



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="(607) 253-3060"/>
E-mail:	<input type="text" value="cwd27@cornell.edu"/>
Mailing Address:	<input type="text" value="Dept. of Clinical Sciences"/>
	<input type="text" value="930 Campus Road"/>
	<input type="text" value="Ithaca, NY 14853"/>

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.

Curtis Dewey

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

Curtis Dewey - Neurology

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

Sharon Center - SAIM

John Randolph - SAIM

Kenneth Simpson - SAIM

Meredith Miller - SAIM

Margaret McEntee - Oncology

Cheryl Balkman - Oncology

Kelly Hume - Oncology

Angela McCleary-Wheeler - Oncology

Nany Moise - Cardiology

Romain Pariaut - Cardiology

Bruce Kornreich - 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)

Timothy Krebs 11.15.14 - 7.15.17 (Curtis Dewey)

Baye Williamson 7.13.15 - 7.29.18 (Curtis Dewey)

Sarah Stephan 7.18.2016 - 7.28.2019 (Curtis Dewey)

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
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- change of Program Director or Resident Advisor



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	<input type="text" value="930 Campus Road"/>
	<input type="text" value="Ithaca, NY 14853"/>

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Curtis Dewey

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Curtis Dewey - Neurology

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**RESIDENCY TRAINING PROGRAM REGISTRATION
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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:

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)

Name of Sponsoring Institution (Residency Training Program):

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.

Cornell University Hospital for Animals – small animal teaching hospital
Supervising Diplomate: Curtis W. Dewey (DACVIM-Neurology, DACVS)
Entire 3 years at this site – training in medical and surgical neurology to achieve diplomate status

2. Length of Training Program:

	Yes
2 years	<input type="checkbox"/>
3 years	<input checked="" type="checkbox"/>
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:

Not applicable

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
None off-site	None off-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 Diplomate(s)	Clinical or Gross	Comments
Elizabeth Buckles Gerald Duhamel Katie Kelly Sean McDonough Andrew Miller Jeanine Peters-Kennedy Teresa Southard Tracy Stokol	Gross/histopath Gross/histopath Gross/histopath Gross/histopath Gross/histopath Gross/histopath Gross/histopath Clin Path	Specific interest in neuropathology Specific interest in neuropathology

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
Philippa Johnson Peter Scrivani Margret Thompson Amy Yeager	Special interest in neurology cases

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
James Flanders Daniel Fletcher Robert Goggs H. Jay Harvey Kei Hayashi Galina Hayes Nita Irby	Surgery Emergency/Crit Care Emergency/Crit Care Surgery Surgery Surgery Ophthalmology	

Thomas Kern Ursula Krotscheck Eric Ledbetter William Miller Gretchen Schoeffler Rory Todhunter Joseph Wakshlag	Ophthalmology Surgery Ophthalmology Dermatology Emergency/Crit Care Surgery Nutrition/Sports Med	
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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)
Lauren Talarico	07/22/2012	Yes
Starr Cameron	07/21/2013	Yes
Amanda Full	07/20/2014	Yes
Chelsie Estey	07/26/2015	Yes
Meghan Slanina	07/25/2016	Yes
Timothy Krebs	07/24/2017	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)
Emil Olsen (large animal)	3	07/15/2014	02/28/2018	Curtis W. Dewey
Baye Williamson	3	07/13/2015	07/29/2018	Curtis W. Dewey
Sarah Stephan	3	07/18/2016	07/28/2019	Curtis W. Dewey
Laura Scoda	3	07/17/2017	07/26/2020	Curtis W. Dewey

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.

Not applicable

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 *	38	36	34
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	38	36	26
Neurology/Neurosurgery - Indirect Supervision	0	0	8
Internal Medicine	2	0	2
Clinical Pathology	0	1	1
Radiology	1	1	1

Neuropathology	1	1	2
Other Rotation (please list the name of each rotation):	6	6	
Other: Oncology	2		
Other: Surgery	2	4	4
Research	2	2	2
Independent Study	0	3	4
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:

We have case rounds with the residents and students twice daily, supervised by the faculty neurologist on rotation.

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.

The radiology requirement is accomplished on site, via a combination of direct time spent with the radiology section on the clinical rotation and time spent working with the radiologists while on the neurology rotation. The majority of time spent with our radiology section involves interpretation of MR images, although our residents still interpret a fair number of CT and myelographic studies. We also have neuroimaging rounds as well as specific MRI rounds for our residents on a recurring schedule.

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

The residents spend the required time on site with a clinical pathologist, primarily looking at histopathology slides and CSF cytology slides.

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.

Two of our pathologists (Drs. Teresa Southard and Andrew Miller) have a special interest in neuropathology and conduct monthly neuropathology rounds that are mandatory for neurology residents to attend. In addition, our residents spend time with our pathologists reviewing histopathology to further fulfill the 50 hour requirement.

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 residents perform a great deal of surgery, with the neurology service now responsible for all neurosurgery cases (after hours neurosurgery cases are shared with surgery residents, but the neurology faculty oversee all neurosurgery). The neurology residents at Cornell are expected to be proficient in hemilaminectomies within the first year of the program, and ventral slots in the second year of the program. They assist in brain surgeries and other complicated procedures throughout the 3-year program, and are self-sufficient for many of these procedures by the third year. The residents are supervised in surgery by Dr. Dewey (also ACVS boardd), Dr. Cerda-Gonzalez and Dr. Davies. In addition, we have regular (every 2-4 months) cadaver surgery training labs to enhance the neurosurgery training for our residents.

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:

The residents participate in and perform electrodiagnostic procedures throughout the training program. In addition, we have regular sit-down rounds sessions devoted to learning these procedures.

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:

As part of our weekly rounds meeting with the residents we include a journal club. This involves reading current journal articles in combination with relevant textbook chapters.

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:

Drs. Dewey and Davies would meet with the candidate during clinical rotations and discuss his/her progress overall at least every 6 months.

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.

We expect each resident to complete a minimum of one research project during their training program and to present the results of this project at the ACVIM Forum or similar venue. We typically have a choice of several projects selected for the resident during the first year, and plan for the paper to be written and accepted by the second year and no later than the beginning of the third year of the program. In addition, we encourage the pursuit

of other types of publications (e.g., case reports, review papers, textbook chapters) as long as the primary project is on the correct timeline.

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"/>	
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<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, *especially with respect to the use of imaging equipment*:

Not applicable

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:

Neuropathology rounds are held monthly and clinical pathology rounds are held weekly. Journal club/rounds are held at least weekly (usually 2-3 mornings per week) and include discussions of textbook chapters, electrodiagnostics, neuropathology, etc.

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.

Each resident is expected to give a minimum of one lecture to the 3rd year veterinary students (Foundation Course V), and to routinely provide teaching rounds to the 3rd and 4th year veterinary students during clinical rotations (2-4 times during the 2 week 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: We expect each resident to present at least one abstract at a major meeting (e.g., ACVIM) during their training program.

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

Yes	No	Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1

Comments: We expect each resident to have a minimum of one original peer-reviewed manuscript accepted by the conclusion of the program.

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

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- 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.