



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="(706) 542-9883"/>
E-mail:	<input type="text" value="mkent1@uga.edu"/>
Mailing Address:	<input type="text" value="2200 college station road
College of Vet Med, University of Georgia
athens, GA 30602"/>

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.

Renee Barber
Simon Platt
Marc Kent

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

Marc Kent - Neurology
Simon Platt - Neurology

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

Joe Bartges - SAIM
Cynthia Ward - SAIM
Amie Koenig - SAIM
Joanne Smith - SAIM
Andrew Bugbee - SAIM
Nicole Northrup - Oncology
Corey Saba - Oncology
Gregg Rapoport - Cardiology
Amanda Erickson - 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)

Georgina Stewart 8.1.15 - 8.1.18 (Renee Barber)
Susan Arnold 8.1.16 - 8.1.19 (Simon Platt)
Kataherine Bibi 8.1.17 - 8.1.20 (Simon Platt)

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.

2. Length of Training Program:

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

3. Advanced Degree:

	Yes	No	Optional
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Briefly explain how the degree is integrated into the residency program:

4. Please list all ACVIM Supervising **Diplomates** (Cardiology, Large Animal Internal Medicine, Neurology, Oncology, Small Animal Internal Medicine, ECVIM, or ECVN Diplomates) providing supervision off-site and explain the situation and the agreements provided for contact with the resident. (Note, in Part One, current ACVIM Supervising Diplomates are included; and you are requested to provide additional comments for off-site supervision here).

Name of Diplomate(s)	Comments
<p>Marc Kent, DVM, DACVIM (IM and Neurology) Simon Platt BVM&S DACVIM DECVN MRCVS Renee Barber, DVM, PhD, DACVIM (Neurology) Cynthia Ward, VMD, PhD, DACVIM Nicole Northrup, DVM, DACVIM Corey Saba, DVM, DACVIM Koichi Nagata DVM, DCVR Amanda Erickson, DVM, DACVIM Amie Koenig, DVM, DACVIM, DACVECC Gregg Rapoport, DVM, DACVIM Jo Smith MA, VetMB, PhD, DACVIM Andrew Bugbee, DVM, DACVIM Dawn Clarke, DVM, DACVIM (onco) Tracy Lynn Hill, DVM, DACVIM, PhD, MRCVS, DECVIM-CA Joseph Bartges, DVM, PhD, DACVIM, DACVN</p>	

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
Bridget Garner, DVM, PhD, DACVP	Clinical	
Melinda Camus, DVM, DACVP	Clinical	
Elizabeth W. Howerth BS, DVM, DACVP, PhD	Anatomic	Primarily responsible
Daniel Rissi, DVM, MS, DACVP	Anatomic	Primarily responsible
Elizabeth W. Uhl, DVM, DACVP, PhD	Anatomic	Available for consultation on cases
Uriel Blas-Machado, DVM, PhD, DACVP	Anatomic	Available for consultation on cases
Corrie C. Brown, DVM, PhD, DACVP	Anatomic	Available for consultation on cases
CATHY A. BROWN, VMD, PhD, DACVP	Anatomic	Available for consultation on cases
NICOLE L. GOTTDENKER, DVM, MS, PhD, DACVP		

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
Ajay Sharma, BVSc&AH, MVSc, DVM, DACVR	Radiology
Scott Seacrest, DVM, DACVR	Radiology
Koichi Nagata DVM, DCVR	Rad Onc
Karine Gendron	DMW, DECVDI, DACVR

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
Amie Koenig, DVM, DACVIM, DACVECC Benjamin Brainard, VMD, DACVECC, DACVAA Steve Budsberg, DVM, MS, DACVS Chad Schmit DVM, DACVS Janet Grimes, DVM, DACVS Spencer Johnston, DVM, DACVS Kevin Clarke, DVM, DACVS Jane Quandt, DVM, DACVA Frane Banovic, DVM, PhD, ECVD Fiona Bateman, DVM, DACVD Kate Myrna, DVM, DACVO Katie Diehl DVM, DACVO Selena Lane, DVM, DACVECC	IM / ECC ECC/Anesthesia Surgery Surgery Surgery Surgery Surgery Anesthesia Dermatology Dermatology Ophthalmology Ophthalmology ECC	

