



RESIDENCY TRAINING PROGRAM REGISTRATION  
2018-2019  
SMALL ANIMAL INTERNAL MEDICINE

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 Small Animal Internal Medicine (SAIM) Residency Training Programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at [www.ACIVM.org](http://www.ACIVM.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 SAIM 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 any advisors, transferring from one program to another, alterations in program duration, 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 which 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 Small Animal Internal Medicine)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(519) 835-2188"/>
E-mail:	<input type="text" value="adefarge@uoguelph.ca"/>
Mailing Address:	<input type="text" value="Clinical Studies&lt;br/&gt;University of Guelph&lt;br/&gt;Guelph ON N1G 2W1&lt;br/&gt;Canada"/>

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

Primary Site:

Multi-site programs, if any, are listed in Part Two.

2. Resident Advisor(s): (Must be Diplomate(s) in SAIM. Each Resident Advisor must be familiar with current Residency Training Program requirements as outlined in the CM and **each Resident Advisor may supervise no more than 3 residents at a time.**)

<a href="#">Anthony Abrams-Ogg</a> <a href="#">Shauna Blois</a> <a href="#">Alice Defarges</a>
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3. Supervising Diplomates on-site: (Two on-site Diplomates in SAIM are required - **2 ACVIM, or 1 ACVIM & 1 ECVIM.**)

<a href="#">Anthony Abrams-Ogg - SAIM</a> <a href="#">J. Paul Woods - Oncology, SAIM</a> <a href="#">Maureen Barry - SAIM</a> <a href="#">Alice Defarges - SAIM</a> <a href="#">Shauna Blois - SAIM</a> <a href="#">Danielle Richardson - SAIM</a>
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4. Please list all **Diplomates** of ACVIM responsible for supervision of clinical training who are specialists in areas other than SAIM. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty	Comments
<a href="#">Anthony Mutsaers - Oncology</a> <a href="#">Lynne O'Sullivan - Cardiology</a> <a href="#">Fiona James - Neurology</a> <a href="#">Luis Gaitero - Neurology</a>	

5. 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	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
<a href="#">Kim Hooi 8.3.15 - 8.31.18 (Alice Defarges)</a> <a href="#">Christopher Greenwood 8.3.2016 - 8.31.2019 (Shauna Blois)</a> <a href="#">Melanie Dickinson 8.4.17 - 8.31.2020 (Anthony Abrams-Ogg)</a> <a href="#">Jenny Stiller 8.4.17 - 8.31.2020 (Alice Defarges)</a>			

\* **Each Resident Advisor may supervise no more than 3 residents at a time.**

Please note, any 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 Small Animal Internal Medicine Residency Training 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.**

The SAIM Residency Training Committee may require supporting evidence for any statements made below. Per the Certification Manual (CM) section 9.C.2, at the time of annual program renewal, Program Directors may be asked to verify resident activities, including satisfactory clinical training, interaction with consultants, documentation of training in radiology and clinical pathology, documentation of off-site training, and documentation of study and education participation.

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in the Specialty of Small Animal Internal Medicine)

Name of Sponsoring Institution (Residency Training Program):

1. 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). All requirements for both direct and indirect supervision must be met, as well as requirements for rounds and conferences. Refer to Section 9.C.1.e of the CM for definitions of secondary site and off-site experiences.

**a) Secondary Site for multi-site program (if applicable):**

(Please attach specific information regarding the number of weeks scheduled at each site and which rotation requirements shall be met at each site).

**b) Outside Rotations/Other Sites for specialty training (if applicable):**

All rotations performed at a location other than that of the resident's program must be documented with a signed Letter of Support from the specialist providing the outside rotation. The RTC recommends that each program have standard/default sites for out rotations identified. **Letters of Support from the specialist(s) must be included with the program renewal form.** Once a resident begins their training program, they can opt to use standard/default site or another off-site location/specialist as long as their Program Director and the RTC approve of their choice and a new Letter of Support is provided by the off-site location.

