



**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="(904) 269-7070"/>
E-mail:	<input type="text" value="nfneuron@aol.com"/>
Mailing Address:	<input type="text" value="280 Corporate Way
Orange Park, FL 32073"/>

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.

Robert Rushing Andrew Hopkins John Meeks
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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.

[Andrew Hopkins - Neurology](#)
[John Meeks - Neurology](#)
[Robert Rushing - Neurology](#)

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

[Patti Snyder - 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)
Neil Mittelman 7.15.18 - 7.15.21 (Andrew Hopkins)

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:

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.

Clinical Pathology at the University of Florida (50 hours) Sarah K Beatty, DVM, DACVP
 Radiology at Cornell University (50 hours) Peter Scrivani, DVM, DACVR
 Neuropathology at Colorado State University (50 hours), Prof. Jon Patterson, DVM. DACVP

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:

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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
Mitch Crystal, DVM, DACVIM (SAIM)	Senior clinician at North Florida Veterinary Specialists a local specialty practice providing for supervision of the neurology resident's internal medicine rotations.

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
Sarah K Beatty	Clinical	University of Florida 50 Hours of formal rotation arranged with the clinical Pathology department at the University of Florida in Gainesville. The resident is involved in the normal daily routine of Clinical Pathology which includes attendance at seminars, interpretation of in-house and mail-in clinical pathology samples (including CSF) and case rounds. Clinical pathology provides expertise in interpretation of all clinicopathologic abnormalities in hospitalized cases at UF. All work is done under the direct mentorship of the supervisors identified.
Prof. Jon Patterson	Gross	Colorado State University College of Veterinary Medicine. 50 hours of didactic and case based instruction on neuropathology involving small groups at a multi-headed scope. Didactic teaching involves structured neuropathology lecture courses that reviews both gross neuropathology and histopathology.

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

Peter Scrivani, DVM, DACVR	Cornell University 50 Hours of formal rotation arranged with the Radiology department at Cornell University, Ithaca. The resident is involved in the normal daily routine of Radiology including attendance at seminars, interpretation of hospital and outside imaging studies and case rounds.
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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
William Abbott, DVM, DACVD Carolyn McCune, DVM DACVAA Carlos Aragon, DVM, DACVS Dan Brown, DVM DACVO Matt Chandler, DVM, DACVO Tracey LaDue, DVM, DACVIM, DACVR	Dermatology Anesthesiology Surgery Ophthalmology Ophthalmology Oncology	All listed specialists are in adjacent premises and available for daily consultations

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)
Gaemia Tracy, DVM	07/15/2016	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)
Neil Mittelman, DVM, DACVIM (LAIM)	3	07/15/18	07/15/21	Andrew L. Hopkins

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 Diplomat and resident are participating in a clinical practice in which both the Diplomat and the resident are on duty and interactively and concurrently managing cases. The Diplomat 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 *			
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	44	42	40
Neurology/Neurosurgery - Indirect Supervision			

Internal Medicine	3	3	
Clinical Pathology	1		
Radiology		1	1
Neuropathology	1		
Other Rotation (please list the name of each rotation):			
Other: Neurosurgery			
Other: BrainCamp		2	
Research	1	2	2
Independent Study			6
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:

Each case received by the resident is discussed individually by the resident and mentor.

Each surgery on cases received by the resident is performed by both resident and mentor.

Each case being managed by the resident is supervised by the mentor.

While we do not have a formal daily rounds time the resident and mentor discuss cases at the beginning of the day and are continually evaluating and discussing cases together throughout the day.

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.

In addition to daily readings of CT, MRI and plain radiography with the three ACVIM boarded neurology mentors, North Florida Neurology has an arrangement with the Radiology Department at Cornell University to provide a rotation in radiology that meets the 50 hour requirement..

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

In addition to the many (more than 100) hours of CSF analysis performed onsite at our practice during the course of the residency (as we do our own CSF analysis), North Florida Neurology has an arrangement for a rotation with the Clinical Pathology department at the University of Florida that meets the 50 hr requirement. In addition the resident may attend the “neuroscience course” and appropriate lectures at the ACVIM conference.

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.

We have a monthly in-house review on a neuropathology topic as we have an extensive collection of glass slides, gross and histopathology images as well as having access to multiple online sources. We also have an arrangement for the resident to spend 50 hours with Prof Jon S. Patterson at the Colorado State University College of Veterinary Medicine in a structured course using a combination of gross and histopathological slides and mentored glass slide review using a multi-headed microscope. In addition the resident may attend the “neuroscience course” and appropriate lectures at the ACVIM conferences.

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 actively participates in every surgical case that they admit. Initially the mentor does most of the surgery but the resident’s exposure is gradually increased over the duration of their program to the point that the resident can competently perform hemi-laminectomies and ventral slots by the end of their residency. They will also have been exposed to a wide variety of less common procedures such as craniotomies, fracture fixation, TL spinal stabilization, atlanto-axial stabilization, arachnoid cyst marsupialization and nerve/muscle biopsies.

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 expect the resident to perform and understand all routine electrodiagnostic evaluations available in our clinic including EMG, NCV, RNS, F-Waves and BAER. As well as having access to several textbooks on electrodiagnostic procedures (including EEG) the resident benefits from direct practical, case-based instruction and theory discussions with the mentors. Prior to the Certifier exam in the latter part of the third year the resident receives a week of formal review of electrodiagnostics with Dr. Hopkins.

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:

We have a weekly Journal club with all four clinicians (1 resident and 3 boarded neurologists). The resident is also required to complete a research project and in the case of a prospective study they would also have the opportunity to write a grant proposal.

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 meets with the chief advisor(s) every 6 months and is provided a verbal and written review.

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.

The resident is allocated specific blocks of time during their program to perform research and prepare a manuscript. The resident is allotted 5 weeks for research during their program. The resident is expected to identify a project in consultation with the mentors within the first 6 months and is given 1 week to write a study outline in a research format. 2 weeks are allocated in each of the second and third years for study execution, result collation and manuscript completion. The resident is expected to submit the manuscript for review 6 months prior to the end of the program. The research project may be one the mentors have already considered or if the resident has a research request it would be reviewed by the mentors to see if it would be appropriate and could be accomplished during the residency. The manuscript will be reviewed by the mentors prior to submission for publication. Failure to submit a manuscript could result in the residency certificate being delayed. Failure to fulfill the scientific research obligations as outlined in the GIG D.2.d.2 would result in the residency certificate being delayed.

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

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*:

Most of the "off-site" facilities above are in an immediately adjacent practice or in the case of a medical library the University of Florida is only an hour away.

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:

As well as a weekly morning journal club we also, once a month spend an hour dedicated to the review of a neuropathological topic.

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.

The resident is required to make presentations on a yearly basis; this may include a presentation at a national meeting (generalist or specialist level e.g. NAVC, ACVIM) regional CE meetings for the specialists (eg SEVEN), and local meetings for the general practitioners and veterinary technicians.

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

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

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

Comments: The resident is expected to complete a research project (as described in the GIG), and submit the manuscript for publication. However acceptance of the manuscript for publication is not a pre-condition to completing the residency requirements.

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

We have two Zeiss NCI neuro-surgical microscopes that are used in every neurosurgery. We also have a Sonocure ultrasonic aspirator and three experienced boarded neurologists/neurosurgeons who all have a certificate in neurosurgery. This provides our resident with a unique neurosurgical experience that is not equalled in most programs.

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.