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)
Vivian Lau	8/1/2017	Yes
Jill Hicks	8/1/2016	Yes
Renee Barber	8/1/2015	Yes
Lindsay Boozer	8/1/2014	Yes
Jeremy O'Neill	8/1/2013	YesK

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)
Georgina Stewart	3	8-1-2015	8-1-2018	Barber
Susan Arnold	3	8-1-2016	8-1-2019	Platt
Katherine Bibi	3	8-1-2017	8-1-2020	Platt

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:

	<i>Year I</i>	<i>Year II</i>	<i>Year III</i>
<i>Medical Neurology *</i>			
<i>Neurosurgery</i>			
<i>Neurology/Neurosurgery Direct Supervision</i>	<i>36</i>	<i>36</i>	

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
Neurology / Neurosurgery *	36	30	30
Direct Supervision	36	30	30
Indirect Supervision	0	0	0
Internal Medicine	3		3
Clinical Pathology	3		
Radiology		3	
Neuropathology			
Other Rotation (please list the name of each rotation):			
Other: Critical Care			
Surgery *		3	3
Other: Medical Oncology			3
Other: Radiation Oncology		3	
Research	4	3	3
Independent Study	4	8	8
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:

The service meets with our students twice daily. Newly admitted/transferred onto the service patients, are presented in detail (signalment, history, examination findings, anatomic diagnosis, differentials, diagnostics (planned, pending, or returned), and treatment plan are discussed. Patients already on service (in-patients) have pertinent details presented, diagnostics results/therapeutics (surgery or medical) are reviewed, and the treatment plan or clinical updates are presented.

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.

We have an onsite radiology department. The resident will spend 50 contact hours over the course of their 3 year program.

During Clinical rotations: Residents provide interpretations and perform special radiographic procedures including MRI, CT, fluoroscopic guided biopsy/aspirate procedures, and on very rare occasions, myelography.

Once monthly we have a 1-2 hour neuroradiology rounds. Radiology and Neurology faculty provide residents with images using various imaging modalities. Residents are given 3 minutes to write their description of the image (“mock boards prep”); after 3 minutes, residents discuss the image with faculty input. Additionally, neuroanatomy is reviewed. Also principles of various imaging modalities are reviewed.

Residents are given the opportunity to attend the Neuroscience review course when it is offered.

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

Attention is focused on CSF analysis (how to prepare sample, do the cell counts, read the cytopins) but also other clinicopathologic specimens (hemograms, FNA, various lavages, and fluid analyses). Residents also participate in didactic teaching of students that rotate through the clinicopath service. Additionally, during the residency, on a case by case basis, residents and supervising faculty meet with the clinical pathologist to review cytological, gross, or histological specimens (anatomic pathologists). During that time, reviews of pertinent findings are discussed.

Monthly Neuropathology review. As part and parcel of the 1-2 hour long session devoted to neuropathology (see below) clinical pathologic details are also presented and reviewed as part of the material presented and reviewed during these sessions. While the focus is on anatomic pathology, clinicopathologic samples are also evaluated (i.e., CSF findings, cytologic examination of impression smears of samples obtained at surgery or autopsy)

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.

Rather than having a “block” as defined in the table under the section of the design of the program. We have several opportunities for residents to accrue time throughout their 3 years.

Monthly Neuropathology review. 1-3 hour long sessions devoted to clinical pathologic and histopathologic evaluation of the nervous system. In addition, the resident will attend a didactic teaching session (4-6 hour session) that is provided to the ACVP pathology residents. In this session, a systematic approach to nervous system pathology is taught. Discussion focuses on both normal microscopic evaluation as well as pathology.

