

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="(706) 540-1057"/>
E-mail:	<input type="text" value="scott.schatzberg@gmail.com"/>
Mailing Address:	<input type="text" value="5 Camino Karsten"/>
	<input type="text" value="Algodones, NM 87001"/>

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.

Scott Schatzberg Michelle Tensley
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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.

[Scott Schatzberg - Neurology](#)
[Michelle Tensley - Neurology](#)

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

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)
Jacqueline Paritte 7.17.17 - 7.17.20 (Scott Schatzberg)
Elizabeth Passmore 7.16.18 - 7.16.21 (Michelle Tensley)

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:

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.

year
 Neurology, Neurosurgery
 Dr. Ilyssa Meren, DVM, DACVIM (Neurology)

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:

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
Peter Brofman, DVM, DACVIM (neurology, internal medicine) Ilyssa Meren, DVM, DACVIM (neurology)	Dr. Brofman is DACVIM board certified in both neurology and internal medicine . He works at the Austin location of our organization and is available by phone or video conferencing on a daily basis to provide oversight on the internal medicine aspects of case management, as well as providing the opportunity for direct supervision of neurology clinical weeks as a secondary location within our hospital organization. Dr. Meren works at our Scottsdale location and is available in the same capacity for collaboration, but limited to neurologic cases. Both Drs. Meren and Brofman participate in weekly rounds through video conferencing.

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
Brian Porter Gwendolyn Levine Joe Kornegay Karen Russell	Gross Clinical Neuropath Clinical	-Dr. Porter is an experienced veterinary neuropathologist who trained under Drs. DeLahunta and Summers. Dr. Schatzberg has worked closely with Dr. Porter over the years and has published several neuro manuscripts with him. Dr. Porter is available to provide

		<p>neuropathology diagnostic services on specimens from interesting/unique clinical cases.</p> <p>-Dr. Joe Kornegay, also at TAMU, is a world authority of veterinary neuropathology. Both Drs. Porter and Kornegay have agreed to accept our resident for intensive out-rotation at Texas A&M in year 2 of the program.</p> <p>-Dr. G. Levine is a TAMU clinical pathologist with special interest in CNS disease. Dr. Levine has collaborated and published with Dr. Schatzberg on multiple CSF inflammatory manuscripts.</p> <p>-Drs. Russel (Director of Texas A&M Clin Path) and Levine have agreed to accept the resident for clinical pathology out-rotations.</p>
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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
Benjamin Young Debra Gibbon	<p>-Dr. Young is a consulting authority on MRI and CT scan. Prior to joining VCA Alameda East, Dr. Young was on faculty at Texas A&M University for 8 years, where he served as chief of radiology from 2009 through 2013. Dr. Young has published extensively on MRI of canine intracranial disease including several collaborative manuscripts with the program director (SS). Dr. Young also is currently a member of the national exam committee for the American College of Veterinary Radiology. Residents will spend 2 weeks with Drs. Young and Gibbons (previous CSU radiology faculty member) at VCA Alameda East in the second year of the program to complete the radiology training requirement.</p>

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
Katherine Cutter Anthea Shick Victoria Lukasik Mark Papich	DACVO DACVD DACVA DACVCP	<p>Dr. Cutter is co-owner of The ANIC and is available for on site or phone consultation regarding ophthalmology.</p> <p>-Dr. Schick works for Dermatology for Animals and consults twice weekly in Albuquerque (10-15 mins from The ANIC). Dr. Schick is available for dermatological cases; she also refers cases to The ANIC.</p> <p>-Dr. Victoria Lukasik is a consulting anesthesiologist for The ANIC; she is routinely available to perform anesthesia on complex neurosurgical cases (brain tumor surgery) as</p>

Christa Bernhardt Glen Bonin	DACVECC DACVS-SA	well as phone consultation on other cases. -Dr. Bernhardt runs the critical care service at our local VCA and is routinely available for collaboration on our intensive cases - Dr. Bonin is a practicing surgeon at a local VCA Specialty referral practice. He is available for consultation on patients with surgical disease outside of the neurologic spectrum; he is also available to collaborate on specialized or complicated procedures
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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)
Dr. Michelle Tensley Dr. James Cellini Dr. Schatzberg was a supervising diplomate of 5 additional residents who completed board certification between the years of 2009-2015, during his tenure at a previous institution. and has been major or co-major advisor for 2 PhD students: Dr. Renee Barber Dr. Peter Ngheim	07/2017 07/2016 2012 2014	YES YES PhD PhD

