



**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.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 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:

E-mail:

Mailing Address:

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.**)

John Hart
 Steve Hill
 Julie Fischer
 Jennifer DeBerry

3. Supervising Diplomates on-site: (Two on-site Diplomates in SAIM are required - **2 ACVIM, or 1 ACVIM & 1 ECVIM.**)

John Hart - SAIM
 Steve Hill - SAIM
 Julie Fischer - SAIM
 Sheri Ross - SAIM
 Jennifer DeBerry - SAIM
 Kevin Mallery - SAIM
 Katharine Arnell - SAIM

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
David Lipsitz - Neurology Brenda Phillips - Oncology Robin Levitski - Neurology Tammy Stevenson - Neurology Andrea Flory - Oncology Joao Orvalho - Cardiology Timothy Hodge - Cardiology Joy Delamaide Gasper - Neurology	

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*
Betty Chow Natasha Loy Son Kathryn Robb Molly Wingerd	7.1.15 7.1.16 7.1.17 7.1.17	7.1.18 7.1.19 7.1.2020 7.1.2020	(Steve Hill) (Jennifer DeBerry) (Julie Fischer) (Jennifer DeBerry)

*** 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**



**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019**

SMALL ANIMAL INTERNAL MEDICINE

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).

Residents complete ~20% of directly-supervised internal medicine weeks at the NC location, and ~80% of directly supervised internal medicine weeks at the SV location. It is possible that electives in medical oncology, dermatology, surgery, cardiology, or neurology could be partially or fully completed at the NC location, but they are usually completed at SV.

2. University of California Veterinary Medical Center-San Diego (UCVMC-SD)
10435 Sorrento Valley Rd
San Diego, CA 92121

Residents complete their cardiology weeks, as well as any elected nephrology/urology weeks in UCVMC-SD's facility. UCVMC-SD's campus is located within the Sorrento Valley hospital, and thus is part of the same physical premises.

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.**

Previously we have sent residents out for clinical pathology training, but we now have specialists in-house in all disciplines required for program completion. If for some unexpected reason a core rotation will need to be completed at an outside institution, the program will notify ACVIM and provide a support letter. At this time, we do not foresee the need for this.

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

NA

Option 2: Exceeds 3 Years:

of Years:

NA

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:

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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
Carolyn Grimes	Clinical	ACVP	Dr. Grimes is full-time and in-house

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
Sarena Sunico (SV) Georgette Shields (SV) Ann Bettencourt (NC) Blaise Burke (SV)	ACVR ACVR ACVR ACVR	Weekly scheduled radiology rounds; daily clinical contact; scheduled week of ultrasound training - on-site Radiation oncology - on-site

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
Laura Stokking	Dermatology	ACVD	Sorrento Valley
Nicole Boynosky	Dermatology	ACVD	Both sites
Josh Jackson	Surgery	ACVS	Sorrento Valley
Fred Pike	Surgery	ACVS	Sorrento Valley
Sean Aiken	Surgery	ACVS	Sorrento Valley
Seth Ganz	Surgery	ACVS	North County
Katy Fryer	Surgery	ACVS	Both sites
Saya Press	Emerg./Critical Care	ACVECC	Sorrento Valley
Stephanie Istvan	Emerg./Clinical Care	ACVECC	Sorrento Valley
Brook Niemiec	Dentistry	AVDC	Sorrento Valley – part time
Margo Karriker	Clinical Pharmacology	ACVCP	Sorrento Valley

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)

Marie Chartier	8/1/2013	Yes
Alexandra Hamilton	7/31/2015	Yes
Lauren Cochran	7/15/2016	No (lacks only publication acceptance)
Sarah Cocker	7/15/2016	No (lacks only publication acceptance)
Stephanie Dong	7/15/2017	No (lacks only publication acceptance)

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)
Betty Chow	3 years	July 2015	July 2018	Steve Hill
Natasha Loy Son	3 years	July 2016	July 2019	Jennifer DeBerry
Kathryn Robb	3 years	July 2017	July 2020	Julie Fischer
Molly Wingerd	3 years	July 2017	July 2020	Jennifer DeBerry

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

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

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

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Kate Arnell	SAIM	ACVIM	Sorrento Valley
Jennifer DeBerry	SAIM	ACVIM	Sorrento Valley
John Hart	SAIM	ACVIM	Sorrento Valley
Steve Hill	SAIM	ACVIM	Sorrento Valley
Sheri Ross	SAIM	ACVIM	UCVMC-San Diego (SV)

