



**RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
LARGE ANIMAL INTERNAL MEDICINE**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training and Credentials Committee (RTCC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Large Animal Internal Medicine (LAIM) Residency Training Programs in the ACVIM Certification Manual (CM). The current version of the CM is available on the ACVIM website at www.ACVIM.org.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and LAIM RTCC must be obtained. The Candidate and/or Program Director 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 the following: changes in Program Director or any advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: The data collected in this form is necessary both for the ACVIM to maintain its accreditation as a Registered Veterinary Specialty Organization and also is required for renewal of the residency training program. Some of the data collected is required of every specialty and some is specific to the specialty of Large Animal Internal Medicine.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, will be addressed by the Program Director in Part Two.

Program Director Name:
Must be an active LAIM Diplomate of ACVIM

Program Director's Contact Information:

Work Phone:	(919) 513-6720
Mobile Phone:	
E-mail:	sam_jones@ncsu.edu
Mailing Address:	Clinical Sciences, CVM 1060 William Moore Dr Raleigh, NC 27607

Select Practice Area: [Equine](#)

- LAIM Equine
- LAIM Food Animal
- LAIM Mixed

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

Primary Site Location:	Length of Training Program:
North Carolina State University	3 year

2. Resident Advisor(s): **Must be Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine**

Babetta Breuhaus

Samuel Jones
 Johanna Elfenbein
 Sarah Jacob

3. List all Supervising Diplomates on site: (Must be an active Diplomate(s) of ACVIM in the Specialty of Large Animal Internal Medicine or ACVIM Associate). **At least 2 ACVIM Diplomates are required, one of whom must be ACVIM LAIM.**

Samuel Jones - LAIM
 Babetta Breuhaus - LAIM
 Geof Smith - LAIM
 Derek Foster - LAIM
 Mary Sheats - LAIM
 Johanna Elfenbein - LAIM

4. Please list all ACVIM Diplomates onsite responsible for supervision of clinical training who are specialists in areas other than LAIM.

Name and Specialty	Comments
John Bonagura Teresa DeFrancesco - Cardiology Bruce Keene - Cardiology Sandy Tou - Cardiology Karen Munana - Neurology Natasha Olby - Neurology Christopher Mariani - Neurology Peter Early - Neurology Paul Hess - Oncology Tracy Gieger - Oncology Steven Suter - Oncology Joanne Intile - Oncology Michael Mastromauro - Oncology Ed Breitschwerdt - SAIM Jody Gookin - SAIM Bernie Hansen - SAIM Karyn Harrell - SAIM Eleanor Hawkins - SAIM Steven Marks - SAIM Shelly Vaden - SAIM Adam Birkenheuer - SAIM Katharine Lunn - SAIM Darcy, Adin - SAIM Karen Tefft - SAIM	

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*
Erin Eaton	7.15.17	7.15.20	(Johanna Elfenbein)



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Part Two

Part Two of the Large Animal Internal Medicine Residency Training process addresses general features that apply to all current residents. These questions will be used to provide the Residency Training and Credentials Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

This document outlines the content of each particular training program and is a template of the requirements that each resident will complete as part of the certification process. Any deviation from this registration is considered a change in the training program and requires written notification and approval by the LAIM Residency Training and Credentials Committee (RTCC) prior to those changes taking effect. Examples of changes to a program are listed at the end of this document. Of particular note, any outside rotations not listed on this program registration document must be preapproved by the RTCC in order to count towards the 104 weeks of clinical training. Outside rotations not being included in 104 weeks of required clinical training do not require RTCC approval.

