

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee (RTC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Neurology 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](http://www.ACVIM.org).

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Neurology RTC 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 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 Neurology.

**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 a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology (ECVN) for at least 5 years with 3 years' experience training residents

Program Director Contact Information:

Work Phone:	<input type="text" value="(703) 451-3709"/>
E-mail:	<input type="text" value="bbush@bvns.net"/>
Mailing Address:	<input type="text" value="6651 Backlick Road&lt;br/&gt;Springfield, VA 22150"/>

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

Primary Site Location:	Length of Training Program:
<input type="text" value="Bush Veterinary Neurology Svc."/>	<input type="text" value="3 year"/>

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of the ECVN and boarded for at least one year. Each RA advises and supervises no more than two residents at one time.

<input type="text" value="Jessica Barker&lt;br/&gt;Ashley Bensfield&lt;br/&gt;William Bush"/>
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3. Supervising Diplomates: Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of the ECVN. The supervising diplomate must be active in the practice of the specialty and must maintain clinical competency in the field. **The sponsoring institution must provide resident with onsite presence of any combination of at least two ACVIM or ECVN Neurology Diplomates with full-time clinical responsibilities.**

Jessica Barker- Neurology  
Ashley Bensfield - Neurology  
William Bush - Neurology

4. All Diplomates of ACVIM or ECVIM responsible for supervision of clinical training who specialize in areas other than Neurology.

Name and Specialty	Comments

5. 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*
Sandy Chen	8/15/19	8/15/22	

Part Two

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

Current Date:

Program Director Name:

Program Director Email Address:

Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology (ECVN) for at least 5 years with 3 years' experience training residents

Name of Sponsoring Institution (Primary Site):

1. Length of Training Program:

	Yes
2 years	<input type="checkbox"/>
3 years	<input checked="" type="checkbox"/>
Other -provide details	<input type="text"/>

2. Advanced Degree:

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

Briefly explain how the degree is integrated into the residency program:

3. Please list all ACVIM, ECVIM or ECVN Supervising **Diplomates** (Cardiology, Large Animal Internal Medicine, Neurology, Oncology, Small Animal Internal Medicine) providing supervision **off-site** and explain the situation and the agreements provided for contact with the resident. (Note, in Part One, current ACVIM/ECVN Supervising Diplomates are included; and you are requested to provide additional comments for off-site supervision here).

Name of Diplomate(s)	Specialty Certifying Body	Comments
Sallie Hyman, DVM, DACVIM (LAIM)	ACVIM	Ride along shadowing in Leesburg area as well as phone/e-mail
Clayton Kilrain, DVM, DACVIM (SAIM)	ACVIM	Weekly rotations at RVRC Springfield
Bonnie K. Lefbom, DVM, DACVIM (Cardiology)	ACVIM	Weekly rotations at RVRC Springfield

Jennifer Sidley, DVM, DACVIM	ACVIM	Weekly rotations at RVRC Springfield
Ira Gordon, DVM, DACVR (Rad Onc)	ACVR	Weekly Rotations at RVRC Springfield

4. Please list all **Diplomates** of the American College of Veterinary Pathology or the European College of Veterinary Pathologists in the areas of clinical pathology or gross/histopathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name of Diplomate(s)	Specialty Certifying Body (ACVP or ECVF)	Clinical or Gross	Comments
Casey Leblanc, DVM, PhD	ACVP	Clinical	Off site, resident will spend 50 hours on clinic about 45 minutes away in Bethesda, MD
Molly Church, VMD, PhD	ACVP	Gross	Off Site, Resident will spend 50 hours total either attending neuropathology rounds or reviewing slide sets in the pathology department at UPENN

5. Please list all **Diplomates** of the American College of Veterinary Radiology or the European College of Veterinary Diagnostic Imaging associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident.

Name of Diplomate(s)	Specialty Certifying Body (ACVR or ECVDI)	Comments
Matthew Paek, VMD, MS, DACVR	ACVR	Off, site, resident will spend 50 hours on clinic at one of the Maryland or the Virginia locations within an hour of BVNS

6. Please list all **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, behavior, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomate(s)	Specialty Certifying Body	Comments
Bruce Hansen	Dermatology	On Site
Rochelle Anderson Greg Griffin	ACVS	On Site
Elizabeth Adkins	DACVO	Vienna, VA, phone/email
Giacomo Gianotti	DACVAA	UPenn, phone/email
Kim Bridges	Board Eligible	On Site ER
Leslie Sinn	ACVB	Hamilton, VA, Phone/email
Kara Kolster	Theriogenology	Richmond, VA, Phone/email
Dawn Booth	Pharmacology	Auburn University, Phone/email
Kathy Michel	Nutrition	UPenn, Phone/e-mail

The following questions will be used to provide the Residency Training Committee 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. Is this a traditional or non-traditional residency training program? *A traditional neurology residency is a two (2) or three (3) year postgraduate training program, with a minimum of ninety six (96) weeks of supervised clinical training with a majority of the time spent at one location. A non-traditional neurology residency allows for training that may occur in non-contiguous blocks of time over an extended time period.*

Traditional	<input checked="" type="checkbox"/>
Non-traditional	<input type="checkbox"/>

For non-traditional programs, please provide a detailed description of the residency program, including length of program, proposed annual schedule, and the amount of time of direct Diplomate supervision for each location of the residency. The resident must complete the residency in blocks of time no less than four weeks in length and attend a minimum of 20 weeks of training per year. The training period may not exceed a total of five years.