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

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Kevin Mallery	SAIM	ACVIM	North County
Julie Fischer	SAIM	ACVIM	North County
Brenda Phillips	Oncology	ACVIM	Sorrento Valley
Andi Flory	Oncology	ACVIM	Both sites
David Lipsitz	Neurology	ACVIM	Sorrento Valley
Robin Levitski-Osgood	Neurology	ACVIM	Sorrento Valley
Tammy Stevenson	Neurology	ACVIM	Both sites
Joy Delamaide	Neurology	ACVIM	Both sites
Joao Orvalho	Cardiology	ACVIM	UCVMC-San Diego (SV)
Tim Hodge	Cardiology	ACVIM	UCVMC-San Diego (both sites)

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

Comments:

Time for writing, study, meetings, electives, and vacation is allocated as follows: 8 weeks in year one, 14 weeks in year two, and 18 weeks in year 3. A minimum of 2 weeks will be spent under direct supervision of a radiologist and 1 week with a clinical pathologist for a total of at least 43 weeks in these training categories.

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"/>

Comments:

Residents interface directly with surgeons, dermatologists, the dentist, and criticalists as needed on a daily basis, and well in excess of 8 hours per month. We anticipate that easily 8 hours per month will be spent in direct consultation with our criticalists alone, since they are present in the intensive care unit six days per week and are integrally involved in the care of any patient hospitalized in ICU. Additionally, Dr. Margo Karriker, a PharmD who is also board-certified in veterinary clinical pharmacology, divides her time between VSH and UCVMC-SD. She is available full-time for consultation with the residents on pharmacologic as well as parenteral nutrition issues. Dr. Karriker attends morning internal medicine case rounds on a near-daily basis, and her input on the pharmacologic aspects of case management is invaluable.

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:

Every 1-2 weeks, hour-long, on-site radiology rounds are conducted with house officers by a boarded radiologist, which will provide a minimum of 50 direct contact hours if the resident only attends when on in-house medicine rotations (the resident will be expected to attend radiology rounds while on other services, whenever possible). These rounds cover imaging studies performed on hospital patients, as well as specific teaching studies provided by the radiologist.

The resident will interface directly with the radiologist on other specific cases on a routine or emergent basis as needed. We would anticipate at minimum of 2-3 hours/week spent in direct clinical consultation with the radiologist regarding interpretation of routine radiographs, CT scans, and special studies. The resident will additionally spend 1 full week with the radiologist learning basic ultrasound theory and techniques, and an additional full week devoted to the general duties of the diagnostic imaging service (radiography, ultrasound, CT, MRI), for a total of at least 130 direct contact hours.

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

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

Comments:

See answer to Q 21. While on internal medicine rotations, the residents are expected to attend all scheduled weekly conferences, and whenever possible when on other rotations. Attendance at a given conference is very occasionally precluded by heavy emergency receiving caseload (possibly once every couple of months).

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

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

Comments:

To comply with the guidelines in the Certification Manual, we have redesigned our boards review lectures to extend through the year and total at least 40 hours. It is expected that each resident will annually acquire a minimum of 10 hours additionally through ACVIM Forum attendance and other approved CE. They will be required to document these hours.

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:

We have an in-house, full-time clinical pathologist (Caroline Grimes, as listed above) with whom residents are scheduled for a week-long rotation. In addition, she routinely directly consults with specialists and residents on active clinical cases.

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:

When on internal medicine rotations, the resident will be responsible for extensive primary receiving, performing and interpreting clinical diagnostics, patient management and follow-up, and client and RDVM communications, but will be closely supervised on a daily basis by ACVIM Diplomate(s), both in formal morning case rounds and also informally as needed

through the day and after hours. Degree of autonomy and supervision will vary as appropriate with skill and experience of each individual on an ongoing basis, as well as among supervising Diplomates, but residents will be deeply involved in all phases of patient and client care.

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

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

Comments: All internal medicine cases managed by the resident are directly examined, overseen, reviewed, and co-signed by a supervising Diplomat.

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: Yes, and the hospital information systems at both sites are fully electronic.

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: At SV, formal seated case rounds involving all house officers on the medicine service, and often veterinary students and the clinical pharmacologist, are held 6 mornings/week. At NC, morning case rounds are less formal and usually occur cage-side. Residents are encouraged to take a didactic role in rounds with the other house officers and students.

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

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

Comments: Uncommonly, a resident will lead rounds in the absence of a Diplomat, and cases will be reviewed between resident and Diplomat later in the morning.

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

Comments: NA – A supervising Diplomat is available for the vast majority of rounds.