Current Date:

Program Director Name:

(Must be an active Diplomate of ACVIM in the specialty of Large Animal Internal Medicine)

Name of Sponsoring Institution (Residency Training Program):

Species of the Program being registered:

- Equine
- Food Animal
- Mixed

Location of Secondary Site (if applicable):

A secondary training site is a satellite clinic or educational facility at a separate location that is directly associated with the primary hospital or sponsoring institution (SI), or an independent facility for which a current and continuous relationship exists with the Residency Training Program. Offsite training occurs at a facility that is independent from the SI. (CM 4.F.8)

Outside Rotations/Other Sites & Name of Supervising Diplomates (if applicable):

If adequate personnel or facilities are unavailable for all required resident training at the primary training site, the PD must make arrangements at secondary training sites to fulfill all requirements (e.g. must submit a Training Agreement Form). The LAIM RTCC must approve secondary training site experiences before residents participate in external rotations that contribute to the minimum training requirements of the program (e.g. in order to count towards the 104 weeks of clinical training. (CM 6.E.5) If the radiology or pathology requirements are being fulfilled at secondary training sites, a Training Agreement Form must be submitted.

Please complete the following table (provide case numbers from previous year or provide estimates if hard numbers are not available):

Primary site:	actual numbers	<input checked="" type="checkbox"/>	estimated numbers	<input type="checkbox"/>
Secondary site:	actual numbers	<input type="checkbox"/>	estimated numbers	<input type="checkbox"/>

Other site: actual numbers estimated numbers

	Total No. Annual Hospital Cases	Average No. Cases Presented to Hospital Daily	Average No. Outpatient Cases Treated Daily	Average No. Inpatients Treated Daily	Total No. Annual Ambulatory Visits	Average No. of Ambulatory Cases Per Visit
Equine	677	2.5	1.5	5	0	0
Equine (Secondary site)*						
Equine (Other site)*						
Food & Fiber						
Food & Fiber (Secondary site)*						
Food & Fiber (Other site)*						
Total	677	2.5	1.5	5	0	0

*For residency training programs in which training weeks occur at more than one site.

Describe:

The number of annual cases presented above is specific for equine medicine. Total equine caseload is 1779 cases per year, with 103 per year presented to equine emergency then transferred to equine medicine.

1. Length of Training Program (years):

3yrs

Describe:

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

3. If ACVIM Associate Members are involved in resident training, please list them here:

Note: An ACVIM Associate is a veterinarian certified as a specialist by non-ACVIM specialty organizations such as the European College of Equine Internal Medicine (ECEIM). ACVIM grants certain privileges to the ACVIM Associate. (CM 3.B)

Associate Members	Associate Member Specialty

4. Please list all Diplomates of the American College of Veterinary Pathology or European College of Veterinary Pathology in the areas of clinical pathology or gross/anatomic pathology associated with residency training. If *off-site*, please explain the situation, and the method/arrangements for providing direct contact with the resident, and provide the RTCC with a "Training Agreement Form" signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVP or ECVP.

Name of Diplomate(s)	Specialty Certifying Body	Clinical or Gross Anatomic	Comments
Dr. John Cullen	ACVP	Anatomic	
Dr. Keith Linder	ACVP	Anatomic	
Dr. Mac Law	ACVP	Anatomic	
Dr. Luke Borst	ACVP	Anatomic	
Dr. Heather Shive	ACVP	Anatomic	
Dr. Jennifer Luff	ACVP	Anatomic	

Dr. Debra Tokarz	ACVP	Anatomic	
Dr. Devorah Stowe	ACVP	Clinical	
Dr. Erika Gruber	ACVP	Clinical	
Dr. Jennifer Neel	ACVP	Clinical	

5. Please list all Diplomates of the American College of Veterinary Radiology or European College of Veterinary Diagnostic Imaging associated with residency training. If off-site or at a secondary site, please explain the situation, and the method/arrangements for providing direct contact with the resident, and provide the RTCC with a "Training Agreement Form" signed by individual(s) providing direct supervision. Please indicate certifying body in the table, i.e., ACVR or ECVDI.

Name of Diplomate(s)	Specialty Certifying Body	Comments
Dr. Ian Robertson	ACVR, ECVDI	
Dr. Gabriela Seiler	ACVR	
Dr. Eli Cohen	ACVR	
Dr. Erin Keenihan	ECVDI	
Dr. Nicholas Petrovitch	ACVR	
Dr. Nathan Nelson	ACVR	
Katelyn Cordle	ACVR	

6. Please list the Diplomates available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, sports medicine/rehabilitation and/or theriogenology that are certified by the American Board of Veterinary Specialties or the European Board of Veterinary Specialties. If off-site or at a secondary site, please explain the situation, and the method/arrangements for providing direct contact with the resident, and provide the RTCC with a "Training Agreement Form" signed by individual(s) providing direct supervision. Please indicate certifying body in the table.