N/A
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8. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and the remainder as indirect supervision (indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).**

Please provide an outline of planned yearly schedule, including number of weeks of direct and indirect supervision (i.e. in year 1, the resident will be directly supervised for 25 weeks etc.) A table similar to the example below outlining the proposed weekly schedule of duties for the residents should be provided:

**EXAMPLE TABLE ONLY:**

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery Direct Supervision	36	36	
Neurology/Neurosurgery - Indirect Supervision			34
Internal Medicine	4	2	2
Clinical Pathology	2		
Radiology	2		
Neuropathology		2	2
Other Rotation (please list the name of each rotation)			
		7	
	2	4	4
Research	4	5	8
Independent Study			
Vacation	2	2	2
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>

Numbers indicated are in "weeks".

\* Many residencies are a combined neurology / neurosurgery program with no distinct separation between the services. Some programs, however, have separate training with a surgery service and this example includes that possibility in describing the weekly rotations.

*The example table is only a listing of a proposed weekly schedule for each of the three years of a typical 3-year residency program, including all that is required by ACVIM without making any specific recommendations.*

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	46	40	37
Neurology/Neurosurgery - Indirect Supervision			
Internal Medicine	1	2	
Clinical Pathology	0	1	
Radiology			1
Neuropathology	1	1	2
Other Rotation (please list the name of each rotation):			
Other: LAIM	1		
Other:			
Research	0	1	2
Independent Study	1	5	8
Vacation	2	2	2
<b>Total **</b>	<b>52</b>	<b>52</b>	<b>52</b>

\* Many residencies are a combined neurology / neurosurgery program with no distinct separation between the services. Some programs, however, have separate training with a surgery service.

\*\*The totals should add up to 52 weeks.

9. Describe how daily clinical case rounds are conducted and supervised:

All cases SOAP by resident, reviewed and discussed with Neurologist, at intake all cases examined by oth resident and neurologist and the plan formulated with the owner, all test results are reviewed by resident and neurologist.

10. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Imaging, Clinical Pathology, Neuropathology, Electrodiagnostics and Neurosurgery as well as participate in emergency duties on a rotational basis. A training hour (see CM 7.C.7) will be defined as a minimum of one (1) continuous hour of direct contact time with a supervising specialist in the other field. A Training Agreement Form must be completed and signed by the Diplomate supervising the required training, regardless of whether the training occurs on site or off-site. **Please use the standardized "Training Agreement Form" found on the ACVIM website ([www.ACVIM.org](http://www.ACVIM.org)) to document proof of supervision for all required contact hours (imaging,**

**clinical pathology, neuropathology, electrodiagnostics and neurosurgery) in rotations other than neurology.** One Training Agreement form is required per rotation per resident at the beginning of the residency. Forms do not need to be resubmitted each year as long as a valid Training Agreement Form is on file.

In addition, please provide a brief description of how each phase of this required training is accomplished.

Imaging: 50 hours with a Board-certified radiologist interpreting images, learning and evaluating the results of special imaging techniques and attending imaging rounds or seminars.

With Dr. Paek – Review with radiologist of radiographs, ultrasounds, CT Scans, MRI and didactic rounds, 50 hours MRI course at Brain camp. Review of MRI, CT, and radiographs throughout residency on site.

Clinical Pathology: 50 hours with a board-certified anatomic pathologist or clinical pathologist evaluating clinical pathologic findings, attending clinicopathologic conferences, or examining surgical sections.

With Dr. LeBlanc – double headed scope and teaching slide sets focusing on CSF cytology, blood smear, bone marrow and other tissue aspirates, biopsy

Neuropathology: 50 hours with a board-certified anatomic pathologist devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program approved by the Residency Training Committee.

With Dr. Church – monthly neuropathology rounds (20 hrs) plus additional week of slide review of brain and spinal cord histopathology gross pathology review/rounds.

Electrodiagnostics: 50 hours devoted to reviewing, evaluating, and interpreting different aspects of electrodiagnostics; including but not limited to, electroencephalography, electromyography, motor and sensory nerve conduction study and evoked potentials. Briefly state how the concepts of electrodiagnostics (including EEG) and their clinical application will be taught to residents during the training program. Specifically state whether or not the resident will have hands-on electrodiagnostic experience.