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)
Jacqueline Paritte Elizabeth Passmore	3 3	07/17/2017 07/16/2018	07/17/2020 07/16/2021	Scott Schatzberg Michelle Tensley

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

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

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

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

11. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and the remainder as indirect supervision (indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).**

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

EXAMPLE TABLE ONLY:

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

Numbers indicated are in “weeks”.

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

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

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *	44	39	40
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	44	37	36
Neurology/Neurosurgery - Indirect Supervision		2	4
Internal Medicine			
Clinical Pathology		1.5	
Radiology	2		
Neuropathology		1.5	
Other Rotation (please list the name of each rotation):			
Other: "Brain Camp"/Neuroscience course		2	
Other:			
Research	2	2	4
Independent Study	2	4	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:

While residents are on primary service, daily rounds will be conducted with a supervising neurologist 5 days a week, during which time the resident and the supervising neurologist will both be present and will discuss all current inpatients and review lab work/diagnostics results received since the previous day. All evaluated cases will be discussed in depth and detailed discussion of neurology topics also will be performed on a regular basis (see below). A supervising neurologist will ALWAYS be present at case rounds and throughout the entire day, evaluating neurology cases that are received through the clinic.

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 year 1 of the program, resident will complete a 2 week (> 50 hours) out-rotation with Drs. Benjamin Young and Debra Gibbons at VCA Alameda East Veterinary Hospital (CO) to study CT and MRI physics and imaging and to work interpreting cases on the radiology service throughout the rotation. Dr. Young has published extensively in MRI imaging of canine intracranial diseases including several collaborative projects with the program direction (SS). Dr. Young also is available for ongoing collaborations including the residents' research projects (if applicable) which will be worked on during the radiology out-rotation.

Neuro-radiology rounds will occur as a part of our rotation of didactic rounds and will include re-evaluation of some of the month's cases as well as an aggressive evaluation of the resident's neuroanatomy and radiographic, CT and MRI interpretation.

In year 2 of the program, the resident will attend "brain camp" and the MRI / radiology course where radiology will be studied intensively.

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

In year 2 of the program, resident will undertake a 3 week formal out-rotation at Texas A&M College of Vet Med, during which their time will be evenly divided between the clinical pathology and gross pathology service (>50 hours each). The resident will focus on the evaluation and interpretation of current and archival clinical specimens alongside clinical pathologists and residents, under the main supervision of Dr. Karen Russell. Resident will also participate in all clinicopathologic rounds during the out-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.

In year 2 of the program, resident will undertake a 3 week formal out-rotation at Texas A&M College of Vet Med, during which their time will be evenly divided between the clinical pathology and gross pathology service (>50 hours each). The resident will focus on the evaluation and interpretation of current and archival clinical specimens alongside pathologists and residents, under the main supervision of Dr. Brian Porter. Resident will also participate in all pathology rounds during the out-rotation. The rotation is timed to correspond with the Neuropathology section of a resident level pathology course taught by Dr. Brian Porter, and the resident attends this course. Drs. Brian Porter and Joe Kornegay are close collaborators of the residency program director.

In year 2 of the program, the resident will attend "brain camp" at OSU where neuropathology is a lecture focus.

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.

Drs. Michelle Tensley (DACVIM, Neurology) and Scott Schatzberg (DACVIM, Neurology) provide mentorship on the standard neurosurgical procedures as described on the neurosurgical training form. These include hemilaminectomies, ventral slot, and dorsal laminectomies. Residents are expected to progress from an initial period of observation at the start of residency to an independent/primary surgical role by the 3rd year of residency. Drs. Tensley and/or Schatzberg are present on-site during all surgical procedures through a minimum of year 2 of residency (even if surgery is performed by the resident) for instruction and assistance.

