



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.ACIVM.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:

Mobile Phone:

E-mail:

Mailing Address:

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:

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

Eric Schroeder
Laura Dunbar

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.**

Catherine Kohn - LAIM
Jeffrey Lakritz - LAIM
D. Rings - LAIM
Ramiro Toribio - LAIM
Teresa Burns - LAIM
Eric Schroeder - LAIM
Laura Dunbar - 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
Karsten Schober - Cardiology	
Randolph Winter - Cardiology	
Jaylyn Rhinehart - Cardiology	
John Bonagura - Cardiology & SAIM	
Laurie Cook - Neurology	
Ronaldo da Costa - Neurology	
Sarah Moore - Neurology	
Emma Warry - Oncology	
Joelle Fenger - Oncology	
Stephen DiBartola - SAIM	
Susan Johnson - SAIM	
Catherine Langston - SAIM	
Julie Byron - SAIM	
Jessica Quimby - SAIM	
Valerie Parker - SAIM	
Adam Rudinsky - 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*
Jacob Swink	7.15.17	7.14.20	(Teresa Burns)
Kathryn Timko	7.16.18	7.9.21	(Laura Dunbar)



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LARGE ANIMAL INTERNAL MEDICINE

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 estimated numbers
 Secondary site: actual numbers estimated numbers
 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	1917	5	4	9	2205	2
Equine (Secondary site)*	823	2	3	2	700	2
Equine (Other site)*						
Food & Fiber	1759	4	5	7	380	2
Food & Fiber (Secondary site)*	799	2	3	3	1350	4
Food & Fiber (Other site)*						
Total	5298	13	15	21	4635	10

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

Describe:

The Equine Internal Medicine Residency Program is separate from the Food Animal Internal Medicine Residency Program; however, we share educational activities, seminars, courses, journal clubs, and morbidity and pathology rounds. We also have ACVS, ACVECC, and ABVP Residency Programs

1. Length of Training Program (years):

3 years

Describe:

We have a 3-year program that encompasses clinical activities, but also time off clinics for research activities and to study as part of the training but also to prepare for ACVIM examination.

2. Advanced Degree:

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

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

As part of their training program, residents are scheduled time off clinics over the 3-year program. However, they continue to cover their emergency duties. The off time is specific to carry out research projects, publications, and to study on different subjects. Research projects are based on hypothesis testing. We have a structured in-house curriculum for graduate studies. Classes are held Tuesdays-Thursdays 7-9 AM, occasionally on Mondays and Fridays, 7-9 AM. There are additional courses usually before 8 AM. There are mandatory graduate seminars on Tuesdays 4-5PM. Residents may also take classes on campus by special arrangement. Journal/book chapter discussions (journal club) occur on Thursdays. Equine Research Seminars are the first Friday of the month (graduate student, faculty, and invited speakers present). Morbidity & mortality rounds take place the second and last Friday of the month. Pathology rounds take place the 3rd Friday of the month.

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 ECVF.

Name of Diplomate(s)	Specialty Certifying Body	Clinical or Gross Anatomic	Comments
Dr. Chris Premanandan	ACVP, ACT	Gross/Histopath	Reproductive pathology
Dr. Sue Knoblauch	ACVP	Gross/Histopath	
Dr. Krista La Perle	ACVP	Gross/Histopath	
Dr. Michael Oglesbee	ACVP	Gross/Histopath	
Dr. Ryan Jennings	ACVP	Gross/Histopath	
Dr. Jessica Hokamp	ACVP	Gross/Histopath	
Dr. Rachel Cianciolo	ACVP	Gross/Histopath	
Dr. Rebecca Kohnken	ACVP	Gross/Histopath	
Dr. Kara Corps	ACVP	Gross/Histopath	
Dr. Maxey Wellman	ACVP	Clinical Pathology	
Dr. Mary Jo Burkhardt	ACVP	Clinical Pathology	

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. Amy Habing	ACVR	Radiology
Dr. Todd Drost	ACVR	Radiology
Dr. Eric Hostnik	ACVR	Radiology
Dr. Eric Green	ACVR	Radiation Oncology
Dr. Noopur Desai	ACVR	Radiation Oncology

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. Marco da Silva	ACT	Theriogenology
Dr. Erin Runcan	ACT	Theriogenology
Dr. Lynette Cole	ACVD	Dermatology
Dr. Wendy Lorch	ACVD	Dermatology
Dr. Sandra Diaz	ACVD	Dermatology
Dr. Margaret Mudge	ACVS, ACVECC	LA Surgery/ACVECC
Dr. Eric Schroeder	ACVIM, ACVECC	LAIM, ACVECC
Dr. Ed Cooper	ACVECC	SA ACVECC
Dr. Jullian Gillaumin	ACVECC	SA ACVECC
Dr. Anusha Balakrishnan	ACVECC	SA ACVECC
Dr. Page Yaxley	ACVECC	SA ACVECC
Dr. Jim Belknap	ACVS	LA Surgery
Dr. Alicia Bertone	ACVS, ACVSMR	LA Surgery
Dr. Matthew Brokken	ACVS, ACVSMR	LA Surgery
Dr. Andy Niehaus	ACVS	LA Surgery

