



**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: | (217) 333-2000 |
| Mobile Phone: | |
| E-mail: | smaustin@illinois.edu |
| Mailing Address: | CVM 1008 W. Hazelwood Dr. Urbana, IL 61802 |

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: |
| University of Illinois | 3 year |

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

| |
|------------------------------|
| Scott Austin |
|------------------------------|

Jonathan Foreman
Pamela Wilkins

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.**

Brian Aldridge - LAIM
Scott Austin - LAIM
Jonathan Foreman - LAIM
Pamela Wilkins - 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 |
|--------------------|----------|
| | |

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* |
|-----------------------|----------------------------|--------------------------|------------------------|
| Ilana Glasberg | 7.15.17 | 7.14.20 | (Scott Austin) |
| Alessandro Migliorisi | 7.16.18 | 7.16.21 | (Pamela Wilkins) |



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2019-2020
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 | 2831 | 7.76 | 4.06 | 3.70 | 1151 | 3.15 |
| Equine (Secondary site)* | | | | | | |
| Equine (Other site)* | 84 | | | | | |
| Food & Fiber | 2411 | 6.61 | 3.36 | 3.25 | | |
| Food & Fiber (Secondary site)* | | | | | | |
| Food & Fiber (Other site)* | | | | | | |
| Total | 5326 | 14.37 | 7.42 | 6.96 | 1151 | 3.15 |

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

Describe:

Numbers requested from hospital administration and generated by query of EMR. This is the total number of horses presented to the primary site hospital and a distinction is not made between internal medicine and surgical cases, as many horses are managed by both services, such as surgical colics. Cases seen at other site were neonates at a referral hospital over a 2 week period, and numbers are not used in the average cases per day calculations. It is not possible to accurately separate hospital cases from ambulatory visits for food and fiber cases.

1. Length of Training Program (years):

3 years

Describe:

2. Advanced Degree:

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

Courses taken are offered at the College of Veterinary Medicine or on the university campus. The resident is not expected to be responsible for clinical cases while classes are in session, generally during the 8-9:00 am time period. Time is allotted off clinics for completion of research and manuscript/thesis preparation.

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 |
|-------------------|----------------------------|
| N/A | |

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 |
|----------------------|---------------------------|----------------------------|----------|
| Jonathan Samuelson | ACVP | Gross | |
| Miranda Vieson | ACVP | Gross | |
| Denae LoBato | ACVP | Gross | |
| Anne Barger | ACVP | Clinical | |
| Patrick Roady | ACVP | Clinical | |
| Sarah Connolly | ACVP | Clinical | |
| Amy Schnelle | ACVP | Clinical | |
| Mike Rosser | 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 |
|----------------------|---------------------------|---------------------------------------------------------------------------|
| None | | Will provide Training Agreement form when off-site location is identified |

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 |
|-------------------------|---------------------------|----------|
| Jason Pieper | ACVD | |
| Kathryn Fleming | ACVO | |
| Bianca da Costa Matrins | ACVO | |
| Heidi Phillips | ACVS | |
| Tisha Harper | ACVS | |
| Matthew Stewart | Fellow, ECVS/ACSM&R | |
| Santiago Gutierrez | ACVS/ ACSM&R | |
| Annette McCoy | ACVS | |
| Clifford Shipley | ACT | |
| Igor Canisso | ACT/ECAR | |
| Pam Wilkins | ACVECC | |
| Maureen McMichael | ACVECC | |
| Caroline Tonozzi | ACVECC | |
| Jenica Haraschak | ACVECC | |
| Ryan Fries | ACVIM-Cardiology | |
| Jordan Vitt | ACVIM-Cardiology | |
| Tim Fan | ACVIM-Oncology | |
| Laura Garrett | ACVIM-Oncology | |
| Kim Selting | ACVIM-Oncology | |
| Devon Hague | ACVIM-Neurology | |
| Kari Foss | ACVIM-Neurology | |
| Stephanie Keating | ACVA | |
| Ambrisko Tamas | ACVAA/ECVAA | |

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

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

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

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:

Currently, we have lost our large animal imaging faculty. Additional faculty are being sought to remedy this situation; however, we anticipate the need to provide off-site training to meet this requirement. Once an appropriate location is identified, I will provide appropriate documentation in advance of this training for our resident.

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 6.1.3. 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| h) Colloid oncotic pressure measurement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:

We hold a weekly journal club. Additionally this is supplemented by graduate seminar which runs for 16 weeks during the school year.

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 |
|---------------------------------|-------------------------|-------------------------|
| Combined equine and food animal | 1 | 48 |

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

1. Weekly Large Animal Medicine Journal Club (1 hour/week, for credit in fall/spring semester). Resident(s) present and discuss relevant recent publications from peer-reviewed medical literature. Journal club is held during the summer months weekly as a non-credit meeting.
2. Intern/Resident seminar (1 hour/week, non-credit during spring semester) House officers present a seminar based on design of there research project, data collection, results and discussion each year.
3. "Recent Advances in Large Animal Internal Medicine" (1 hour/week, seminar course for credit in fall/spring). Resident(s) and faculty lead seminars with each semester devoted to a different body system (neurology, cardiology, respiratory, gastrointestinal, renal/metabolic/nutritional, and immunology) and rotating through 6 semesters so that eac h resident is exposed to each body system throughout his/her residency.

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:

ACVIM, IVECCS, College Research Day, Fall Conference for Veterinarians, and Graduate Student Seminar are common forums for resident research presentations.

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: We provide time to attend 1 meeting per year minimum. If presenting research or participation as an invited speaker, additional time is provided.

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: We require one paper in an acceptable journal.

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

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

Describe: A minimum of 1 is required if participating in a MS program. Non graduate students are still required to complete a project, although a thesis is not required.

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: We meet to discuss performance and provide candidate with both positive feedback and areas for improvement.

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: One resident is not in a graduate program but has completed C. Residents completing a concurrent MS degree will complete B-F on this list.

- 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.