Dr. Peter Brofman performs stabilization procedures for fractures, cervical malformation / malarticulation syndromes, as well as procedures for dynamic instability associated with both cervical and lumbosacral stenosis. Residents are primarily involved as an assistant during advanced surgery in clinical patients. He travels to the primary training site (New Mexico) to perform these surgeries, but residents will also be exposed to these procedures during off-site rotations at the secondary site (Austin, TX) where Dr. Brofman primarily works.

Dr. Tensley has attended the ACVIM ACE Neurosurgical procedures course and is working toward the

neurosurgery certificate in order to offer in-house services for stabilization procedures.
The ANIC provides canine cadavers for surgical practice and guided labs led by Dr. Brofman.

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 ANIC has a Viasys (VikingQuest) portable electrodiagnostic system that we utilize routinely for neuromuscular diagnostics. The resident will routinely, assist, learn and perform electrodiagnostics on all neuromuscular patients. The program director (SS) will provide informal discussion about electrodiagnostics during case work-ups and throughout the residency. Dr. Paul Cuddon's work book will be studied by the residents who will also complete the sample case studies and interpretations. In addition to complete review of the electrodiagnostic literature (including Dr. Holiday's EEG manuscripts), the resident will be responsible for a complete review of Kimura's "Electrodiagnosis in Diseases of Nerve and Muscle". Finally, the residents will attend the 2 week neuroscience course at OSU where electrodiagnostics are strongly emphasized.

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:

-Journal Club: twice monthly (in collaboration with CSU-CVM once a month via Zoom video conferencing)
-Topic Rounds: (neuroanatomy / neurolocalization / electrodiagnostics / neuropath neuroradiology): twice monthly (once in collaboration with CSU-CVM via Zoom once a month)
-Daily informal discussions with The ANICs neurologists.
- Residents present a minimum of 2 formal seminars each year covering major topics in neurology and neurosurgery, which require literature review and incorporation of key concepts.
In summary, formal didactic (topic rounds, journal club) rounds will be held once weekly. Drs. Schatzberg and Tensley are present in person. Drs. Brofman and Meren attend remotely. The resident will present or participate in the formal review of 3-4 neurology manuscripts per month through journal club. The resident also will participate in radiology rounds and topic rounds (covering all chapters of DeLahunta's Neurology and Neuroanatomic textbook) over the course of the training program.

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 program director (SS) will meet with the residents informally (q 3 months) and formally (q 6 months) to assess, review and critique the resident's progress in the training program. They will also review the resident's medical and surgical caselog and discuss the progress and outcomes of various cases along with the resident's progress on the clinical investigation/publication requirement (see below).

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 program director (SS) has completed numerous research and clinical investigative projects in veterinary neurology over the past 15 years. SS also has mentored numerous residents and graduate students in both basic and clinical research studies over the years. Presently, SS has ongoing, collaborative research projects. The resident

will be required to complete a mentored, clinical research project which will be mapped out (hypothesis, specific aims, case inclusion criteria, etc) over the first year of the training program. Case materials (case demographics, MRI, CSF results, etc) will be collected and evaluated in the first 2.5 years if the study is prospective, and case materials are available from hundreds of cases over the years if the study has retrospective elements. SS and the resident will meet regularly to discuss the project, the results of which ultimately will be submitted as a research abstract (oral presentation) for ACVIM in the spring of year 3 of the residency. In the third year, the resident also will submit the manuscript for publication, which will be a requirement for the successful completion of the neurology residency training program.

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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Presently we have on site CBC, Chem, UA, blood gas, microscope for cytology, PT/PTT, Cytospin. Antech, Idexx, CSU-CVM and Protatek laboratories are used routinely for endocrine, parasite, and micro services
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"/>	CSU-CVM ; Arizona Veterinary Oncology
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site via online CSU-CVM library access
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site (VIA)
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site / CSU-CVM access
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site/ Viasys (VikingQuest)
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CSU-CVM
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CSU-CVM
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site - GE
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site – 1.5T GE

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*:

CSU-CVM library resources are available via Dr.Schatzberg's affiliate CSU appointment. Radiation therapy is available on a referral basis through the institutions listed above, and both offer remote consult for cases. Reference laboratories (Idexx/Antech/CSU-CVM) all offer phone and email consultation regarding laboratory

results and cases.