**(Please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form.)** Each Letter of Support should contain specific information regarding a) the percentage of time scheduled at each site, b) which rotation requirement(s) shall be met at each site, and c) indicate that the resident(s) at the site will be directly supervised by the individual(s) signing the letter. **Letters of Support must be submitted annually WITH program renewal forms and WITH each new program request. This program application is not complete without Letters of Support for outside rotations.** Letters that do not contain all of this information will be returned for revision. **If off-site rotations are added after**

**program renewal, please submit necessary letters of support a minimum of 30 days before the resident departs for that off-site training.**

Outside rotations are not routine, but occasionally a SAIM resident may arrange an external elective at another university or private referral practice if the scheduling accomodates. Validity of the request is to be verified with ACVIM before the elective occurs. A letter of support from the off-site supervising Diplomate will be sent to the ACVIM in advance of the resident's out-rotation.

2. Length of Training Program/Advanced degree:

**Option 1: 3 Year Program:**

3 years

Advanced Degree:

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

If advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

The resident is required to enter the Doctor of Veterinary Science program. The DVSc is a clinical doctorate and is designed to meet all requirements of the SAIM residency as defined in the GIG as well as establishing a foundation in clinical research. The resident has a graduate advisor (who is also the resident advisor), advisory committee, and a formal funded clinical research project. The research project is structured so that the resident meets ACVIM publication requirements. Research funding is usually obtained through the OVC Pet Trust program (<https://www.ovc.uoguelph.ca/pettrust>). Course work is required, including courses in pathophysiology, diagnostics and therapeutics. Seminar and other classroom work takes approximately 1-2 hours daily. Academic credit may be given for some clinical duty. All courses are clinically-oriented and designed to prepare the resident for board examinations. Courses are structured, with formative and summative assessments. The time allocation is presented below. Core courses include:

POPM\*6230 Applied Clinical Research F [0.50] REQUIRED This course is designed to help clinical researchers design, fund, and analyze their clinical research. Emphasis is placed upon planning a well-designed clinical trial and writing a well-organized grant proposal.

CLIN\*6010, 6030, 6031 Clinical Medicine F, W, S [0.50] REQUIRED These are in-service clinical training courses based on case material presented to the student in the Health Sciences Centre (veterinary teaching hospital). Under supervision, the student is expected to take primary responsibility for case management including decisions related to diagnosis, therapy and client/referring veterinarian communications. If the courses are taken for credit, there is a requirement to prepare a case report or present a continuing education review of a specific clinical topic.

CLIN\*6550, 6560, 6661, 6550 Small Animal Internal Medicine I and II, Respiratory physiology, Renal physiology [0.50] REQUIRED This is a graduate course designed for DVSc students/residents pursuing further study in the area. The basis of the course is the acquisition and application of knowledge of the pathophysiologic mechanisms of disease. The course is structured by organ systems, and take 6 semesters to complete (academic credit is given for 2 semesters). Written examinations are given at the end of each semester. The courses are designed to prepare the resident for ACVIM board examinations.

Residents may select up to two other graduate courses for credit designed to support their specific research project (e.g. clinical pathology courses [hematology, cytology, biochemistry], immunology, microbiology) or clinical training (e.g. advanced courses in nephrology/urology, respirology, neurology), depending on when the courses are offered. They may also audit additional courses beyond those needed for credit for the DVSc degree.

**Option 2: Exceeds 3 Years:**

# of Years:

Advanced Degree:

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

If advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

3. Please list all of the Diplomates of Veterinary Pathology in the areas of clinical pathology or gross/histopathology approved by the American Board of Veterinary Specialties or European Board of Veterinary Specialties associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident **(please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form)**.

