



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="(608) 265-3112"/>
E-mail:	<input type="text" value="WThomas@utk.edu"/>
Mailing Address:	<input type="text" value="2407 River Drive"/>
	<input type="text" value="C247-VTH"/>
	<input type="text" value="Knoxville, TN 37996-4544"/>

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.

William Thomas Kimberly Anderson Aude Castel
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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.

[William Thomas - Neurology](#)
[Kimberly Anderson - Neurology](#)
[Aude Castel - Neurology](#)

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

[Dianne Mawby - SAIM](#)
[Jennifer Stokes - SAIM](#)
[Jacqueline Whitemore - SAIM](#)
[Amy Holdford - SAIM](#)
[Elizabeth Lennon - SAIM](#)
[Katie Tolbert - SAIM](#)
[Shelly Olin - SAIM](#)
[Olya Smrkovski - Oncology](#)
[Jeanne Larson - Oncology](#)

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)

Courtney Sampson 7.1.15 - 6.30.18 (William Thomas) Dottie Williams 7.1.16 - 6.30.18 (William Thomas)

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: March 1, 2018

Program Director Name: William Thomas DACVIM-N

(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): University of Tennessee

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.

NA

2. Length of Training Program:

2 years Yes []
3 years [X]
Other -provide details []

3. Advanced Degree:

Table with 3 columns: Yes, No, Optional. Rows: Masters, PhD. Masters: Yes [], No [], Optional [X]. PhD: Yes [], No [], Optional [X].

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

Optional for resident

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
	All on site

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
Michael Fry Bente Flatland Bob Donnell Mike McEntee Shelley Newman David Rotstein	Clinical Clinical Gross Gross Gross Gros	All on site

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 Diplomat(e)s	Comments
Silke Hecht Federica Morandi Marie DeSwarte Connie Fazio Adrien Hespel	All on site

7. Please list all **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, behavior, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomat(e)s	Specialty	Comments
Linda Frank Elizabeth May Daryl Millis Joe Weigel Kyle Snowden Karen Tobias Cassie Lux Ralph Harvey Christine Egger Reza Seddighi Thomas Martin-Jimenez	Derm Derm Orthopedic Surgery Orthopedic surgery Orthopedic surgery Soft tissue surgery Soft Tissue surgery Anesthesiology Anesthesiology Anesthesiology ClinPharmacolog	

Diane Hendrix Dan Ward Thomas Chen Adesola Odenayo Julie Schildt Angela Witzel	Ophthalmology Ophthalmology Ophthalmology Emergency/Crit Care Emergency/Crit Care Nutrition	
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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)
Curtis Probst	2012	yes
Amy Hodshon	2013	yes
Lindsay William	2014	yes
Jennifer Michaels	2016	yes

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)
Courtney Sampson	3	07.15./2015	6/30/2018	William Thomas
Dottie Williams	3	07/15/2016	6/30/2019	William Thomas

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.

NA

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 *	0	0	0
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	30	32	22
Neurology/Neurosurgery - Indirect Supervision	0	0	10
Internal Medicine	6	0	0
Clinical Pathology	2	0	0
Radiology	0	2	0

Neuropathology	0	0	0
Other Rotation (please list the name of each rotation):	0	0	0
Other:			
Other:			
Research	10	10	8
Independent Study	2	6	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:

9:00 am: Resident and supervising diplomate meet to discuss patients and daily plan

4:00 pm or later: Resident, supervising diplomate meet along with students and technician to discuss patients and plan for the next day

13. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Radiology, Clinical Pathology, Neuropathology and Neurosurgery. A Training Agreement Form must be completed and signed by the Diplomate supervising the required training, regardless of whether the training occurs on site or off-site. **Please use the standardized “Training Agreement Form” found on the ACVIM website (www.ACVIM.org) to document proof of supervision for all required contact hours (clinical pathology, radiology, neuropathology surgery, etc.) in rotations other than neurology.** 1 Training Agreement form is required per rotation per resident at the beginning of the residency. Forms do not need to be resubmitted each year as long as a valid Training Agreement Form is on file.

In addition, please provide a brief description of how each phase of this required training is accomplished.

Radiology: 50 hours with a Board-certified radiologist interpreting radiographs, attending seminars and participating in and evaluating the results of special radiographic procedures.

Resident spends 2 weeks on the radiology service
Resident meets for 1 hour a week with radiology service to read neurologic imaging

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

Resident spends 2 weeks on the radiology service
Resident meets for 1 hour a week with radiology service to read neurologic imaging
Resident attends weekly MRI seminar series(1 hr, fall and spring semester) organized by one of our radiologists, Silke Hect, with an interest in neuro-MRI. This includes MRI physics, artifacts and clinical cases

Neuropathology: 50 hours devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program recognized and approved by the college.

Resident attends monthly neuropathology rounds organized by one of our pathologists interested in neuropathology. The pathology residents and neurologists also attend. This entails clinical cases, including in-house and send-in cases. The residents review slides before rounds and then during rounds the pathologist leads the discussion.

Resident also attends a week-long graduate neuropathology course at Michigan State College of Veterinary Medicine

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.

