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 : Dr. Dominik Faissler

(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:	(508) 887-4839
E-mail:	dominik.faissler@tufts.edu
Mailing Address:	Cummings School of Veterinary Medicine 200 Westboro Rd N. Grafton, MA 01536

1. Location of Sponsoring Institution (Primary Site of Training Program):

Primary Site and Length of Program:

Tufts University, 3 year

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.

Dominik Faissler Nicholas Frank

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

Dominik Faissler - Neurology

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

Mary Anna Labato - SAIM
Cynthia Webster - SAIM
Orla Mahony - SAIM
Virginia - SAIM
Elizabeth Rozanski - SAIM
Michael Stone - SAIM
Lilian Cornejo - SAIM
Claire Fellman - SAIM
Lisa Barber - Oncology
Kristine Burgess - Oncology
Cheryl London - Oncology
Andrew Hoffman - LAIM
Melissa Mazan - LAIM
Daniela Bedenice - LAIM
Ane Uriarte- ECVN
Suzanne Cunningham - Cardiology
Vicky Yang - 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)
Elizabeth Parsley 7.1.15 - 7.1.18 (Dominik Faissler) Dylan Fry 7.1.2016 - 7.1.2019 (Dominik Faissler) Miranda Gallo 7.1.17 - 7.1.20 (Ane Uriarte)

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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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:	2/24/18

Program Director Name: Dominik Faissler, Dr. med. vet., Dipl. ECVN (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): Cummings School of Veterinary Medicine at Tufts University
200 Westboro Road, North Grafton, MA 01536

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.

2. Length of Training Program:

	Yes
2 years	☐
3 years	☒
Other -provide details	

3. Advanced Degree:

	Yes	No	Optional
Masters:	☐	☒	☐
PhD:	☐	☒	☐

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 Diplomate(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 Diplomate(s)	Clinical or Gross	Comments
Samuel Jennings, DVM, Dipl. ACVP	Pathology	Anatomical
Nicholas Robinson, DVM, Dipl. ACVP	Pathology	Anatomical
Gillian Beamer, DVM, Dipl. ACVP	Pathology	Anatomical
Joyce Knoll, DVM, Dipl. ACVP	Pathology	Clinical
Perry Bain, DVM, Dipl. ACVP	Pathology	Clinical
Elizabeth O'Neil, DVM, Dipl. ACVP	Neuropathology	Clinical
Knarik Arkun, MD		Tufts medical School Boston, MA, direct supervision for 2 weeks of 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
Dominique Pennick, DVM, Dipl. ACVR Amy Sato, DVM Dipl. ACVR Mauricio Solano, MV Dipl. ACVR James Sutherland, DVM, Dipl. ACVR Trisha Oura, DVM, Dipl. ACVR Ryan King, DVM, Dipl. ACVR	

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
Mike Karlin, DVM, Dipl. ACVS	Surgery orthopedic	
John Berg, DVM, MS, Dipl. ACVS	Surgery soft tissue	
Randy Boudrieau, DVM, Dipl. ACVS	Surgery orthopedic	
Robert McCarthy, DVM, Dipl. ACVS	Surgery orthopedic	
Michael Kowaleski, DVM, Dipl. ACVS	Surgery orthopedic	
Raymond K. Kudej, DVM, PhD, Dipl. ACVS	Surgery soft tissue	
Alicia Karas, DVM, MS, Dipl. ACVA	Pain clinic	
Cheryl Blaze, DVM, Dipl. ACVA	Anesthesia	
Lois Wetmore, DVM, MS, ScD Diplomate, ACVA	Anesthesia	