Name of Diplomate(s)	Clinical or Gross	Board Certification (e.g. ACVP, ECVCP)	Comments
Robert Jacobs	Clinical	ACVP	Faculty (Department of Pathobiology)
Dorothee Bienzle	Clinical	ACVP	Faculty (Department of Pathobiology)
Darren Wood	Clinical	ACVP	Faculty (Department of Pathobiology)
Kristiina Ruotsalo	Clinical	ACVP	Animal Health Laboratory, U of Guelph
Brandon Lillie	Gross/histo	ACVP	Faculty (Department of Pathobiology)
Robert Foster	Gross/histo	ACVP	Faculty (Department of Pathobiology)
Geoffrey Wood	Gross/histo	ACVP PhD	Faculty (Department of Pathobiology)
Jeff Caswell	Gross/histo	ACVP	Faculty (Department of Pathobiology)
Brandon Plattner	Gross/histo	ACVP	Faculty (Department of Pathobiology)
Stefan Keller	Gross/histo	ECVP	Faculty (Department of Pathobiology)
Josepha DeLay	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Margaret Stalker	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Maria Spinato	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Murray Hazlett	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Beverly McEwen	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Grant Maxie	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph
Brent Hoff	Gross/histo	dipl Tox	Animal Health Laboratory, U of Guelph
Andrew Vince	Gross/histo	ACVP	Animal Health Laboratory, U of Guelph

		Faculty	Guelph
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4. Please list all of the Diplomates of Radiology approved by the American Board of Veterinary Specialties or European Board of Veterinary Specialties associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident (**please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form**).

Name of Diplomate(s)	Include Board certification (e.g. ACVR, ECVDI)	Comments
Stephanie Nykamp Alex Zur Linden	Radiology, ACVR Radiology, ACVR	Faculty (Dept of Clinical Studies) Faculty (Dept of Clinical Studies)

5. Please list the Diplomates available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident (**please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form**).

Name of Diplomate(s)	Specialty	Board Certification	Comments
Brigitte Brisson	Surgery	ACVS	Faculty (Dept of Clinical Studies)
Tom Gibson	Surgery	ACVS	Faculty (Dept of Clinical Studies)
Noel Moens	Surgery	ACVS	Faculty (Dept of Clinical Studies)
Ameet Singh	Surgery	ACVS	Faculty (Dept of Clinical Studies)
Michelle Oblak	Surgery	ACVS	Faculty (Dept of Clinical Studies)
Chantale Pinard	Ophthalmology	ACVO	Faculty (Dept of Clinical Studies)
Alex Valverde	Anesthesiology	ACVA	Faculty (Dept of Clinical Studies)
Carolyn Kerr	Anesthesiology	ACVA	Faculty (Dept of Clinical Studies)
Melissa Sinclair	Anesthesiology	ACVA	Faculty (Dept of Clinical Studies)
Alexa Bersenas	Emerg/Critical Care,	ACVECC	Faculty (Dept of Clinical Studies)
Shane Bateman	Emerg/Critical Care	ACVECC	Faculty (Dept of Clinical Studies)
Adronie Verbrughe	Nutrition	ECVN	Faculty (Dept of Clinical Studies)
Ron Johnson	Clinical Pharmacol	ACVCP	Faculty (Dept of Biomedical Sciences)
Cathy Gartley	Theriogenology	Dipl AC	Faculty (Dept of Population Medicine)

6. 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. If at all possible, please indicate whether the individual has completed the board certification process.

Name(s)	Program End Date (mm/dd/yyyy)	Diplomate (Yes or No)
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Benoit Cuq	August/04/2017	No
Catherine Vachon	August/05/2016	Yes
Shannon Westgarth	August/06/2015	Yes
Kimberly Ho	August/01/2014	Yes
Allison Cobrin	August/01/2013	Yes
Katharine Woods	August/01/2013	Yes

7. 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. Each Resident Advisor may supervise no more than 3 residents at a time.

Resident Name (first/last)	Length of Program (in years)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name (first/last)
Melanie Dickinson	3 years	08/04/2017	08/31/2020	Anthony Abrams-Ogg
Jenny Stiller	3 years	08/04/2017	08/31/2020	Alice Defarges
Christopher Greenwood	3 years	08/03/2016	08/31/2019	Shauna Blois
Kim Hooi	3 years	08/03/2015	08/31/2018	Alice Defarges

8. Does your training program consist of a minimum of **36 months**?

Yes      No

    

Comments:

**NOTE:** Direct supervision is required during clinical training. Direct supervision in SAIM 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 in the same facility (on site). 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.