Our neurology/neurosurgery service does all the neurosurgery for the hospital.

This is approximately 250 cases per year.

The resident scrubs in on almost of the surgeries. They start by assisting, then progressively move to performing the approach and closure, and eventually most or all of the surgery.

We also have cadaver labs twice a year for the resident to learn anatomy and practice approaches, drilling and placing implants.

Neurosurgery training is supervised by William Thomas DACVIM(Neurology), Aude Castel DACVIM (Neurology), and Kim Anderson DACVIM(Neurology)

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 resident participates on electrodiagnostic testing performed on clinical patients, with supervision by William Thomas (DACVIM-N), Aude Castel (DACVIM-N) and Kim Anderson (DACVIM-N) This includes BAER on clinical patients and puppy screening, nerve conduction studies and EMG and EEG on clinical patients. We also review principles during journal club

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 journal club every week (Tuesday). On the first and third week of the month, this is a videoconference with the neurologists at Missouri, Virginia Tech, and Mississippi State. On the fourth week of the month we have an in-house journal club.

We also regularly review pertinent articles regarding patients we are managing in the hospital.

We also have a statistics seminar (see #10)

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:

We meet with each resident every 6 months to review performance and schedule. The resident also receives a

written evaluation at this time

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 first year of the program, the resident chooses a research project. We help the resident put together a research committee and submit grant proposals and IACAUC requests, as needed. The department has in-house funds available to fund resident projects. The resident has dedicated time each year to complete the research and write a paper. The department requires the resident submit a publication

18. Please indicate the availability of the following facilities or equipment. Indicate if these are available at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section. Please also provide the manufacturer and model of the unit for electrodiagnostic and imaging equipment.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
a) Standard radiological equipment	X	<input type="checkbox"/>	On site
b) Ultrasonographic equipment	X	<input type="checkbox"/>	On site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	X	<input type="checkbox"/>	On site
d) Electrocardiography	X	<input type="checkbox"/>	On site
e) Blood Pressure Measurement	X	<input type="checkbox"/>	On site
f) Radiation Therapy Facility	X	<input type="checkbox"/>	On site
g) Veterinary Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	On site
h) Computerized Medical Records w/Searching Capabilities	X	<input type="checkbox"/>	On site
i) Medical Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	On site
j) Electromyography and nerve conduction velocity testing	X	<input type="checkbox"/>	On site
k) Evoked Response Equipment	X	<input type="checkbox"/>	On site
l) Electroencephalography	X	<input type="checkbox"/>	On site
m) Computed Tomography	X	<input type="checkbox"/>	On site
n) Magnetic Resonance Imaging (include field strength)	X	<input type="checkbox"/>	1.5T On site

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*:

All on site

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:

Monday 7:00 am MRI rounds except summer months

Monday 8:00 am Resident seminars. This is a organ-based lecture series with each section consisting of 10-12 weekly 1 hour lectures. Sections include neurology/neurosurgery, endocrinology, orthopedics, immunology, oncology, etc. The entire series rotates on a 3-year basis so the resident is exposed to all sections. Lectures are by faculty, outside speakers and residents and are designed at the level of residents and interns.

Tuesday 8:00 am, Medicine journal club and surgery journal club. Resident attends one or the other depending on the topic.

Tuesday 9:00 am: Neurology journal club. The first and 3rd Tuesday of the month is a video-conference with the neurology groups at Missouri, Virginia Tech, and Mississippi State and discuss two current journal articles. The 2nd Tuesday is neuroanatomy rounds. We meet with the pathology group and discuss neuropath cases, both gross and microscopic. The coordinator puts out the slides of 4-6 cases several weeks in advance for the residents to study on their own. The 2nd and 4th Tuesday is in-house journal club, where we usually review several older articles on a particular topic.

Thursday 8:00 am: 1 hour seminar series including emergency-critical care, EKG rounds, Morbidity and mortality rounds, Statistics, and Radiology, on a rotating basis

Friday 8:00 am: Faculty rounds, two 30-minute presentations by faculty, residents and interns in Small Animal, Large Animal, and Exotics. This is usually a case presentation with literature review although it is sometimes a research presentation. The residents present 2 sessions 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.

- The resident helps teach students and interns in the hospital. As the resident gains experience, they will lead the daily case rounds and topic rounds with the students.
- Residents present at least 1 continuing education presentation at the college's annual CE conference for veterinarians.
- Residents present a total of 6 presentations during Friday Faculty Rounds and 1-2 presentations during the neurology section of the Monday Resident Rounds (see #10).
- Residents are encouraged to present their research at a meeting, such as ACVIM Forum.
- Third year residents have the option of a lecture or lab session for the neurology course for the second year students.

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: ACVIM in 2nd year and 3rd year,
"Brain camp" once during program
SEVEN, regional veterinary neurology meeting once a year, but we don't go every year,
depending on location

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

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

Comments: [The department requires resident to submit at least one publication](#)

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

[NA](#)

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

[X](#) I verify that the above information is an accurate reflection of this Residency Training Program.

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.

[X](#) Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in the Residency Training Program.