Emily McCobb, DVM, Dipl. ACVA	Anesthesia	
John Rush, DVM, MS Dipl. ACVIM and ACVECC	Cardiology	
Suzanne Cunningham, DVM, Dipl. ACVIM	Cardiology	
Vicky Yang, DVM, Dipl. ACVIM	Cardiology	
Elizabeth Rozanski, DVM, Dipl. ACVIM and ACVECC	ECC	
Armelle De Laforcade, DVM, Dipl. ACVECC	ECC	
Juliet Gladen, DVM, ACVECC	ECC	
Ann Shea Wayne, DVM, ACVECC	ECC	
Jonathan Babyak, DVM, ACVECC	ECC	
Sean B Majoy, DVM, ACVECC	ECC	
Amanda Abelson, DVM, Dipl. ACVA and ACVECC	ECC and anesthesia	
Lisa Freeman, DVM, PhD Dipl. ACVN	Nutrition	
Cailin Heinze, DVM, Dipl. ACVN	Nutrition	
Lisa Barber, DVM, Dipl. ACVIM	Oncology	
Kristine Burgess, DVM, Dipl. ACVIM	Oncology	
Michelle Keyerleber, DVM, Dipl. ACVR-RO	Oncology	
Cheryl London, DVM, PhD, Dipl. ACVIM	Oncology	
Stefano Pizzirani, Dr. med. vet., Dipl. ACVO	Ophthalmology	
Stephanie Pumprey, DVM, Dipl. ACVO	Ophthalmology	

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)
David Raczek	July 2013	DVM, Dipl. ACVIM (Neurology)
Tracy Suton	July 2015	DVM, Dipl. ACVIM (Neurology)
Kathrine Weiss	July 2015	DVM, MS
Laura Harvey	July 2016	DVM, Dipl. ACVIM (Neurology)

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)
Elizabeth Parsley	3 years	July 2015	July 2018	Dominik Faissler
Dylan Fry	3 years	July 2016	July 2019	Dominik Faissler
Miranda Gallo	3 years	July 2017	July 2010	Ane Uriarte

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 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 *	31	29	27
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	31	29	27
Neurology/Neurosurgery - Indirect Supervision			
Internal Medicine	4	2	
Clinical Pathology		1	
Radiology		1	
Neuropathology			2
Other Rotation (please list the name of each rotation):			
Other: ICU/ER	2		
Other: Ophthalmology			1
……..Other: Neurosurgery Tufts Medical School			1
……..Other: Soft tissue and orthopedic Surgery	3	2	2
Research	8	8	7
Independent Study	2	7	10
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:

a) Monday to Friday clinical case related rounds are held and supervised by a neurology faculty in the morning from 8-9 am and in the late afternoon from 5-6 pm

b) Saturday and Sunday a faculty reviews hospitalized cases with resident at 9 am and is available for consultations if needed for both days

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.

A) At Tufts University the neurology service performs an average of 12 MRI studies and 4 CT scans a week.. All the images are reviewed and discussed by a group of clinicians including a radiology faculty, a radiology resident, a neurology faculty and the neurology residents.
B) If such a discussion lasts about 10 minutes, we estimate 2 hours of exposure to a board certified radiologist per week. The resident will be exposed to a radiology faculty for about 180 hours over the entire residency if we base the calculations on 90 direct neurology “on clinics” weeks. The total exposure to a radiology faculty is equal to about 3 weeks of radiology rotation; and due to the busy case load much more case based and efficient than a single week of radiology rotation.
C) The neurology residents have additional interactions with the group of radiology faculty for the discussion of chest radiographs, spinal radiographs, nuclear scintigraphy and ultrasound examinations
d) The residents have the opportunity to do a one week radiology rotation (Monday to Friday) to become more familiar with general radiology such as terminology, reading chest radiographs, spinal radiographs, CT cans and MRI.

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

A) The resident will spend one entire week with a board certified clinical pathologist. The rotation includes 5 days of 10 hours (8 am - 6 pm). Most of the attention during this week is directed towards CSF analysis. This rotation includes direct interaction with the clinical pathologist but also self-study based review of cases retrieved from the archive of the clinical pathology section
b) Interaction on a daily basis with the clinical pathologist to assess and discuss CSF findings will further enhance experience and knowledge and add several hours over the residency of 3 years

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.

A) Neuropathology rounds on a regular basis. Per year the residents are involved in 10 session of one hour duration accounting for about 30 hours of neuropathology at our University
B) Review of autopsy and histopathology reports with the neurology faculty
C) Neuropathology rotation of 2 weeks at Tufts Medical School with Dr. Knarik Arkun, MD
D) The residents have the opportunity to attend the 2 weeks neuropathology course held anually in November in Barcelona, Spain

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.