9. Does each resident in your program spend a minimum of 68 weeks on clinical rotations under the direct supervision of at least 2 ACVIM SAIM Diplomates (or at least 1 ACVIM SAIM Diplomate and at least 1 ECVIM Companion Animal Diplomate)? *Two Boarded Diplomates (as above) are required at the same site for training to fulfill the 68 weeks. For programs with more than two Supervising Diplomates, please list the diplomates responsible for the majority of directly supervised SAIM training here (item 9), and list other SAIM diplomates in item 10. If the resident will utilize any directly supervised SAIM time to fulfill the CM requirement in item 10 (an additional 16 weeks under direct supervision of one or more supervising Diplomates, not listed in this item (item 9)), then at least one SAIM diplomate must be listed in item 10.*

Yes      No

    

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Anthony Abrams-Ogg	SAIM	ACVIM	The exact scheduling of rotations varies from year to year but the program always meets, and usually exceeds, the minimum of GIG requirements.
Maureen Barry	SAIM	ACVIM	
Shauna Blois	SAIM	ACVIM	
Alice Defarges	SAIM	ACVIM	
Roman Husnik	SAIM	ACVIM	



			Residents are directly supervised by all SAIM diplomates. The amount each resident spends under the direct supervision of each Diplomate depends upon supervising Diplomate schedules (teaching, administrative duties, sabbaticals) and resident schedules.
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10. Does each resident in your program spend an additional 16 weeks on clinical rotation under the **direct supervision** of one or more supervising Diplomate(s) in the Specialty of Small Animal Internal Medicine (other than the Diplomates providing supervision of the 68 weeks listed above), Neurology, Oncology, or Cardiology? These Diplomates can be ACVIM, ECVIM or have been granted associate status by the ACVIM.

Yes      No  
   

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Lynne O'Sullivan Sonja Fonfara Luis Gaitero Fiona James Paul Woods	Cardiology Cardiology Neurology Neurology Oncology	ACVIM (Cardiology) ECVIM (Cardiology) ECVIM (Neurology) ACVIM (Neurology) ACVIM (SAIM, Oncology)	This requirement is met through a combination of formal rotations in these specialties and direct consultation with the specialists while managing cases presenting to the Small Animal Internal Medicine service. There are also formal ECG (once a week) and echocardiography (once a month) interpretation seminar/rounds. Our residents tend to spend rotations equally distributed in cardiology, neurology, and oncology, and none in large animal internal medicine. Schedules vary from year to year; however, minimum requirements are always met.
Anthony Mutsaers Danielle Richardson Sam Hocker	Oncology SAIM Oncology	ACVIM (Oncology) ACVIM (SAIM) ACVIM (Oncology)	

11. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either internal medicine or related areas, or in writing, studying, teaching, or obtaining experience with a radiologist, clinical pathologist, or other specialist? (Note that vacation time and time to attend professional meetings is included in this period.)

Yes      No  
   

Comments:

The residents are given 6 weeks to study before the General Examination and 8 weeks to study before the Specialty Examination. Second and third year residents are expected to attend the ACVIM Forum where they write the examinations, present research abstracts, and attend the meeting. There are two weeks of holidays every year, and one week for professional meetings. The remaining time is spent in clinical research, culminating with a manuscript for submission to a journal approved by ACVIM (SAIM).

12. Does each resident in your training program spend a minimum of 8 hours per month in training with at least two other board-certified specialists (not ACVIM)? These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency/critical care, or clinical pharmacology. The training must be direct consultation, not telephone or E-mail consultation.

Yes      No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

The majority of this time is spent training with our criticalists on a case-by-case basis. Medicine residents also have at least one one-week elective in our ICU. A lesser amount of time is spent with an ophthalmologist on a case-by-case basis, and occasionally also in an elective rotation. The Health Sciences Centre and Department of Clinical Studies closed the dermatology service as of 01/01/2014. Electives in dermatology can be arranged through nearby dermatologists in private referral practice, but none have yet elected to do so. Our residents tend not to rotate through theriogenology, surgery, or anesthesiology, but may elect to do so. There is occasional consultation with a clinical pharmacologist, and the potential for an elective rotation.

13. Does each resident in your training program have a minimum of **80 hours** of direct contact with a board certified veterinary radiologist? Are **40 hours** comprised of interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds or conferences? Are an additional minimum of **40 hours** spent training in ultrasonography under the supervision of a Board-certified radiologist?