Name of Diplomate(s)	Specialty Certifying Body	Comments
Dr. Thierry Olivry	ACVD	
Dr. Marcy Murphy	ACVD	
Dr. Petra Bizikova	ACVD, ECVD	
Dr. Lizette Hardie	ACVS	
Dr. Kyle Matthews	ACVS	
Dr. Duncan Lascelles	ACVS	
Dr. Simon Roe	ACVS	
Dr. Marine Traverson	ACVS	
Dr. Valery Scharf	ACVS	
Dr. W. Rich Redding	ACVS	
Dr. Lauren Schnabel	ACVS	
Dr. Anthony Blikslager	ACVS	
Dr. Timo Prange	ACVS	
Dr. Caitlyn O'Shea	ACVS	
Dr. Liara Gonzalez	ACVS	
Dr. Callie Fogle	ACVS	
Dr. Megan Burke	ACVS	
Dr. Michael Davidson	ACVO	
Dr. Brian Gilger	ACVO	
Dr. Freya Mowat	ACVO	
Dr. Hans Westermeyer	ACVO	
Dr. Kristen Messenger	ACVA, ACVCP	
Dr. Lysa Posner	ACVA	
Dr. Nigel Campbell	ACVA	
Dr. Kate Bailey	ACVA	
Dr. Mark Papich	ACVCP	

Dr. Theresa DeFrancesco	ACVIM, ACVECC	
Dr. Bernie Hansen	ACVECC	
Dr. Alesio Vigani	ACVECC	
Dr. Sarah Musulin	ACVECC	
Dr. Alex Lynch	ACVECC	
Dr. Sara Lyle	ACT	
Dr. Scott Bailey	ACT	
Dr. Korinn Saker	ACVN	
Dr. Sara Bennett	ACVB	
Dr. Margaret Gruen	ACVB	

The following questions will be used to provide the RTCC with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

7. Does your training program consist of a minimum of 104 weeks? If no, please describe. (CM 6.K)

Yes No

Describe:

8. Does your training program provide on-site residency training by at least two ACVIM Diplomates (one of whom must be a Diplomate in the Specialty of Large Animal Internal Medicine)? If no, please provide a detailed explanation of how a second Diplomate is involved in training.

Yes No

Describe:

9. Does each resident in your program spend a minimum of 52 weeks on clinical rotations under the direct supervision of at least one or more ACVIM LAIM Supervising Diplomates? (CM 6.K.1)

Yes No

Describe:

10. Does each resident in your program spend an additional 16 weeks on clinical rotation under the direct supervision of one or more Supervising ACVIM Diplomates (with 6 of those weeks being supervised by ACVIM Diplomate(s) other than those referred to above) or individuals with ACVIM Associate status, in the Specialty of LAIM, Small Animal Internal Medicine, Cardiology, Neurology or Oncology? (CM 6.K.2 - Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

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

Describe:

This requirement is generally satisfied on an individual case basis with consultation with and supervision from diplomates in small animal medicine (infectious diseases), cardiology, oncology, and neurology. Residents may also elect to participate in formal rotations in food animal medicine, small animal internal medicine, critical care, cardiology, neurology or oncology.

11. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either Large Animal Internal Medicine or related fields, or in writing, studying for examinations, attending scientific meetings, teaching, vacation, or obtaining experience with a radiologist, clinical pathologist, or other specialist? (Note that vacation time (no more than 2 weeks per year) can be counted toward these 36 weeks). (CM 6.K.3. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

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

Describe:

Resident present (to their resident advisor/committee) a plan for their professional development/research/study time and a summary of their accomplishments each year.