A) 4 weeks of soft tissue surgery
B) 4 weeks of orthopedic surgery
C) 1 week neurosurgery at the Tufts Medical School in Boston under the guidance of Dr. Carl Heilman
D) Cadaver surgery labs on a regular basis
E) Every resident has to keep a case log of her/his surgical cases.
F) Solid training in neurosurgery. Spinal surgeries are most common, brain surgeries are performed on a regular basis. Every resident is expected to be involved in about 100 neurosurgical procedures over the entire residency, in half of them as an assistant and in the other half as a primary surgeon. If we account a average duration of a

surgical procedure of about 2 hours each resident will receive at least 200 hours of practical neurosurgery training

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:

A) Electrodiagnostic rounds
B) Residents perform EMG and nerve conduction studies under the supervision of a faculty
C) The residents also have access to EEG recordings. Currently EEG's are performed on a research basis. Later it might be possible to introduce the test also to clinical work up of dogs and cats with a variety of brain disorders.
D) The residents are required to keep a case log of their involvement into electrodiagnostic 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:

Rounds:	average # of meetings per 6 months
Continuing education topic round	5
Journal based literature rounds	7
JC club	2
Neuropathology rounds	5
Electrodiagnostic rounds	2
Histopathology rounds	1
Other (Neuro-onco, neuroradiol,, book reading)	4
Total	26 hours per six months

Documentation of CE hours for July 2017 to June 2018

	July-December 2017	January – June 2018
DeLahunta book reading	5	
Journal club	5	
Topic rounds	5	5
Phathophysiology rounds	1	
Neuropathology rounds	5	4
Journal reading rounds	8	7
Neuro-radiology		1
Neuro-oncology rounds		1
Electrodiagnostic rounds		5
Neuro-histo rounds		1
Total per six months over the current fiscal year	29	24

The following rounds are mandatory for neurology residents! There is certain variation of rounds being held for residents, but below there is the catalogue of resident training activity. For all the presentations a literature review and citation of publications used for the presentation is mandatory to enhance exposure to the current literature.!

Topic rounds

This presentation should give a complete state of the art overview of an important neurological topic. After a brief introduction, the presentation is expected to include relevant material in anatomy, pathophysiology, localization, diagnosis and conclusions. The literature citations have to be listed.

Case rounds
The goals are to enhance the discussion and evaluation of diagnosis, localization, and case management of patients which have been treated at our hospital. Outcome and treatment options are evaluated critically. One or multiple cases with the same disorder are presented in an interactive format. A literature review of the disease is mandatory.

Journal club
The purpose of Journal Club is to critically evaluate article content including material and methods, results and conclusions. One publication is presented. It is recommended to use original studies and avoid review articles. Important key points should be summarized and presented in a condensed form. A literature search is required.

Journal based literature reading rounds
Every resident and neurology faculty has 2-3 journal assigned to search for publication with neurological and/or neurosurgical content. Once a month to every other month we meet to discuss and highlight articles with relevant content. All the literature presented must be summarized.

Neuropathology
Two neurology cases per session are presented within a time frame of 1 hour for both cases. The goal of this session is to compare clinical, gross and histopathological findings. The role of the clinician is to familiarize the audience with signalment, history, examination, tests, treatment and tentative diagnosis prior to euthanasia. It is important to consult relevant text books and appropriate literature to support the presentation of these cases.

Electrodiagnostic rounds
The primary purpose of these sessions is to become familiar with electrodiagnostic procedures. The presentation of anelectrodiagnostic topic should include background and electrophysiological basics, pathways being tested, information about procedure (stimulation sites), morphology of normal wave forms, normal values, effects of anesthesia and age, and presentation and significance of abnormalities. A literature search is required.

Neurosurgery rounds
The presentation should focus mainly on anatomy, approach, surgical technique, indications and contraindications and prognosis. Alternative treatment options are evaluated. Etiology and pathophysiology can be mentioned briefly, but are much less important in this context. A literature search is required.