This training should emphasize abdominal ultrasonography and must include hands-on performance of abdominal ultrasonography, observation of ultrasound procedures on the resident's own patients, and theoretical training in the principals and application of ultrasonography.

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

Comments:

Residents observe all ultrasound examinations of their patients and review all radiographs and other imaging studies of their patients with a radiologist. Whenever possible the residents also take the opportunity to perform abdominal ultrasound examinations on their patients. The radiologists are on the clinic floor and residents have direct access to them during the day. In addition the radiologists provide a formal course in ultrasound (Advanced Radiology I CLIN\*6350) for the SAIM residents to ensure that they are meeting the hands-on training requirements. In this course the residents are also required to write up the imaging results for the medical record and are given a formal written assignment. The program does not have separate imaging rounds for ACVIM residents, primarily because radiologists are training their own residents.

14. Does each resident in your training program attend weekly conferences?

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

Comments:

1) Mondays - Medical Physiology reading club. 2) Tuesdays, once a week, ECG rounds with a board-certified cardiologist; once a month, echocardiography rounds with a board-certified cardiologist. 3) Wednesdays – Grand Rounds are held weekly September through April. These are attended by faculty members of the Department of Clinical Studies and Pathobiology, staff veterinarians of the Health Sciences Centre, residents, interns and undergraduate students. Every resident is required to present one 30 minute Grand Rounds presentations yearly. The first two presentations are of clinical cases, which are expected to be evidence-based, with a critical review of the literature and if possible retrospective review of OVC cases. The third presentation is focused on the resident's research project. 4) Thursdays - graduate internal medicine class (CLIN\*6550/6560/) as described in Option 1 above. 5) Fridays - journal club (JVIM, JAVMA, JAAHA, Compendium, VCNA, and others).

15. Does each resident have **40 hours** of review sessions per year?

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

Comments:

CLIN\*6550, 6560, 6661, 6550 (Respectively: Small Animal Internal Medicine I and II, Respiratory physiology, Renal physiology) [0.50] REQUIRED This is a graduate course designed for DVSc students/residents pursuing further study in the area. The basis of the course is the acquisition and application of knowledge of the pathophysiologic mechanisms of disease. The course is structured by organ systems, and take 6 semesters to complete (academic credit is given for 2 semesters). Written examinations are given at the end of each semester. The courses are designed to prepare the resident for ACVIM board examinations. The residents are expected to present one lecture at least once per year.

Grand Rounds are held weekly September through April. These are attended by faculty members of the Department of Clinical Studies and Pathobiology, staff veterinarians of the Health Sciences Centre, residents, interns and undergraduate students. Every resident is required to present one 30 minute Grand Rounds presentations yearly. The first two presentations are of clinical cases, which are expected to be evidence-based, with a critical review of the literature and if possible retrospective review of OVC cases. The third presentation is focused on the resident's research project

16. Does each resident in your training program have a minimum of **40 hours** direct contact with a board certified veterinary clinical or anatomic pathologist evaluating clinical pathologic findings, reviewing cytologies and biopsies, and attending clinical pathologic conferences or seminars?

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

Comments:

The residents are required to spend at least one formal rotation with the clinical pathology service. This time is spent at the microscope reviewing cytology and hematology specimens with a board-certified clinical pathologist and the clinical pathology residents. Residents are encouraged to review cytology and histology samples of biopsies of their cases with clinical pathologists and histopathologists, respectively, especially for interesting or exceptional cases. Similarly, residents are encouraged to observe post-mortem examinations of their cases and review histopathology. Cytopathology, histopathology and oncopathology rounds are available for attendance once a week.

17.. a) Does each resident in your program participate in patient management, including patient receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referral veterinarians?

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

Comments:

Yes to all of the above – these requirements are the essence of the residency.

b) Is case management directly supervised and reviewed by a Diplomate of the ACVIM?

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

Comments:

The supervising Diplomates are on the clinical floor supervising the service residents and interns, and formal rounds occur twice a day as discussed in 17 below. All patient discharge summaries are read and signed off by the supervising Diplomates, and case logs are maintained to ensure follow-up on pending test results and communications.