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	X	<input type="checkbox"/>	On-site
Cystoscopy	X	<input type="checkbox"/>	On-site
Rhinology	X	<input type="checkbox"/>	On-site
Laparoscopy	X	<input type="checkbox"/>	On-site
Thoracoscopy	X	<input type="checkbox"/>	On-site
Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	X	<input type="checkbox"/>	On-site Some endocrinology is performed on-site (e.g., T4, free T4, cortisol, others); some endocrinology and other specialized tests (e.g., PTH, adrenal panel, fungal ID/sensitivities) are sent out.
Serum osmolality measurement	X	<input type="checkbox"/>	On-site
Colloid oncotic pressure measurement	<input type="checkbox"/>	X	
Electrocardiography	X	<input type="checkbox"/>	On-site
Blood Pressure Measurement	X	<input type="checkbox"/>	On-site
Electromyography	X	<input type="checkbox"/>	On-site
Nuclear Medicine	X	<input type="checkbox"/>	On-site
Computed Tomography	X	<input type="checkbox"/>	On-site
Magnetic Resonance Imaging	X	<input type="checkbox"/>	On-site
Radiation Therapy Facility	X	<input type="checkbox"/>	On-site
Computerized Medical Records w/Searching Capabilities	X	<input type="checkbox"/>	On-site
Veterinary Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	On-site. The residents can apply for adjunct professorship at Western University, since we serve as clinical preceptors for their 4 th year students, and then can access the electronic database to support literature searches. Support letter attached.
Medical Library w/Literature Searching Capabilities	X	<input type="checkbox"/>	Off site. The University of California San Diego's medical school is close by and accessible if needed.
Intensive Care Facility – 24 hours	X	<input type="checkbox"/>	On-site
Urethral pressure profile & cystometry	X	<input type="checkbox"/>	On-site – see below
Hemodialysis capability	X	<input type="checkbox"/>	On-site – see below
Total parenteral nutrition capability	X	<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.

UPP, cystometry, hemodialysis, plasma exchange, apheresis, and hemoperfusion are available through the UCVMC-San Diego, which is co-located at the Sorrento Valley hospital.

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

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

Comments: IM journal club is held once weekly; weekly ECC physiology rounds are open to IM residents; grand rounds are held once monthly; house-officer lectures are held twice weekly; residents have organized 2-3x/week boards-study rounds in the morning; and a series of boards-review lectures will be provided by the specialists of all departments annually (see Q. 15).

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.

Wednesday of the month, with participation of all departments. Mortality and morbidity rounds are occasionally substituted. The resident will present cases at grand rounds on a rotating basis with other house officers.

Internal medicine-specific journal club is held weekly, with VSH internists, ECC specialists and residents, clinical pharmacologist and resident, and occasionally other other specialists. The medicine residents are expected to attend when present in the building, unless on an elective rotation that precludes it, which means that at least 100 hours of journal club will be attended during the program.

ECC-specific journal club/physiology lectures are each held once weekly with the criticalist and ECC residents; internal medicine resident participation is encouraged but not required.

Residents frequently will organize collective, self-guided text-review sessions, held before the clinical day begins.

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
X	<input type="checkbox"/>

Comments:

A weekly house-officer lecture is provided by one of the hospital Diplomates (all specialties). The resident will be expected to provide at least one lecture annually.

A formal technician lecture series is provided by the hospital. The resident will present at least one lecture annually in this series.

The hospital provides a quarterly, well-attended CE program for local practitioners, and the resident may present lectures at these programs.

It's expected that the resident will present an abstract based on clinical research at the ACVIM Forum (or comparable meeting, e.g., GutSki/Sea) in year two or three of the program. The hospital holds a large CE Symposium for local veterinarians annually. Residents will be expected to present an abstract of clinical research or project at the Symposium.

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"/>	X
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The resident is expected to attend one local or distant meeting the first year, other than the ACVIM Forum. The resident will attend the ACVIM Forum in the second and third years, with options in the second and third years to attend additional local or distant meetings during allocated CE time (up to 2 weeks).

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:	X	<input type="checkbox"/>	<input type="checkbox"/>	1
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Ideally, a prospective clinical study that will provide data to satisfy the publication requirement will be performed, though other options are acceptable. The resident may complete more than one project if desired, and will be supported in those efforts.

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

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

Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments: It is assumed that the resident will complete a manuscript to achieve board certification, and ideally this will be completed prior to the residency end date. Evidence of manuscript writing and submission is required, however formal acceptance for publication is not a requirement for successful completion of the clinical program. The program does, however, target, support, and strongly encourage manuscript publication prior to the program's end.