16. The neurology specialty requires that the advisor meet with the resident at 6 month intervals to assess, review and critique the resident's progress and weekly schedule of activities. Please explain how this is accomplished:

A) An online review to the Department of Clinical Sciences has to be submitted every 6 months for each resident
B) The program director keeps records of all the 6 month schedules to make sure that all the residents accomplish the expected 3 years schedule listed above.
C) An oral and written review every six months with both faculty
D) A copy of the written review has to be submitted to department chair
E) A review with the associate department chair twice during the residency

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) A retrospective or prospective research project is mandatory for the Tufts University neurology residents
B) Progress is monitored by the advisor on a regular basis
C) The resident has to present the results of her/his study at the research day held at Tufts University on a yearly

basis in June in order to qualify for the Tufts University residency certification.
D) The resident is encouraged to present the research project at the ACVIM meeting

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? Yes	Available? No	Location of equipment? (On-site or list site name)
a) Standard radiological equipment	☒	☐	On site
b) Ultrasonographic equipment	☒	☐	On site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	☒	☐	Tufts Veterinary School lab
d) Electrocardiography	☒	☐	On site
e) Blood Pressure Measurement	☒	☐	On site
f) Radiation Therapy Facility	☒	☐	Under reconstruction
g) Veterinary Library w/Literature Searching Capabilities	☒	☐	On-line Tufts Net Work, Large library on site
h) Computerized Medical Records w/Searching Capabilities	☒	☐	EMR String Soft
i) Medical Library w/Literature Searching Capabilities	☒	☐	On-line, all journals
j) Electromyography and nerve conduction velocity testing	☒	☐	On site, Cadwell Sierra
k) Evoked Response Equipment	☒	☐	On site, Cadwell Sierra
l) Electroencephalography	☒	☐	On site, Cadwell Arc
m) Computed Tomography	☒	☐	On site, Toshiba Aquillon
n) Magnetic Resonance Imaging (include field strength)	☒	☐	On site, Siemens Magnetom Symphony 1.5 T

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:*

Additional equipment on-site:
CUSA Ultrasonic aspirator
Codman express to measure ICP

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:

Average number of presentation per six months for each resident

Presentation	# / 6 months
CE topics	1
Neurology JC	1
Journal based reading rounds	3
Neuropathology rounds	1-2

Book reading	1
Eletrodiagnostic rounds	Variable
Neurophysiology rounds	Variable
Histopathology rounds	One session per 6 months
Friday morning seminar	One presentation per year

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.

A) Student teaching during their 2-week core rotation. We always have 3-4 students on our neurology service
B) For journal clubs, case rounds, clinic pathological conferences and seminars please see above
C) One lecture in Second year neurobiology course
D) Presentation of project at resident research day
E) ACVIM abstract presentation

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: ACVIM forum, Annual ECVN-ESVN symposium, Brain camp, Neuropathology Course Barcelona, RDVM CE

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

Yes	No	Number
☒	☐	

Comments:

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

A) Residents have aces to pathophysiology rounds held on a weekly basis. This is an important source of education to prepare for the qualifier exam
B) Resident have access to ECC, medicine and surgery rounds
C) Residents have to attend REVEAL rounds on a monthly basis. This form of continues education offers lectures about career planning, communication modules, statistics, writing of a CV and sessions with the Department chair and the Dean
D) Resident have access to research rounds

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.**

	July - December 2017	January - June 2018
DeLahunta book reading	5	
Topic rounds	5	5
Pathophysiology rounds	1	
Neuropathology rounds	5	4
Journal reading rounds	8	7
Neuro-radilogy rounds		1
Neuro-onco rounds		1
Electrodiagnostic rounds		5
Neuro-histology rounds		1
Total hours per 6 months	**29**	**24**

Journal Club, Topic rounds, Neurophysiology, and Neuropathology rounds

Schedule January - June 2018

W	ON clinics	Tues-day		Rounds 7-8 am		Rounds 4-5 pm	Wednesday	Literature review 8-9 am	Thurs-day		Rounds 7-8 am	Special
1/1	EP, DyF	1/2	**DF**	N-Onco	Tumor							
1/8	EP, DyF	1/9	**DyF**	ED-1			1/10					
1/15	EP, MG	1/16	**MG**	PH-1			1/17	Group 1 2015				Luther
1/22	EP, MG				**DF**, **EP**	Neuro-P	1/24	Group 2 2015				
1/29	DyF, MG						1/31	Group 2 2015				
2/5	DyF, MG	2/6	**EP**	ED-2								
2/12	EP, DyF											
2/19	Ep, DyF											Presidents day
2/26	EP, MG				**MG**, **DF**	Neuro-P	2/28	Group 1 2016				
3/5	EP, MG	3/6	**DF**	ED-3								**Mimi Varis 3/9**
3/12	EP, MG											
3/19	DyF, MG	3/20	**EP**	PH-3								
3/26	DyF, MG	3/27			EP, MG, DyF	Histo	3/28	Group 2 2016	3/29	**DyF**	PH-2	
4/2	EP, MG						4/5					
4/9	EP, DyF	4/10	**MG**	ED-4			4/11	Group 2 2016				