18.. Is a complete medical record using the problem oriented veterinary medical record system maintained for each individual patient? (Medical records must be retrievable.)

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

Comments:

The electronic medical record system is StringSoft (introduced in 2011), and records may be retrieved by patient name, owner name and case number, and searched by free text and SNOVET codes for diagnoses. The previous medical record system was hard copy and electronic (VMIMS) and may still be retrieved by patient name, owner name and case number, and searched for diagnoses using SNOVET codes. All hard copy medical records are archived back to 1985.

17.

19. . a) Does the resident participate in clinical rounds on a daily basis while on clinical rotations?

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

Comments:

Formal morning service rounds are held Monday – Friday. They are 1 - 1.5 hours long, beginning at 9:30. These are sit-down around the table teaching rounds where cases are discussed in depth. Resident, intern, and supervising Diplomate attendance is required. During the academic year (September-April), 4th year students initially present the cases; from May through August residents and interns present the cases. Formal afternoon rounds are held Monday - Friday beginning at 4:30 to 5:30 PM, and typically lasting for approximately 30 minutes. These are walk-through ward rounds where patients are observed/examined, new data and images reviewed, and plans discussed. Cases are presented by the resident, intern or 4th year student. Morning walk-through ward rounds or telephone rounds are held on weekends and holidays; cases are presented by the resident or intern. These rounds are typically less structured than during the week, and the supervising Diplomate may round individually with the residents and interns. One supervising Diplomate is responsible for back-up on-call for emergency accessions on week nights, week-ends, and holidays; this Diplomate is the one responsible for morning week-end/holiday walk through/telephone rounds, and is also on-call for discussion/assistance for these cases for the remainder of the day and night. Supervising Diplomates are always in attendance at all rounds during the week, and are in attendance or communicating by telephone on week-ends.

b) Is a supervising Diplomate available for the majority of the daily rounds reported in question 17?

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

Comments:

Please see 19(a).

c) If a supervising Diplomate is not available for the majority of rounds, describe how rounds are attended and supervised.

Comments:

N/A

20.. Please indicate the availability of the following facilities or equipment to be used in resident training. 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, availability, and how the facilities or equipment are used for resident training in the space at the end of this section.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Color flow/Doppler equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Cardiac catheterization capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Endoscopy equipment			
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site

Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Rhinology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Thoracoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Serum osmolality measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Colloid oncotic pressure measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Nuclear Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site/Off-site-see note below
Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Urethral pressure profile & cystometrography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hemodialysis capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Total parenteral nutrition capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

Library - The University of Guelph library has electronic access to all mainstream and many other medical journals. If not available on-line, interlibrary loan services are rapid and complete. In the unlikely event that a resident needs to browse library shelves for hard-copy human medical texts and journals not available through the veterinary library, large collections are available at McMaster University (30 minutes travel) and University of Toronto (1 hour travel). In addition to the Clinical Pathology capabilities above, point-of-care evaluation of hemostasis is available including Actalyske and PT/PTT in the Intensive Care Unit; and thromboelastography and Platelet Function Analyzer - 200, Multiplate and Plateletworks platelet function testing through the Comparative Hemostasis Laboratory.

21.. Are formal conferences, such as clinicopathologic conferences, journal clubs, or seminars held on a weekly basis?

Yes      No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: Please see 22 below. All conferences/rounds are 1 hour.

22. Please provide a description of the conferences, etc., that are provided and the typical schedule. **NOTE:** Per Section D.2.d.1 of the CM, a minimum of 80 hours over three years in journal club is required for each resident.

1) Mondays - Medical Physiology reading club. 2) Tuesdays, once a week, ECG rounds with a board-certified cardiologist; once a month, echocardiography rounds with a board-certified cardiologist. 3) Wednesdays - Grand Rounds are held weekly September through April. These are attended by faculty members of the Department of Clinical Studies and Pathobiology, staff veterinarians of the Health Sciences Centre, residents, interns and undergraduate students. Every resident is required to present one 30 minute Grand Rounds presentations yearly. The first two presentations are of clinical cases, which are expected to be evidence-based, with a critical review of the literature and if possible retrospective review of OVC cases. The third presentation is focused on the resident's research project. 4) Thursdays - graduate internal medicine class (CLIN\*6550/6560/6661/6550) as described in Option 1 above. 5) Fridays  
- journal club (JVIM, JAVMA, JAAHA, Compendium, VCNA, and others).

23. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis?

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

Comments: 1) Grand Rounds presentations as described in 22 above. 2) Research project proposals are presented by 1st year residents in a Department of Clinical Studies seminar in the first. 3) An OVC graduate student research symposium is held every November in conjunction with the Schofield Memorial Lecture. 3rd year, and often 2nd year, residents present research posters. 4) Most 3rd year residents, and some 2nd year residents, present an abstract (oral or poster) at the ACVIM Forum.

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

Program length	None	One	Two	> Two
Option 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: 2nd and 3rd year residents are expected to attend the ACVIM Forum. If hospital scheduling allows, the 1st year resident may be able to attend as well. Some first year residents have a poster or oral presentation to present. Most residents attend at least one other major conference.

25. Does the training program require a research project? Please indicate the number of research projects required.

Program length	Yes	No	Optional	Number
Option 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: The research question is identified within the first 2 months of the residency. An Advisory Committee is then assembled and a grant proposal written and submitted (usually to the OVC Pet Trust research fund (<https://ovc.uoguelph.ca/pettrust/>)). Data collection occurs over the next 18-24 months, and a DVSc thesis is written. The thesis must be defended to a defense committee which includes an external examiner with a known expertise in the field (usually a SAIM Diplomate). The thesis includes a literature review and one or more chapters which are written in journal manuscript format to facilitate subsequent submission and publication.

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

Program length	Yes	No	Number
Option 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Please see 25 above. One is required (the clinical research manuscript, usually Chapter 2 of the thesis), however, multiple papers may be generated from the research project. SAIM residents are also encouraged to submit case-reports to various journals, including JVIM.

27. Does each resident in your program meet at least twice yearly with their Resident Advisor to evaluate the resident's performance, review their progress in the program, and assess whether or not their training program is proceeding as described in this document?

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

Comments: As the ACVIM SAIM residency clinical training program is embedded in a graduate program (DVSc), University of Guelph regulations require two annual (semesterly) meetings and reviews from the Advisory Committee. In addition, the entire Small Animal Internal Medicine service faculty and staff veterinarians meet to construct a structured written review of clinical performance on a semesterly basis.

Is a dated written summary of this evaluation recorded?

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

Comments:

It is a University of Guelph requirement that the Advisory Committee semesterly Progress Reports are kept on record; the clinical performance assessments are kept with these reports.

28. Is this training program part of a combined program designed to provide training in Small Animal Internal Medicine as well as in another ACVIM Specialty or non-ACVIM specialty college?

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

If yes, please list the second specialty and describe in detail how the requirements of the Small Animal Internal Medicine Specialty are met separately from those of the second specialty. This should include a breakdown (by week) of training time to be counted toward each specialty.

Second specialty:  
Description

N/A
N/A

29. Please provide the structure of the training program to include (but not limited to): the length and number of clinical rotations per year; distribution of time allocated for research, writing, exam preparation, other scholarly activity, and vacation; and distribution of time allocated to out-rotations if this is a multi-site program.

Please refer to the CM (Section 9.F) for specific details. The following table is provided as an example. NOTE: a detailed description defining the individual time requirements would be acceptable in addition to the table.

Example:

	<i>Year 1</i> <i># Weeks</i>	<i>Year 2</i> <i># Weeks</i>	<i>Year 3</i> <i># Weeks</i>	<i>Total #</i> <i>Weeks</i>	<i>Training On</i> <i>Site or Off</i> <i>Site</i>
<b>Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks</b>					
Directly Supervised	23	23	23	69	On site
<b>Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks</b>					
Internal Medicine	3	4	1	8	On site
Cardiology	2		2	4	On site
Neurology	2	2		4	On site
Oncology	2		2	4	On site
<b>Additional Direct or Indirectly Supervised Rotations</b>					
Internal Medicine, Indirectly Supervised	8	8	8	24	On site
Additional Clinical Rotations: Please specify in comment section	2	2	2	6	On site
Electives*	1	1	1	3	Off site
<b>Diagnostic Imaging</b>					
Radiology		1		1	On site
Ultrasound	1			1	On site
<b>Pathology</b>					