On a case by case basis, residents and supervising faculty meet with the pathologist to review cytological, gross, or histological specimens. During that time, reviews of pertinent findings are discussed.

Residents are given the opportunity to attend the Neuroscience review course when it is offered.

On a quarterly basis; Drs. Elizabeth Howerth or Rissi provides a 4 hour interactive neuropathology seminar for the neurology residents. Seminars are focused in specific areas (i.e., normal microscopic findings, inflammatory disease, degenerative disease, neoplastic disease). A didactic presentation is followed by an interactive session on a multi-headed microscope.

Finally, the residents have the opportunity to assist in the autopsy of animals submitted for evaluation. Residents assist in the gross autopsy and participate with the ACVP resident on duty in the sectioning of fixed gross specimen for histologic evaluations when the opportunity arises. In addition, Dr. Kent does gross and histological evaluation of specimens provided by outside colleagues as well as for several UGA treated animals. These material provide instructional opportunities.

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 neurology service at UGA performs the majority of the neurosurgical procedures. The resident will perform neurosurgical procedures as part of the daily function of the clinical service under the guidance of mentors (DACVIM neurologists). The neurology service performs a variety of spinal procedures (hemi- and dorsal laminectomies, ventral slot procedures, spinal stabilization-fracture/luxations, A-A instability/subluxations. Craniectomies are also preformed by the neurology service. Lastly nerve and muscle biopsies are done by the neurology service). The resident will be a direct participant in all these procedures. The neurology service currently performs 3-4 neurosurgical procedures a week. Residents will perform the listed procedures as either as the primary surgeon or as the assistant depending on their level of experience and competence. All surgeries will be performed under the guidance of the neurologists. The level of supervision is commensurate with the level of the resident (1st year residents begin in an observational role; as time and competency progresses in their first year they begin with approaches (mainly for thoracolumbar vertebral column) followed by performing hemilaminectomy on the thoracolumbar vert. col. Likewise, they gain experience through observation and then with experience soft tissue approach for V-slot. Other procedures such as nerve/muscle biopsy they are guided through (cases permitting). Similarly, in the 2nd year, based on competency, [for thoracolumbar disc disease] they function more as the primary surgeon with the supervising neurologist scrubbed in, then later, the neurologist observes not scrubbed in, finally, (typically toward the midpoint of 2nd year) they are allowed to do surgery unassisted with the neurologist in the building for a final verbal approval of the procedure. For all other procedures, the neurologist is typically scrubbed in; and depending on the procedure (every thing but v-slots) and the competency of the resident, the neurologist is the primary surgeon. 3rd year residents do hemilaminectomies and v-slots with the neurologist not scrubbed in. All other procedures the neurologist is scrubbed in. The only procedure that residents perform without direct supervision is hemilaminectomies (typically the "unsupervised ones occur after hours); otherwise, the supervising neurologist is either scrubbed into surgery or not scrubbed in but observing the case.

The neurologists instructing the residents in neurosurgical procedures have all completed ACVIM approved training programs during which performing surgery (as the primary surgeon) was part of their training. The neurologists received their instruction from both ACVIM diplomats as well as ACVS diplomats.

14. The neurology specialty requires that the resident be able to perform and interpret current electrodiagnostic procedures. Briefly state how the concepts of electrodiagnostics (including EEG) and their clinical application will be taught to residents during the training program. Specifically state whether or not the resident will have hands-on electrodiagnostics experience:

The neurology residents perform and interpret a wide range of electrodiagnostic procedures under the guidance of a board certified neurologist. The neurology service at UGA has the capability of performing EMG, nerve stimulations studies, F and H waves, SSEPs, cord dorsum potentials, sensory nerve studies, BAER, and EEG studies. Residents also have the ability to observe ERG testing performed by board certified ophthalmologists. These procedures are performed on clinically affected patients as part of routine diagnostic workups. During and after completion of the electrophysiologic testing, the resident and supervising neurologist on clinical duty engage in a discussion of the findings and clinical implications of test results.

