

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="(905) 829-9444"/>
E-mail:	<input type="text" value="cduque@vetemergency.ca"/>
Mailing Address:	<input type="text" value="2285 Bristol Circle"/>
	<input type="text" value="Oakville ON L6H 6P8"/>
	<input type="text" value="Canada"/>

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.

[Carolina Duque](#)

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

[Andrea Finnen - Neurology](#)

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

[Sandra Minors - Cardiology](#)

[Jinelle Webb - SAIM](#)

[Elizabeth Hanselman - SAIM](#)

[Meredith Gauthier - Oncology](#)

[Dinaz Naigamwalla - 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)

Augusto Pareja 11.15.15 - 11.15.18 (Carolina Duque)

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



RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
NEUROLOGY

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: February 24, 2018

Program Director Name: Carolina Duque (ACVIM, 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): Mississauga Oakville Veterinary Emergency Hospital

1. For multi-site residency programs: To ensure uniformity of training and compliance with current GIG 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.

- 1) Radiology course at MR Vets inc, Sagle, Idaho. This involves a comprehensive course in basic and clinically applied veterinary Magnetic Resonance Imaging taught by Patrick Gavin (ACVR). The course is 35 hours/week for 2 weeks
- 2) Electroencephalography training under supervision of Fiona James (ACVIM, Neurology) for 3 days

2. Length of Training Program:

	Yes
2 years	<input type="checkbox"/>
3 years	<input checked="" type="checkbox"/>
Other -provide details	<input type="text"/>

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:

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

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
Emmeline Tan	Clinical	On site
Felipe Reggeti	Clinical	Evaluation of Cerebrospinal fluid samples and cytologies from clinical cases
Tony Van Dreumel	Gross and histopathology	Off site at Ontario Veterinary College. Cases requiring post-mortem will be selected and sent to OVC where the post-mortem and histopathology will be performed and evaluated together with supervising pathologist.
Josepha Delay		
Maria Spinato		

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
Patrck Gavin	Off site - MRI images are frequently sent for a 2nd opinion to Patrick Gavin. A 2 week basic and clinical MRI course will be considered during the residency.
Colleen Mitchell	Off site - MRI, CT SCAN, X RAYS

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
Meredith Gauthier	Oncology	On site
Sandra Minors	Cardiology	On site
Monica Rosati	Anesthesiology	On site
Alexandra Bos	Surgery	On site
Krista Halling	Surgery	On site
Sylvain Bichot	Surgery	On site
Anne Sylvestre	Surgery	On site
Tara Richards	Ophthalmology	On site
Tony Yu	Dermatology	On site
Charlie Pye	Dermatology	On site
Jocelyn Wellington	Dermatology	On site
Jennifer Kyes	Emergency/Critical care	On site
Jamie Chandler	Emergency/Critical care	On site

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)

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)
Augusto Pareja	3	11/15/2015	11/15/2018	Dr Carolina Duque

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	
Non-traditional	

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 General Information Guide (GIG) 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 GIG) 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 *	35	35	35
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	35	35	20
Neurology/Neurosurgery - Indirect Supervision			5
Internal Medicine	2	2	2
Clinical Pathology	1	1.5	0
Radiology	1	3	0

Neuropathology	1	1.5	0
Other Rotation (please list the name of each rotation):			
Other: electrodiagnostics and continuing education	1	1	1
Other: electives	3	3	3
Research	4	4	12
Independent Study	0	4	9
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:

Clinical rounds are performed twice daily (morning and evening). The resident, supervisor and emergency staff on duty will be update on the cases during rounds. Discussions about the neurological cases presented during the day, admitted at night, or hospitalized will take place during the morning and the evening rounds between the supervisor and resident. In addition, these discussions will take place throughout the day as the cases are seen

13. The neurology specialty requires that the resident spend at least 50 hours during the residency in 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.**

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.

An MRI course is offered by Dr. Patrick Gavin (ACVR) for 2 weeks. In clinic MRI cases are sent electronically to Dr. Gavin for evaluation. The course will include evaluation of the brain, structures of the head, spine, nerve sheath tumors, abdomen, thorax, and orthopedic cases

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

Select cases from the hospital involving CSF cytology and FNA will be compiled and reviewed with respective pathologists who evaluated the cases. In addition, the resident will assist in post-mortem and evaluate gross pathology of selected cases.

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.

Neuropathology training will be provided to the resident during "Brain Camp" and further training arranged with Dr. Marti Pumarola (ECVP) course. Selected cases from the hospital involving histopathology of surgical biopsies or post-mortem samples will be compiled and evaluated at neuropathology rounds at the Ontario veterinary College with Dr Delay, Dr. Spinato and Dr. Van Dreumel.

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.

The resident will follow selected neurosurgical cases throughout the residency program to learn different approaches, including but not limited to: spinal decompression, atlanto-axial stabilization, craniotomy, and vertebral fracture repair. The procedures are performed by board certified surgeons Drs. Bos, Halling and Sylvestre

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 neurology service will perform routine electrophysiologic testing. The candidate will rotate off-site with Dr. Fiona James to acquire experience with EEG.

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:

A bi-weekly neurology journal club is held involving the review of 2-3 important articles in current literature. Neurology text book rounds to review chapters in Dewey and de Lahunta texts are held bi-weekly on Thursdays.

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:

The resident is required to keep a case log. This case log will assist the resident and advisor in ensuring that the resident is exposed to different neurological disorders and efforts will be made to ensure that the residency training is well-rounded. This meeting will also allow the resident and advisor to plan their schedules for the next 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.

A clinical research project will be conducted during the program to fulfill the requirements of the neurology residency program. Details of the project and funding will be determined at the beginning of the program (first months)

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	X		On site
b) Ultrasonographic equipment	X		On site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	X		Clinical Pathologist On Site
d) Electrocardiography	X		On site
e) Blood Pressure Measurement	X		On site
f) Radiation Therapy Facility	X		OVC
g) Veterinary Library w/Literature Searching Capabilities	X		On site
h) Computerized Medical Records w/Searching Capabilities	X		On site
i) Medical Library w/Literature Searching Capabilities	X		On site
j) Electromyography and nerve conduction velocity testing	X		On site
k) Evoked Response Equipment	X		On site
l) Electroencephalography	X		OVC

m) Computed Tomography	X	OVC/Dr. Colleen Mitchell
n) Magnetic Resonance Imaging (include field strength)	X	On Site 0.3T

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*:

CT, EEG and radiation are all available at the OVC which is a short drive from the clinic

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 is held biweekly on Tuesday mornings (JVIM, JAVMA, Journal of Radiology). Neuro textbook review is held biweekly on Thursday mornings. Current Veterinary Therapy textbook reviews are held in conjunction with the Internal Medicine department, and held on Tuesdays on the off-weeks from that of the neuro-journal club. Neurology department Lunch & Learn presentations are scheduled every 6 weeks.

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.

Grand rounds presentations are scheduled twice a year for residents and interns. The resident will have some responsibility in teaching interns or veterinary students who rotate in the department.

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

Comments:	The resident is required to attend 2 major neurology meetings such as ACVIM or the european conferences (ECVIM, ESVN)		

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

Yes No Number

Comments:	A publication is expected from the research project	

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

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