12. Does each resident in your training program receive training from at least two other Board-certified specialists (not ACVIM)? These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency medicine and critical care, clinical pharmacology, sports medicine/rehabilitation, or clinical nutrition. The training must be direct consultation, not telephone or e-mail consultation.

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

Describe:

13. Does each resident in your training program have a minimum of 80 hours of training in diagnostic imaging? A minimum of forty (40) hours must be in direct contact with a board-certified veterinary radiologist interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds and/or seminars. At least forty (40) more hours during the residency must be spent being directly trained in ultrasonographic imaging by either a radiologist or one or more LAIM diplomates with advanced skills in ultrasonography. (CM 6.K.3. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

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

Describe:

40 hours is a formal rotation in direct contact with a board certified radiologist. An additional 40 hours is on individual cases with a board certified radiologist and with diplomates with advanced ultrasonography skills.

14. Does each resident in your training program have a minimum of 40 hours of direct contact with a board-certified veterinary clinical pathologist or anatomic pathologist evaluating clinical pathologic findings, performing necropsy examinations, reviewing cytology preparations and biopsies, and attending clinical pathologic conferences and/or seminars? (CM 6.K.3. Specialists with whom the resident has trained must provide the Program Director and/or Resident Advisor documentation of this interaction).

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

Describe:

40 hours participating in a formal rotation with the clinical pathology service in direct contact with the senior clinical pathologist and 40 hours participating in a formal rotation with the anatomic pathology service in direct contact with the senior anatomic pathologist.

15. 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 referring veterinarians? (CM 6.I.1) Is case management supervised and reviewed by an ACVIM Diplomate or ACVIM Associate? (CM 6.G)

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

Describe:

Each case is managed by a resident with a senior clinician overseeing the case/communications/procedures.

16. 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"/>

Describe:

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

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

Is a supervising Diplomate available for the majority of rounds?

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

If no, please describe how rounds are attended and supervised. (CM 6.I.3. Teaching Rounds: Residents must attend and participate in clinical rounds on a daily basis during the clinical training period. The resident should lead rounds discussions an average of once weekly.)

Describe:

18. Please indicate the availability of the following facilities or equipment (CM 6.E.2). Indicate if these are available at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section.

	Available?		On Site?		Location of Off-Site Equipment
	Yes	No	Yes	No	
a) Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Color flow/Doppler equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Cardiac catheterization capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Endoscopy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- urinalysis, cytology, parasitology, microbiology, and endocrinology)
- g) Serum osmolality measurement
 - h) Colloid oncotic pressure measurement
 - i) Electrocardiography
 - j) Blood Pressure Measurement
 - k) Electroencephalography
 - l) Electromyography
 - m) Brainstem Auditory Evoked Response Equipment
 - n) Nuclear Medicine
 - o) Computed Tomography
 - p) Magnetic Resonance Imaging
 - q) Radiation Therapy Facility
 - r) Veterinary Library w/Literature Searching Capabilities
 - s) Computerized Medical Records w/Searching Capabilities
 - t) Medical Library w/Literature Searching Capabilities
 - u) Intensive Care Facility – 24 hours
 - v) Hemodialysis capability
 - w) Total parenteral nutrition capability

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

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.

We have a document sharing agreement with the libraries at Duke and UNC medical facilities that residents are able to access using online tools.

19 (a). Are formal conferences, such as clinicopathologic conferences, journal clubs, or seminars held on a weekly basis? (CM 6.E.3. Residents must attend formal conferences such as clinicopathologic conferences, journal clubs, or seminars in internal medicine and related disciplines weekly throughout the calendar year)

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

Describe:

19 (b). Please list how many hours per week and how many weeks per year for each journal review activity (for example, a program may offer a Journal Review in Food Animal one hour per week for 48 weeks per year and Equine one hour per week for 32 weeks per year). (CM 6.I.2. Journal Club: Routine and regular attendance and participation in a critical review of the literature, e.g. journal club; must attend 80 hours minimum during the residency training program)

Journal Review Activity	How Many Hours Per Week	How Many Weeks Per Year
Equine Board Preparation Journal Club	1	36
Food Animal Board Preparation Journal Club	1	20