As part of a monthly topic rounds presentation, residents are assigned topics to review concepts and “how to” perform and present in a 1 hour didactic lecture to faculty and other neurology house officers. Topics include electrophysiologic testing (EMG, nerve conduction, F wave, SSEP, CD, ERG, and EEG)

Over the course of their 3 year residency, at least one 3 hour "web lab" occurs; residents are able to perform a variety of evoked potentials in normal dogs (the dogs are typically part of an endoscopy CE course or other CE course involving live dogs at UGA) The EDx testing is performed under the guidance of the supervising neurologists.

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 twice weekly resident directed learning activity. For 2 of the four weeks of a month, residents have journal review which last 1 hour. At these journal clubs, there are discussions and reviews of the veterinary literature and when applicable the human literature as it pertains to medical and surgical neurology. The resident is expected to present at these journal reviews. Journal club is designed not only to remain current in regards to the literature but also to teach how to critically review journal articles. Articles are chosen not only for their content but also for their methodology and statistical analysis of data. Residents are expected to provide a written summary of their review of the materials.

As part and parcel of these rounds, joint rounds are performed with the ACVS residents in which topics specifically focus on neurosurgery and biomechanics involved in fixation procedures. At these rounds, 2 articles are chosen that focus on a specific area of neurosurgery. During the 1-2 hour discussion, neurology residents present and review an article pertinent to the topic and an ACVS resident presents a second. These rounds are attended by ACVS diplomates to provide a broader perspective.

Over the course of a year, we will have didactic and wetlabs devoted to specific topics in neurosurgery. An hour discussion precedes the wetlab. Topics range from basic tissue handling, sterility, equipment, implants to common procedures (laminectomy, ventral slots) to more advanced topics stabilization techniques, craniectomies etc.

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 neurology faculty meet with the residents every 6 months and review their progress in the program. A verbal critique is given. A written summary is also provided following the discussion. Plans are made/reviewed for the next 6 months. In cases where a resident is perceived as being behind, reviews are provided on a more frequent basis.

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.

During the 6 months reviews, we discuss residency investigations. Additionally, each resident discusses completion of their project(s) with their primary advisor. Residents are told that failure to complete the project will result in an unsatisfactory performance of their residency duties and will not be given a certificate of completion.

Year 1: Within the first year, the resident project is identified and planned. If funding is needed for project, the advising faculty and resident write funding proposal. Additionally, the project timeline for completion is mapped out. If possible, the project is started.

Year 2: The majority of the work is performed to complete the project

Year 3: The manuscript is written and submitted for publication

This guideline is a loose timeline that varies depending on the residents project and the amount of work that goes into completion of the project.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite/online
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite -
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite - online
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite – Natus VikingQuest
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite – Natus VikingQuest
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite – Nicolet (Bravo)
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:*

N/A

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:

Each conference is typically an hour long.

1. Bi-monthly neurology journal club focusing on articles published in the veterinary literature relating to neurology in companion animals with occasional relevant articles from the human literature. The resident is expected present monthly at journal club. **Residents choose recently published articles. 1-2. We will occasionally review multiple articles (up to 5) as a brief review (reviewing highlights only). We do not keep a list of what articles have been presented.**

2. Monthly to every other month-- Neuropathology review. 1-2 hour long session devoted to clinical pathologic and histopathologic evaluation of the nervous system. In addition, the resident will attend a didactic teaching session (4-6 hour session) that is provided to the pathology residents. In this session, a systematic approach to nervous system pathology is taught. Discussion focuses on both normal microscopic evaluation as well as pathology. **Veterinary neuropathology (ed. Summers, de Lahunta, Cummings) serves as the template for topics. We have gone chapter by chapter and picked out common disease processes, pulled slides from our archives, and reviewed them**

