



**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](http://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="(407) 644-1287"/>
E-mail:	<input type="text" value="anrkyuk@bellsouth.net"/>
Mailing Address:	<input type="text" value="9905 S. US Hwy. 17-92"/>
Address:	<input type="text" value="Maitland, FL 32751"/>

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.

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

Mary Smith - Neurology  
Kara Knight - Neurology

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

Lisa Moore - SAIM  
Teresa Goodson - SAIM  
Tara Lampman - SAIM  
Pamela Smyth - SAIM  
Kristen Olsen - SAIM  
Christine Chan - SAIM

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)
Dana Sengewald 7.10.17 - 7.9.20 (Mary Smith)

**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: 2/28/2018

Program Director Name: Mary O. Smith BVM&S PhD 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): Affiliated Veterinary Specialists

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.

Michigan State University, East Lansing, MI: Jon Patterson DVM PhD DACVP - 2 weeks anatomic pathology
Idexx Reference Laboratories, St. Petersburg, FL: Kari Velguth DVM, DACVP - 50 hours clinical pathology
Rood and Riddle Equine Hospital, Lexington, KY: Stephen Reed DVM DACVIM - 2 week clinical equine rotation

2. Length of Training Program:

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

3. Advanced Degree:

Yes No Optional

Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

N/A

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 Diplomate(s)	Comments
Stephen Reed DVM DACVIM	Rood and Riddle Equine Hospital, Lexington, KY - 2 week clinical equine rotation

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 Diplomate(s)	Clinical or Gross	Comments
Jon Patterson DVM PhD DACVP	Gross	Two week attendance at Michigan State University, participating in a didactic course of instruction in neuropathology, case-based instruction with the neuropathologist at a multi-headed microscope, and independent study set by the neuropathologist. Please also see Dr. Patterson's written description.
Kari Velguth DVM DACVP	Clinical	Case-based instruction in a busy commercial laboratory, with one-on-one instruction by the clinical pathologist utilising the widely varied case material available. Please also see Dr. Velguth's written description.

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 Diplomate(s)	Comments
Eric Ferrell DVM DACVR	On site full time

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 Diplomate(s)	Specialty	Comments
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Jacek J. DeHaan DVM DACVS	Surgery	On site full time
Jeffrey Peck DVM DACVS	Surgery	On site full time
Cheryl Tano DVM DVSc DACVS	Surgery	On site full time
Kara Fiore DVM DACVS	Surgery	On site full time
Mariana Quina DVM DACVS	Surgery	On site full time
Jean Frazho DVM DACVS	Surgery	On site full time
Dana M. DeSandre DVM DACVS	Surgery	On site full time
Dawn Logas DVM DACVD	Dermatology	On site part time
Marcia Schwassmann DVM DACVD	Dermatology	On site full time
Katherine Doerr DVM DACVD	Dermatology	On site full time
Dan Priehs DVM DACVO	Ophthalmology	On site full time
Heidi Dennis DVM DACVO	Ophthalmology	On site full time
Melanie Church DVM DACVO	Ophthalmology	On site full time
Soraya Juarbe-Diaz DVM DACVB	Behavior	On site part time

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)
Jessica A. Miller DVM	6/30/2017	No
Tricia Tai DVM DACVIM (Neurology)	6/30/2014	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)
Dana B. Sengewald DVM	3	7/10/2017	7/9//2020	Mary O. Smith BVM&S PhD DACVIM (Neurology)

**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:**

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

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:

	<b>Year I</b>	<b>Year II</b>	<b>Year III</b>
<b>Medical Neurology *</b>			
<b>Neurosurgery</b>			
<b>Neurology/Neurosurgery - Direct Supervision</b>	39	32	36
<b>Neurology/Neurosurgery - Indirect Supervision</b>	0	0	0
<b>Internal Medicine</b>	5	5	0

<b>Clinical Pathology</b>		1	1
<b>Radiology</b>	1		1
<b>Neuropathology</b>		2	
<b>Other Rotation (please list the name of each rotation):</b>			
<b>Other:</b> Neuroscience course		2	
Neuroanatomy/neuropathology course (U. Barcelona)		2	
Surgery rotation	4		4
<b>Other:</b> Large Animal rotation (Rood and Riddle)		2	
ACVIM Symposium		1	1
<b>Research</b>		2	2
<b>Independent Study</b>	2	6	6
<b>Vacation</b>	1	1	1
<b>Total *</b>	52	52	52

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

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

Residents and interns on the neurology service meet with the Neurology Diplomates every morning at or before 8.00 and conduct a review of every in-patient, including a clinical examination of each. Evening rounds are held at the end of the day (usually 17.30-18.30), where cases are reviewed with the residents, interns, overnight doctor and technicians. Teaching of residents also occurs throughout the day, because the Neurology Diplomates are on the clinic floor throughout the day, during examination and discussion of each patient.