20. Please provide a description of the conferences, etc., that are provided and the typical schedule. (As required by question 20(a) above)

The equine board preparation rounds/journal club consists of two sessions per month that are book chapter/topic review and 2 sessions per month that are reviews of current scientific literature related to the preceding book chapter/topic. The food animal

focus rounds/journal club is a weekly review of topics and papers related to food animal medicine. Our residents attend a weekly seminar series featuring presentations by other CVM house officers, and must make a presentation once a year. Once every 6 weeks, the residents, house officers and clinicians attend a large animal morbidity/mortality rounds session. Additional seminars are provided yearly, including 4 weeks of clinical pathology rounds and four weeks of foal rounds. These occur at the beginning of each semester.

Monday morning: Morbidity/mortality rounds (evry 6 weeks); Equine Board Preparation Rounds/Journal Club

Wednesday morning: Food Animal Board Preparation Rounds/Journal Club

Thursday morning: Hospital-wide house officer rounds/seminar

Wed afternoon: anatomic pathology rounds

21. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis? (CM 6.E.3)

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

Describe:

Residents are required to present a research project at least once during the CVM annual research forum as a poster or oral presentation and are expected to present a research project at least once at a national or international conference. Residents also generally present a clinical topic at the NC State CVM annual equine health symposium every year.

22. How many major veterinary medical or medical meetings is each resident able to or expected to attend during the residency training program? (CM 6.E.3). *The resident must attend at least one major veterinary medical or human medical meeting during the residency*

None	One	Two	> Two
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:

23. Are one or more publications required as part of the training program? (CM 6.I.7. *The resident must publish at least one first author scientific manuscript relevant to LAIM*)

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

Describe:

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

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

Describe:

At least one original research project is required for each resident. Within the first 2 months of the residency, the resident will schedule a meeting with the equine medicine faculty to discuss potential research opportunities. The resident will meet with prospective research mentors and provide a one-paragraph summary of the proposed research project to the clinical advisor for approval by mid-year of year 1 in the program. The resident is expected to have completed data collection by the end of the 2nd year of the program. Each resident is required to write a manuscript to be submitted to a peer reviewed scientific journal or present the results at an acceptable conference before completion of the residency training. The clinical advisor and committee will monitor progress at all stages.

25. Does each resident in your program receive regular institutional reviews of their progress and performance by the supervising Diplomate, hospital section, or other Departmental committee or advisory group? (Note: LAIM Candidates are required to receive a minimum of two (2) formal evaluations per year. These evaluations should provide the resident an unbiased comprehensive review of his/her progress as an ACVIM Candidate and include reasonable suggestions for improvement, if indicated. Evaluations should be presented in writing and discussed with each Candidate). (CM 6.M)

Yes	No	Frequency (i.e., quarterly, annually?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Written evaluation:

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

Shared with resident:

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

Describe:

A formal evaluation form is completed by the supervising diplomates and other hospital clinical personnel every 6 months. A summary of this evaluation is discussed with the resident during a committee meeting with recommendations for improvement/coaching in area of weakness.

26. Does each resident **complete at least 1 of the following** to complete requirements for research/scholarly activity? (CM 6.C.6 and 6.I.7)

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

Describe:

- A) Successful completion of at least 6 hours of seminars or classes recognized by the ACVIM and covering the following subjects: critical review of the veterinary medical/biomedical literature; grant writing; study design and participation in clinical trials (these seminars may be offered at the ACVIM Forum).
- B) Submission of a grant proposal.*
- C) Acceptance and presentation at a scientific meeting of an abstract (either oral or poster) of original work.
- D) Documented completion of a prospective research program pertinent to the candidate's specialty.*
- E) Completion of a retrospective research project pertinent to the candidate's specialty.*
- F) Completion of graduate work in biostatistics, research methods and/or research ethics.*

*Must be documented by a letter from the Resident Advisor

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

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

Describe:

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
- Outside or elective rotations not listed on this form

As Program Director, I verify that I have read the Certification Manual and that the above information is an accurate reflection of this Residency Training Program.