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:

Formal didactic rounds are held on a weekly basis. This rotation includes 2 journal club sessions, 1 'book club' and 1 topic round each month [neuro-anatomy / localization / neuroradiology],. Twice monthly, these rounds are held jointly with CSU-CVM via Zoom video conferencing.

Residents are responsible for presenting a minimum of 2 formal rounds seminars each year, including a topic round and M&M style case review.

Examination review sessions will be offered by The ANIC neurologists on a rotating basis during the 2nd and 3rd years to prepare for the general and specialty exams.

The resident will attend all presentations given by the 2 on site ANIC neurologists (SS, MT) to VCA rotating interns and to the referring vet community.

The residents have access to CSU's post graduate medicine ("PGM") online course which consists of weekly online lectures (1 hour) in the fall of years 1 and 2 of the training program to prepare to the ACVIM general exam.

The resident will complete out-rotations in clinical pathology (2 weeks) and neuropathology (2 weeks) at TAMU and similarly will be responsible for attending house officer and faculty rounds during those rotations.

The residents will attend an annual 15 hour regional meeting (hosted by The ANIC and local VCA specialty hospital) which covers topics in neurology, internal medicine, surgery, ophthalmology and oncology. They will have the option to attend a similar regional conference in Arizona that is hosted by our secondary Scottsdale location.

The residents will attend the 2 week neuroscience course and the MRI / radiology course that rotates between USA and Europe.

The residents will attend ACVIM Forum during years 2 and 3 of the training program and will be expected to attend neurology and neurosurgery presentations, especially the research abstracts. The resident will be required to submit his/her clinical research for presentation at ACVIM in year 3 of the residency.

Residents will be given the opportunity to attend the ACVIM Advanced Neurosurgical Course, AO Vet surgical courses, and ACVIM ACE courses according with their personal interests.

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 will be required to present journal club articles, book chapters, and topic rounds as detailed above.

The resident will be required to present his/her clinical research at ACVIM in year 3 of the residency.

The ANIC has 8 (visiting) rotating interns (DVMs in a rotating medicine and surgery internship) from VCA Vet Care Referral Hospital in Albuquerque, NM completing out-rotations at our hospital. The resident will share in the clinical teaching of the the VCA interns. Neuroanatomic localization, differentials, neurodiagnostic decisions and treatments is emphasized in training the interns.

The ANIC New Mexico and Arizona are preceptor sites for Midwestern University Veterinary School, and the

resident will be responsible for clinical teaching in the same manner as that for VCA Interns.

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

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

Comments:

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

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

Comments:

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

The program director (SS) was associated with and/or co-directed neurology internships, residencies, and PhD students from 2004-present. As part of previous training programs, SS has organized and presented in extensive topic and journal clubs for interns, residents and graduate students. As indicated above, the proposed program will have strong academic aspects including neuroanatomy, neuroradiology, neurolocalization, and journal club rounds. SS also maintains close university ties and is an affiliate professor of neurology at Colorado State University. The CSU affiliate appointment gives our residency program access to CSU's electronic journal archives, agricola, cab abstracts, pub med, etc. Such journals will be made available to the residents. SS's affiliate appointment also will allow residents to participate in the CSU's post-graduate medicine (PGM) online course.

Chief of neurosurgery (PB) is double boarded in internal medicine and neurology / neurosurgery and brings a very strong didactic element to our training program. Dr. Brofman has extensive clinical experience and has previously co-trained 3 neurology residents as well as many rotating intern classes in the private practice setting.

The neurology / neurosurgery service has been thriving in New Mexico for the past 5 years and has a robust and varied caseload that strongly supports a Neurology / Neurosurgery residency program. The ANIC completes an average of 35 MRIs per month (some months as many as 50). The neurology caseload is diverse and representative of the full spectrum of brain, spinal cord, and neuromuscular disorders seen in both academic and specialty settings. The ANIC neurologists (PB, SS, MT) routinely perform surgery on standard and complex neurosurgical cases, and the residents receive strong neurosurgical mentorship.

The ANIC has expanded to include 2 satellite locations (Scottsdale, AZ and Austin, NM) and 2 additional board - certified neurologists (M. Tensley and I. Meren). This provides the opportunity for additional case numbers and exposure to additional regional conditions, as well as additional support for didactic training and case collaboration.

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.