4/16	EP, DyF	4/17	**DF**	PH-4					4/12/18	**all**	DeLahunta reading test	Patriot day
4/23	DyF, MG	4/24			**AU**, **MG**	Neuro-P	4/25		4/26/18	**Heather**	ED-6	Lizzie study time
4/30	DyF, MG						5/2					Lizzie study time
5/7	DyF, MG	5/8	**AU**	ED-5			5/9					Lizzie study time
5/14	MG											
5/21	MG											
5/28	MG											Memorial
6/4	MG											
6/11	MG											**ACVIM**
6/18	EP, DyF	6/19	**Dr. Pi**	ED-7	**DF, DyF**	Neuro-P						
6/25	EP, DyF							Group 1 2017				

Electrodiagnostic and topics

ED-1: BAER

ED-2: SEEP

ED-3: F-waves

ED-4: EEG

ED-5: Rep. Stim

ED-6: MR Spectroscopy brain

ED-6: Retinal changes in MUE

Physiology

PH-1: Botulism, tetanus

PH-2: Neurotoxins causing seizures

PH-3: Selective storage disorders

PH-4: Myasthenia gravis

Journals

Mimi: Vet Pathol, JSAP

Dylan: Vet Rec, JAAHA

Lizzie: JVIM, J Vet ECC

Dominik: Vet Surg, JAVMA

Ane: Vet Radiol&Ultrasound, AJVR

Week	ON clinics	Tues-day		Rounds 7-8 am		Rounds 4-5 pm	Wednesday	Literature review 8-9 am	Thursday		Rounds 7-8 am	Special events
7/3												
7/10												
7/17												New Intern
7/24	EP, DyF	7/25	**DyF**	JC								
7/30	EP, MG											
8/7	EP, MG	8/8	**MG**	DLH-15								VARIS EP 8/11
8/14	EP, MG	8/15	**AU**	CE-1								
8/21	DyF, MG	8/22			**DF, EP**	Neuro-P						
8/28	DyF, MG,	8/29					8/30	Group 1 year 2013				
9/4	DyF, MG	9/5	**EP**	JC					9/7	**DyF**	DLH-17	Labor day
9/11	EP, DyF	9/12	**DF**	CE-2								
9/18	EP, DyF	9/19			**DyF, AU**	Neuro-P						ECVN
9/24	EP, DyF	9/25	**AU**	JC			9/27	Group 2 2013				
10/2	DyF, MG						10/5	Group 2 2013				
10/9	DyF, MG								10/12	**DF**	DLH-16	Columbus day, VARIS DyF 10/13
10/16	EP, MG	10/17	**DF**	JC			10/18	Group 1 2014	10/19	**DF**	Pathophys	**8-9 am**

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10/23	EP, MG	10/24	**MG**	CE-3	**MG, EP**	Neuro-P	10/25	Group 1 2014				
10/30	EP, DyF	10/31	**AU**	DLH-18								
11/6	EP, DyF	11/7	**EP**	CE-4			11/8	Group 2 2014				Veterans day
11/13	EP, MG	11/14	**MG**	JC								
11/20	DyF, MG	11/21			**DF**, **AU**	Neuro-P						Thanksgiving, LB
11/27	DyF, MG	11/28					11/29	Group 2 2014				LB
12/4	EP, DyF	12/5	**EP**	DLH-19					12/7	**DyF**	CE-5	
12/11	EP, MG	12/12			**DyF**, **MG**	Neuro-P	12/13	Group 1 2015				
12/18												Christmas
12/25												New Year

Journal Club, Topic Rounds, Neurosurgery and Neuropathology Rounds

Schedule July – December 2017

CE Topics

CE-1: Assessment of pain intensity
CE-2: Spine stability after laminectomy
CE-3: Myelomalacia
CE-4: MRI tractography
CE- 5: Laminectomy scar

De Lahunta reading

DLH-15: Auditory system
DLH-16: Visceral efferent system
DLH-17: Limbic system
DLH-18: Seizure disorders
DLH-19: Diencephalon

5:27:35 PM 4/12/2018 DF