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: The Resident Advisors are available for informal meetings with the residents at any point that either of them deems it needed.

Formal evaluations of the resident will be performed two to three times in the first year, and will include input from all internal medicine Diplomates (including the Resident Advisor), and ideally from relevant technical staff as well. Thereafter, evaluations will be performed twice yearly or additionally as needed/requested by the resident, Resident Advisor, or any Supervising Diplomate. All resident evaluations will include discussion of the resident's thoughts about the program to that point, and candid input to the Supervising Diplomates on the resident's experience is welcomed and encouraged. An exit interview will be conducted at the conclusion of the third year.

Is a dated written summary of this evaluation recorded?

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

Comments: The review comments and categorical assessment summaries are provided to the resident and are kept on file.

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:	<input type="text" value="NA"/>
Description	<input type="text"/>

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 # Weeks</i>	<i>Year 2 # Weeks</i>	<i>Year 3 # Weeks</i>	<i>Total # Weeks</i>	<i>Training On Site or Off Site</i>
Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks					
Directly Supervised	23	23	23	69	On site
Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks					
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
Additional Direct or Indirectly Supervised Rotations					
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
Diagnostic Imaging					
Radiology		1		1	On site
Ultrasound	1			1	On site
Pathology					
Clinical Pathology		1		1	Off site
Anatomical Pathology					
Additional Rotations					
Project/Studying/Writing	5	7	10	22	On site
Meeting	1	1	1	3	On/Off site
Vacation	2	2	2	6	Off site
Total	52	52	52	156	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

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 # Weeks</i>	<i>Year 2 # Weeks</i>	<i>Year 3 # Weeks</i>	<i>Total # Weeks</i>	<i>Training On Site or Off Site</i>
Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks					
Directly Supervised	28	28	26	82	on
Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks					
Internal Medicine	6	6	6	18	on
Cardiology	2	0	0	2	on

Neurology	2	0	0	2	on
Oncology	2	2	0	4	on
Additional Direct or Indirectly Supervised Rotations					
Internal Medicine, Indirectly Supervised	0	0	0	0	either
Additional Clinical Rotations: Please specify in comment section	0	0	0	0	either
Electives*	3	3	3	9	either
Emergency/Critical Care/ICU	1	1	0	2	on
Diagnostic Imaging					
Radiology	1	0	0	1	on
Ultrasound	1	0	0	1	on
Pathology					
Clinical Pathology	1	0	0	1	off
Anatomical Pathology	0	0	0		off
Additional Rotations					
Project/Studying/Writing	2	8	13	23	on
Meeting	1	2	2	5	off
Vacation	2	2	2	6	off
Total	52	52	52	156	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

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

Comments:

Note on electives: The residents may select Diplomate-supervised clinical areas to complete their 3 annual weeks of elective time. The most common electives chosen are nephrology/urology, ophthalmology, dermatology, ECC/ICU, and radiation oncology. If a resident does not designate an acceptable elective for a scheduled elective week, that week will revert to Internal Medicine, Directly Supervised, and the resident will be assigned to either the Sorrento Valley or North County internal medicine service.

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"/>

Comments:

This residency is designed primarily for immersive and intensive clinical training in internal medicine in a private practice setting with a guiding philosophy of educational excellence and development of teaching skills, and with the advantage of colocation with the UCVMC-San Diego. This program's intent is to exploit the opportunities available in a busy, exceptionally equipped, medically progressive, two-site private practice, while also providing enhanced didactic content and selected university partnering opportunities.

Though this residency emphasizes clinical medicine, the resident is expected to develop and hone teaching skills by acting as a mentor to hospital interns, as well as by delivering formal lectures to interns, to local practitioners, and to hospital and community practice technicians. We strive to keep science and literature as the foundation of the training process, with formal lectures and internal medicine journal club, and by requiring a (ideally prospective and clinical) project for satisfactory program completion. The resident is also expected to develop the skills to analyze and professionally convey the results of a clinical project at a national (ACVIM Forum or equivalent caliber) venue. Support and mentorship for both the project and the required publication may be provided by Diplomates from either or both institutions (VSH and UCVMC-SD).

We strive to combine rigorous, case-based clinical training with a thorough didactic grounding, in an environment that balances ample support with encouragement of independent thought and exploration. We are committed to using the wide and unique array of resources available to us to produce exceptionally trained, well-rounded Diplomates who are equipped to enter and contribute either to a private or academic medical venue.

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 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.

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