3. **We have the residents present "topic" rounds. They present a 1 hour discussion / powerpoint presentation. Topics are essentially a chapter review of de Lahunta's Clinical Neurology and Neuroanatomy, Veterinary Neuropath etc. The topics are recycled on a 2-3 year basis, so that every resident in the program is exposed to all the topics. *** denotes ones that have been presented in the 1-1/2 years.**

Discipline Specific Topic

Electrophysiology

*****EEG montages – how to use**

*****EEG - artifacts**

*****EEG – normal rhythm and sleep**

*****EEG and seizures**

Magnetic evoked potentials

*****BAER montages – how to use**

Normal & abnormal spontaneous potentials and needle EMG

Sensory nerve conduction

Cranial reflexes

*****Motor nerve conduction**

F& H waves

*****Repetitive stimulation and single fiber**

Neuroanatomy

******Cranial nerve emergence based on MR/CT***

Olfaction

Brachial plexus

Thalamus

Limbic system

******Ventricular system & Meninges***

******Blood supply to cord & brain***

Proprioception pathways

******Motor pathways***

Neuropathology

******CSF cell and protein analysis***

FCE

Cerebellar malformations

******Energy deprivation to brain (hypoxia/ischemia/hypoglycemia etc)***

******Nerve sheath tumors***

FIP and Distemper

******Myopathies***

******Inflammatory nerve diseases***

******Ventricular tumors***

Leukoencephalopathies of dogs

******Prion diseases of ruminants***

Parasitic disease of ruminants

Neurophysiology

Spinal reflexes and muscle spindles

Autonomic nervous system

******Urinary bladder and urination***

Pain perception

Neuromuscular junction

Nerve conduction

Neuropharmacology – BBB and drug penetration

4. Month to every other month- Neuroradiology rounds. In-depth review of neuroradiological procedures. Discussion is focused on MRI and CT interpretations. Attention is paid to proper terminology with regards to descriptions of pathology. Sessions will also detail gross anatomic aspects of the nervous system. Sessions will also include discussion of the physics and image acquisition with MRI and CT. Other areas of discussion will include myelography and CT/ myelography. Specific topics are not presented so a more detailed description of the “topics” is difficult to detail here. The images used for these rounds are from other institutions PACS and from colleagues who provide us with materials. Therefore, we are solely dependent on the cases that are imaged elsewhere. We use images from other institutions so that our residents will not have had the opportunity to review them prior to our rounds

5. Grand rounds are presented weekly by house officers from all disciplines. The resident will be expected to attend these rounds and to present a neurology topic once to two times each year of residency. I do not have a schedule of the topics. Topic range from large animal oriented, to small animal and exotic species. Medical and surgical topics are discussed. Presentation vary from case reports that interns present to studies that resident do as part of their residency requirements.

6. “ACVIM rounds”- a weekly seminar presentation that focuses on topics involving all areas of medicine as well as statistical review. Residents of all disciplines present topics that comprise areas of study necessary for successful completion of the ACVIM qualifier examination. At UGA, the ACVIM program directors for the various subspecialties under ACVIM develop a list of topics that are felt necessary for successful completion of the qualifier test as well as creating a well rounded ACVIM diplomat. Topic are presented by faculty as well as residents. Faculty are in attendance of rounds to help facilitate discussion.

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.

1. Residents interact with fourth year veterinary students on a daily basis. As such, they play a critical role in the fourth year veterinary curriculum providing students with in-depth, often times one-on-one instruction as well as discussion specific topics..

2. Residents are required to give a formal grand rounds presentation. The presentation is 50 minutes long. It is attended by faculty, house officers, and students at UGA.

3. Residents may present a 15 min abstract at an annual regional veterinary conference. SEVeN conference (for the description visit: <http://www.seveneuro.com/>)

4. A joint CE conference between Auburn and UGA has been created. Residents will present research abstracts as well as case presentations of interesting/intensively evaluated cases.
5. Resident are encouraged to present an abstract or poster session at ACVIM forum

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:

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

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

Comments:

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

N/A

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.

