



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:

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**

Jennifer Bauquier

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.**

Brett Tennent-Brown - LAIM

Jennifer Bauquier - 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*
Adeel Khan 1.16.17 - 1.31.20 (Brett Tennent-Brown)			



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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.

gain further exposure to equine neonatology. These weeks do not count towards the required 104 weeks of training.

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	1300	3-4	1-3	5-10	0	0
Equine (Secondary site)*						
Equine (Other site)*						
Food & Fiber						
Food & Fiber (Secondary site)*						
Food & Fiber (Other site)*						
Total						

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

Describe:

Please note that I have used the actual numbers from last year's renewal application as numbers for the previous 12 months are not available. However, our hospital case load has remained constant over the last 12 months, apart from a slight reduction during 2018 due to our scintigraphy unit being replaced and therefore unavailable for a period of approximately 2-3 months. A slight reduction in these cases does not significantly affect our internal medicine caseload, and we are continuing to see gradual increases in internal medicine caseload, most notably neonates and cardiology cases.

1. Length of Training Program (years):

3

Describe:

We train one equine medicine resident at a time over a period of 3 years.

2. Advanced Degree:

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

For most residents, a Masters program is required as part of the residency. There is both a research (with thesis) and a course work component to the Masters. Thirty weeks spread over the 3 years of the residency program are devoted to entirely Masters research and thesis generation. Course work is provided by small group discussion sessions and assigned reading tasks. A faculty-wide course covering fundamental physiology and pathophysiology is provided that also serves as a foundation for preparing for boards. Individual sections (large animal medicine, small animal medicine etc.) provide species specific information on selected topics. Residents are also expected to attend morbidity and mortality rounds, pathology rounds, cytology rounds and relevant research seminars. Please note that our current resident is not undertaking a Masters degree.

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
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Cathy Beck Marjorie Milne Dayle Tyrrell	Drs. Tyrrell, Beck and Milne are Fellows of the Australian and New Zealand College of Veterinary Scientists (Veterinary Radiology) (FANZCVS [Veterinary Radiology]), and registered as specialists in veterinary radiology in Victoria, Australia. We have previously received approval from Drs. Coutiel and Middleton for Fellows of the ANZCVS to provide diagnostic imaging training to our ACVIM residents.
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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
Natalie Courtman Jenny Charles	ACVP ACVP	Clinical Gross Anatomic	both on-site

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
Aisha Young	ACVR	on-site

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
Jenny Raffetto Cate Steel	ACVS ACVSMR	Senior lecturer equine surgery Associate professor equine sports medicine and rehabilitation, and equine surgery
Natali Krekler Sebastien Bauquier Jennifer Carter Ted Whittem	ACVT ACVAA ACVAA ACVCP	Senior lecturer theriogenology Senior lecturer anesthesia Senior lecturer anesthesia Professor clinical pharmacology
Dez Hughes	ACVECC (SA)	Associate professor emergency critical care
Elise Boller	ACVECC (SA)	Associate professor emergency critical care
Manuel Boller	ACVECC (SA)	Senior lecturer emergency critical care
Stewart Ryan	ACVS (SA)	Senior lecturer small animal surgery
Matthias Le Chevoir	ECVN	Lecturer neurology

		All listed diplomates are on-site
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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:

[Approval received from Drs. Coutiel and Middleton for Fellows of the ANZCVS to provide diagnostic imaging training to our ACVIM residents \(see above\). Dr Aisha Young \(DACVR\) is also employed on-site at the teaching hospital.](#)

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:

[All cases managed by the resident on-site are supervised by an ACVIM-LAIM diplomate.](#)

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(We have the capability to perform TVEC on-site)
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l) Electromyography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Main medical library located in central Parkville campus (approx 25 min drive from the veterinary teaching hospital)
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.

The University of Melbourne's library system has carries electronic copies of most of the major medical (and veterinary) journals.

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
Journal club (equine medicine and surgery)	1	40
Equine medicine resident rounds	1	18-24

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 Medicine and Surgery section hold a journal club weekly; resident rounds are held fortnightly to cover specific equine medicine and/or surgery topics; hospital wide morbidity and mortality rounds are held every 2 weeks (these are presented by clinical residents); cytology rounds with an American Board certified clinical pathologist are held once a month. Residents are also required to attend relevant research seminars

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 undertaking a Masters degree are expected to present a research seminar and/or abstract each year to teaching hospital staff (in addition to confirmation and completion seminars for their research higher degree). All in-hospital residents present a morbidity and mortality rounds case annually during the 3 years of their training program. Medicine residents present at 'resident rounds' on at least 2 occasions per semester. Many current and former University of Melbourne equine residents have presented scientific abstracts at either international (e.g., ACVIM or BEVA) or national (Australian Veterinary Association/Equine Veterinarians Australia "Bain-Fallon") conferences. Many residents will deliver a limited number of lectures (1 or 2) to the third year DVM (final pre-clinical year) class as appropriate although generally in the later years of their residency.

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

Describe:

Residents are expected (and funding is provided) to attend at least two international or national conferences over the course of their residency. Most residents will attend at least one high quality international or national meeting annually.

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:

As part of the Masters program, residents are required to generate a major written project each year - this may be a case report, case series, literature review etc - it is expected that these reports are submitted for publication. Most residents at the University of Melbourne are enrolled in a (research) Masters program, these will typically generate 2 publications. Residents not enrolled in the Masters program will be required to generate a major written project each year (as outlined above) and are expected to undertake a research project that will generate at least one publishable article.

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:

Most residents at the University of Melbourne are enrolled in a (research) Masters program. Residents not enrolled in the Masters program will be required to generate a major written project each year (as outlined above) and are expected to undertake a research project that will generate at least one publishable article.

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"/>	Residents receive informal or formal evaluations of their performance every 3-6

		months throughout their program. The frequency is determined by the individual resident's requirement for feedback. Formal meetings with a written evaluation are held with each resident twice per year (or more frequently if required) to discuss progress; informal evaluations may fall between these formal meetings.
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Written evaluation:

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

Shared with resident:

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

Describe:

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.