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](http://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.

Eric Ferrell DVM DACVR (on site full time and available for consultation out of hours): face-to-face interactions between the resident and radiologist on every neurology patient undergoing imaging (radiographs, CT, MRI, ultrasound, nuclear scintigraphy) occur on a daily basis. Two weeks of full time radiology rotation during the residency.

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

Kari Velguth DVM DACVP: Clinical pathologist at Idexx Laboratories, St. Petersburg, FL. Two weeks of rotation.

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.

Jon Patterson DVM PhD DACVP, Michigan State University. Two week rotation. Also the two-week neuroanatomy/neuropathology course at the Autonomous University of Barcelona Veterinary Faculty in Nov/Dec 2018.

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.

Mary O. Smith BVM&S PhD DACVIM (Neurology). Dr. Smith holds the Neurosurgery Certificate of Training. Board-certified since 1990.

Kara C. Knight DVM, DACVIM (Neurology). Dr. Knight holds the Neurosurgery Certificate of Training. Board-certified since 2007.

Jacek J. DeHaan DVM DACVS - Board-certified since 1994.

Jeffrey N. Peck DVM DACVS - Board-certified since 1997

Cheryl A. Tano DVM DVSc DACVS - Board-certified since 1999.

Jean Frazho DVM DACVS - Board-certified since 2013

Dana DeSandre DVM DACVS Board-certified since 2016

All the above have been performing neurosurgeries since Board-certification. Approximately 200 neurosurgeries are performed annually at AVS. Drs. Smith and Knight perform or supervise residents in performing 90% of the neurosurgeries. The resident actively participates in at least 350 neurosurgeries during the course of the residency and is expected to take the primary role in many of these cases during the second and third years of the residency. It is expected that the resident will have completed approximately 100 neurosurgeries as primary surgeon by the end of the residency. The resident also completes 8 weeks of surgery rotation during the residency, divided equally between soft tissue and orthopedic surgery

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:

We have in-house electrodiagnostic equipment (Cadwell Sierra II) that is used in work-up of clinical cases. There is additional didactic (one-on-one) teaching of the principles and practice of electrodiagnostics (including EEG) by Dr. Smith and Dr. Knight. The resident also will attend the Neuroscience course during the residency: (2018).

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:

Small group literature review with the resident weekly when she is on the neurology/neurosurgery rotation,



including both human and animal literature. Weekly internal medicine and surgery journal clubs under supervising Diplomates in those specialties during the first two years of the neurology residency

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:

A written evaluation of the resident's performance (with specific ratings in a large number of areas) is presented to the resident approximately every 6 months. After she has had time to review the evaluation, a face-to-face meeting occurs with the supervising Diplomates to discuss the evaluation. The resident has the opportunity to respond to the evaluation and challenge any assessment she does not think is accurate.

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.

A clinical or retrospective study is required of all residents. Dr. Sengewald is working on a retrospective study of CNS inflammatory disease.

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 type="checkbox"/>	On site. full service commercial (Idexx) laboratorary within the building; Abaxis equipment for overnight and weekend use.
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 and off 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"/>	Off site
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
l) Electroencephalography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

m) Computed Tomography

<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site Toshiba Aquilon 64
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site Siemens Magnetom Symphony 1.5T

n) Magnetic Resonance Imaging (include field strength)

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*:

Electronic access to VIN, PubMed, and numerous veterinary journals. Access to US and international veterinary and medical journals via access to the Colorado State University veterinary library through its librarians.

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:

Monday: resident rounds - clinical rounds for interns led by residents (neurology, surgery, medicine). These may be topic-based or case-based.  
 Tuesday: house officer seminars - each house officer, including the neurology resident, is required to present two seminars a year. Topics may include new developments in medicine or surgery, results of research projects, detailed reviews of key medical or surgical topics.  
 Wednesday: specialist rounds: topic-based rounds led by ACVIM or ACVS Diplomates.  
 Thursday: medicine and neurology journal clubs.  
 Friday: Surgery journal club  
 All start at 7.30am.

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.

Two formal 30 minute presentations are required of all residents and interns at AVS. Topics are chosen by the house officer and approved by the mentor. The resident also may participate as a presenter at the monthly lectures for referring DVMs, which are accepted in fulfillment of the Florida State veterinary licensing CE requirement. Presentation at outside meetings (oral, poster) are encouraged but not required.

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 checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: ACVIM symposium two years. Other meetings: VMX, Neuroscience course, other outside conferences and courses also may be attended (see above).

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

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

Comments: Encouraged but not required.

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

**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.**