Dr. Sushmitha Durgam	ACVS	LA Surgery
Dr. Emma Read	ACVS	LA Surgery
Dr. Alison Gardner	ACVS, ACVECC	LA Surgery / ACVECC
Dr. Shannon Reed	ACVS	LA Surgery
Dr. Nina Kieves	ACVS, ACVSMR	SA Surgery / rehabilitation
Dr. John Dyce	ACVS	SA Surgery
Dr. Mary McLoughlin	ACVS	SA Surgery
Dr. Stephen Jones	ACVS	SA Surgery
Dr. Selena Tinga	ACVS	SA Surgery
Dr. Audrey Wanstrath	ACVS	SA Surgery
Dr. Vincent Wavreille	ACVS	SA Surgery
Dr. Anne Metzler	ACVO	Ophthalmology
Dr. Eric Miller	ACVO	Ophthalmology
Dr. Georgina Newbold	ACVO	Ophthalmology
Dr. Turi Aarnes	ACVA	Anesthesiology
Dr. Rich Bednarski	ACVA	Anesthesiology
Dr. Phillip Lerche	ACVA	Anesthesiology
Dr. Carolina Ricco	ACVA	Anesthesiology
Dr. Val Parker	ACVIM, ACVN	Nutrition
Dr. Jeff Lakritz	ACVIM, ACVCP	Clinical Pharmacology
Dr. Meghan Herron	ACVB	Animal Behavior
Dr. Dubra Diaz-Campos	ACVM	Microbiology

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:

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:

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:

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:

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:

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

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: Journal clubs are held once a week (Thursdays). We have formal Large Animal Medicine seminars and internal medicine conferences on the weekly basis (4 hours/week) over multiple rotating topics. We have morbidity/mortality/clinical correlations rounds twice a month (2nd Friday). Large Animal pathology conferences/rounds are held once a month (3rd Friday).

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
Large Animal (Farm, Camelid, Equine) Medicine	1	42 weeks/year - 130 hours for 3 year

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

Weekly seminars (2-3 seminars/week) are organized around body systems (e.g., neurology, digestive) or core topics (e.g., pharmacology, neonatology, infectious diseases), with each system spanning 12-16 weeks. We have seminars year around, including the summer. We also have seminars on communication skills (required for first year residents), grant writing (first and second year), statistics, and clinical epidemiology. Seminars are taught between 7 and 9 am on Tuesdays-Thursdays. We have Equine Research Seminars the 1st Friday of the month (8-9AM); morbidity/mortality rounds the 2nd and 4th Friday of the month (7-9AM); pathology rounds the 3rd Friday of the month (8-9AM). We have college-wide research seminars every Monday (8-9AM), and mandatory graduate/resident research seminars (Mondays 4-5PM). There is a large animal journal club (Thursday morning). Equine Internal Medicine residents are expected to present their research the Equine Research Seminars, to the entire Department (at the end of their residency), and during their thesis defense. Residents are also required to present their work at the Annual College-Wide Research Day (April).

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:

Yes - at the college and university level, as well as at scientific meetings

- Residents give 2-4 presentations per semester in class/seminars
- They present research progress at the Equine Research Seminars (as 2nd and 3rd year residents)
- Present research work to the Department on the third year
- Present their work at the Annual College of Veterinary Medicine Research Day
- Required to submit abstracts/present at ACVIM Forum (and other venues) (as 2nd and 3rd year residents)
- Second and third year residents also give 1-2 lectures in large animal elective courses

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 type="checkbox"/>	<input checked="" 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"/>	1

Describe:

One hypothesis driven research leading to 1-2 peer-reviewed publications

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"/>	Twice a year

Written evaluation:

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

Shared with resident:

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

Describe:

Twice a year residents get formal written and verbal evaluations from members of the service (ACVIM) as well as from interacting faculty in other specialties.
 The written evaluation is provided to the resident in advance of the scheduled meeting.
Residents are evaluated on: Clinical abilities, knowledge, interpersonal skills/professional conduct, teaching ability, clerical/managerial skills, research activity/course work/publications, and conference/meetings attendance. **Written comments are made on:** Areas of positive performance/recognition, areas where improvement is needed, and plans/goals for next 6 months. The equine medicine faculty will meet with the resident to go over the evaluation. After the evaluation, the resident is given 1 week to respond to areas of concerns, that need further discussion, or on which disagreement may exist. For residents in which there are specific concerns (e.g., performance, clinical abilities, inter-personal interactions), they are placed on probation and additional evaluations (every 1-3 months) take place. If substantial improvement is not noticed, the resident will be dismissed from the program.

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:

As of 2019, **Yes to B, C, D, and F. A and E are optional.** It is mandatory for our residents to take classes in Statistics, Research Methods, Epidemiology, and Grant Writing in their first-second year, which cover topics listed under A. It is expected that they complete a MS degree and publish their results in the peer-reviewed literature. Most residents present 1-2 abstracts and/or posters at the ACVIM Forum. Our residents are expected to contribute to the writing of a grant for intra- or extramural funding.

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

Describe:

We have strong collaborations with colleagues in cardiology, dermatology, ophthalmology, oncology, radiology, neurology, and immunology. This fosters clinical interactions. We also have clinical, research, and educational collaborations with the faculty in the Departments of Preventive Medicine and Pathology. As part of the structured courses for residents, we invite professionals from other OSU colleges (Medicine, Biomedical Engineering, Pharmacology, Biological Sciences, etc.) as well as universities and practices to lecture on various topics.

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.