supervising Diplomate for the residency training program.

Our neurosurgery case load is quite high, and each resident spends > 50 hours observing, assisting, and conducting neurosurgical procedures under direct or indirect guidance of Dr. Taylor, certified in neurosurgery by the ACVIM.

14. The neurology specialty requires that the resident be able to perform and interpret current electrodiagnostic procedures. Briefly state how the concepts of electrodiagnostics (including EEG) and their clinical application will be taught to residents during the training program. Specifically state whether or not the resident will have hands-on electrodiagnostics experience:

Electrodiagnostics, including EMG, NCV, BAER, and EEG are rather commonly performed in the course of our practice. Residents receive hands-on training in all of these modalities and are allowed to perform the studies under direct or indirect supervision of the faculty neurologists.

15. The college requires that the resident spend a minimum of 80 hours involved in routine and regular participation in a critical review of the literature (e.g. journal club) during the residency training program. Please explain how this requirement is met:

Neuro journal club is held weekly in person. This totals far greater than 80 hours of journal club and exceeds the requirement described herein.

16. The neurology specialty requires that the advisor meet with the resident at 6 month intervals to assess, review and critique the resident's progress and weekly schedule of activities. Please explain how this is accomplished:

Neuro residents meet every six months with their advisors plus a representative of the Department of Clinical Sciences (DCS) to ensure that DCS, ACVIM-Neuro, and graduate school dates and deadlines are met in a timely manner. Additionally, neuro residents meet every six months with their advisors to receive a review of their clinical performance. Finally, house officers receive formal (written) evaluations from their faculty supervisors after each rotation.

17. The neurology specialty requires that the resident complete a significant research or clinical investigative project. Please describe how you plan for the resident to undertake, monitor, and complete a project. Include a timeline that the resident and mentor will use as a guide for completion of the project. Note that publication of this research project is not a requirement.

As outlined above in #3, the residents participate in a concurrent master's degree program. The general schedule for completion of a project is as follows: literature review, grant writing, and writing of IACUC proposal (if applicable), Year Two--performance of experiments and data analysis, Year Three--writing and revising of manuscript and defense seminar.

18. 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. Please also provide the manufacturer and model of the unit for electrodiagnostic and imaging equipment.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
a) Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ILL services available through vet library
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site, 1.5T, 3T, 7T

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, *especially with respect to the use of imaging equipment*:

NA

19. Describe the formal conferences, such as clinicopathologic conferences, journal clubs, or seminars that are held on a regular basis. Please provide a description and the typical schedule for these:

Neuro journal club: journal club is held weekly, as outlined previously in this document.
 Neuroimaging rounds: imaging rounds are held weekly, concurrent with in-person journal club.
 Neuropathology rounds: neuropath rounds are held monthly, as outlined previously in this document.
 Resident seminar: department-wide resident (and intern) seminar is held three times monthly. Topics are of high level pathophysiology or research.
 Morbidity and mortality rounds: department-wide M&M rounds are held once monthly.

20. Detail the teaching responsibilities expected of the resident during the training program. This may include lectures in departmental courses for veterinary students, grand rounds presentations, presentation of papers or seminars at conferences, or participation in continuing education programs.

Didactic lectures: each resident is required to deliver one lecture each in our underclassmen course, The Nervous System.
 Resident seminar: as indicated above, all residents are required to present a high level seminar on pathophysiology of disease or on a research project.
 Conference participation: residents are encouraged to present research at local and national/international meetings.
 Clinical teaching: residents provide the majority of one-on-one student teaching on the clinic floor. Residents also occasionally lead topic and/or case rounds for the 4th year students on rotation.

21. How many major veterinary medical or medical meetings are each resident able to or expected to attend during his/her training program?

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

Comments: Examples include ACVIM Forum, SEVEN Annual Meeting, VNS Meeting

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

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

Comments: Residents are not required but are STRONGLY ENCOURAGED to publish master's work.

23. Please describe any additional pertinent information that the Residency Training Program should consider in its evaluation of this Training Program.

Due to the program currently having only 1 faculty neurologist, we employ one locum regularly. Dr. Paul Cuddon, ACVIM (Neurology) diplomate, is scheduled to oversee residents directly and on clinics one month out of every three through 12/13/2019. Dr. Amy Yanke, who will take her specialty examination boards this year, is also employed as a faculty member in Neurology and Neurosurgery. Her weeks on clinics by herself (which are rare as most are with myself or Dr. Cuddon) are counted as indirectly supervised weeks for the residents currently.

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

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

Per the Certification Manual, each year, the Program Director (PD) must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in the Residency Training Program.