Clinical Pathology		1		1	Off site
Anatomical Pathology					
<b>Additional Rotations</b>					
Project/Studying/Writing	5	7	10	22	On site
Meeting	1	1	1	3	On/Off site
Vacation	2	2	2	6	Off site
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>156</b>	
* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine					

Please note that this table is for recording the number of weeks and/or hours that the resident will spend on the rotations/services for each year that will satisfy the CM requirements. The number for each year should add up to 52 weeks. It is understood that each resident's program will differ with regard to which year a given rotation is completed; the table should summarize the rotations in which residents in your program will participate. The CM specifies that the program outlined in this program renewal form becomes the requirements that a resident must fulfill to complete the training program. Please see CM section 4.F.2 "Once a program has been approved, even if its requirements exceed the minimum requirements as published in the CM, the requirements specified in the program description have become the official requirements for completion of the residency. Neither a candidate nor a Program Director may retroactively petition for successful completion of a residency that has met the minimum requirements of the CM if they have left the program but have not completed all requirements of the previously approved program."

#### PLEASE CHECK YOUR MATH

	<i>Year 1</i> # Weeks	<i>Year 2</i> # Weeks	<i>Year 3</i> # Weeks	<i>Total #</i> <i>Weeks</i>	<i>Training On</i> <i>Site or Off</i> <i>Site</i>
<b>Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks</b>					
Directly Supervised	26	25	20	71	On site
<b>Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks</b>					
Internal Medicine	7	3	7	17	On site
Cardiology	1	2	1	4	On site
Neurology	2	1	1	4	On site
Oncology	1	1	2	4	On site
<b>Additional Direct or Indirectly Supervised Rotations</b>					
Internal Medicine, Indirectly Supervised			1	1	On site
Additional Clinical Rotations: Please specify in comment section**	2	1	2	5	On site
Electives*					
<b>Diagnostic Imaging</b>					
Radiology	1	1	0	2	On site
Ultrasound		1	1	2	On/Off site
<b>Pathology</b>					
Clinical Pathology	1	1	1	3	On site
Anatomical Pathology	0	0	0	0	On site
<b>Additional Rotations</b>					
Project/Studying/Writing	8	13	13	34	On site/Off site
Meeting	1	1	1	3	Off site
Vacation	2	2	2	6	Off site
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>156</b>	



\* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine  
\*\* Emergency and critical care on-site

NOTE: a detailed description defining the individual time requirements would be acceptable here in addition to the table:

Comments: **\*\* this time is directly supervised to complete the required weeks**

30. Is there any additional pertinent information that the Residency Training Committee should consider in its evaluation of this Training Program?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

In regards to the table in 29 above, the program is 37-38 months (160-164 weeks) in duration. Scheduling is done on an annual basis, so there is always some variability; however, GIG requirements are always followed. The above table in 29 is an approximation. A minimum of 68 weeks is spent on a SAIM service (two SAIM services run concurrently in the teaching hospital under the direct supervision of rotating SAIM Diplomates). The service see 100% referral cases. The majority of Year One is spent on this service. During this time the resident consults with specialists in Diagnostic Imaging, Emergency and Critical Care, Oncology, Cardiology, Neurology, Ophthalmology, Anesthesiology, Surgery, Theriogenology, Clinical Pathology and Histopathology. Consultation with Dermatology and Dentistry are available off site. Years Two and Three include more time for on-site elective rotations. The 3rd year resident may occasionally supervise a SAIM service. The 16 week requirement for supervision by ACVIM diplomates in Cardiology, Neurology, Oncology and Emergency critical care is met through a combination of formal rotations. Approximately 38 weeks consists of clinical electives, attending the ACVIM Forum, and holidays. Approximately 34 weeks is dedicated to research-related work.  
**Please**

**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

**As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.**

Per the Certification Manual, each year, the Program Director 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 Residency Training Program.**