We have Cadwell Sierra Wave and Cadwell Easy 2 EEG and perform BAER, NCV, Late-wave, repetitive stim, EMG and EEG on a regular basis. Dr. Bensfield and Dr. Barker supervise muscle/nerve and BAER studies, and Dr. Bush evaluates EEG. EEG interpreted by outside expert Mark Strecker, MD, PhD. Colette Williams lectures and runs a hands-on laboratory about every other year.

Neurosurgery: 50 hours participating in veterinary neurosurgical procedures. Please provide a specific description of the type of participation [i.e. observation, performance of neurosurgery], and credentials of those providing the training [i.e. ACVS vs. ACVIM Neurology/ECVN]. A Training Agreement Form must be completed if this training is provided by individuals other than the ACVIM (Neurology) or ECVN supervising Diplomate for the residency training program.

With Dr. Bensfield, Dr. Barker, and Dr. Martin Young (DACVIM Neuro). Progressive independence in first assisting and then performing with supervision all but not limited to, hemilaminectomy, ventral slot, craniotomy, foramen magnum decompression, a-a sublaxation stabilization, lumbosacral decompression and stabilization, Wobbler's Decompression and Stabilization, Spinal fracture stabilization, partial corpectomy, ventriculoperitoneal shunt placement, L/S lateral foraminotomy as daily caseload allows (approx. 100cases/year). Additionally, 2 surgery labs/year plus monthly supervised cadaver work.

Emergency Duty: Participation in emergency service on a rotational basis; cases seen may be limited to neurology. Please provide a specific description of the type of participation.

Resident is given progressive independence at taking in emergency transfers from the RVRC ICU and regional emergency hospitals. Approx 4-6 cases per week) at the Springfield location. Neurologist and Resident examine case together, and the plan formulated with the owner, all test results are reviewed by the resident and neurologist.

11. The neurology specialty requires that the resident spend a minimum of 80 hours involved in routine and regular participation in a critical review of the literature (e.g. journal club) during the residency training program with at least one board-certified neurologist in attendance at each journal club meeting. Please explain how this requirement is met:

We have journal club rounds with resident, intern, and all 11 neurologists at BVNS 44 times a year for 45minutes per session.

12. The neurology specialty requires that the advisor meet with the resident at 6 month intervals to assess, review and critique the resident's progress and weekly schedule of activities. The advisor must provide written documentation of the review that will be signed by both advisor and resident. Please explain how this is accomplished:

Resident receives 1 week on boarding training to learn objectives, EMR, company policies. Resident is given a review at 2 months, six months, and then every 6 months thereafter. At end of residency, there is also an exit interview for resident to evaluate the program. For each review, program director and advisor solicit feedback from staff and other neurologists regarding clinical performance. If not meeting expectation/time line, then additional support is provided.

13. The neurology specialty requires that the resident must complete a basic science or clinical research project that follows the scientific method approach and receives approval by the resident advisor (review CM section 7.E.5.c). Please describe how you plan for the resident to undertake, monitor, and complete a project. Include a timeline that the resident and mentor will use as a guide for completion of the project. Note that publication of this research project is not a requirement.

Project selected in the first 3 months of the first year, project design and endpoints established, peer reviewed, intramurally, bimonthly discussions and updates with the residency supervisor, program director, and Chief Medical Officer (Dr. Bush).

14. Please indicate the availability of the following facilities or equipment. 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. Please also provide the manufacturer and model of the unit for electrodiagnostic and imaging equipment.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
a) Standard radiological equipment	x	<input type="checkbox"/>	On site
b) Ultrasonographic equipment	x	<input type="checkbox"/>	On site
c) Clinical Pathology capabilities:  (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	x	<input type="checkbox"/>	On site and via reference lab with 2x/day pick up
d) Electrocardiography	x	<input type="checkbox"/>	On site
e) Blood Pressure Measurement	x	<input type="checkbox"/>	On site, Doppler, oscillometric, and Petmap
f) Radiation Therapy Facility	x	<input type="checkbox"/>	On site, Tomo therapy
g) Veterinary Library w/Literature Searching Capabilities	x	<input type="checkbox"/>	On site text books and online journal access through ACVIM/TAMU
h) Computerized Medical Records w/Searching Capabilities	x	<input type="checkbox"/>	On site, VIA
i) Medical Library w/Literature Searching Capabilities		<input type="checkbox"/>	Online journal access through ACVIM/TAMU
j) Electromyography and nerve conduction study testing	x	<input type="checkbox"/>	On site, Sierra Wave
k) Evoked Response Equipment	x	<input type="checkbox"/>	On site, Sierra Wave
l) Electroencephalography	x	<input type="checkbox"/>	On site, Easy 2 EEG
m) Computed Tomography	x	<input type="checkbox"/>	On site, 4 or 8 slice
n) Magnetic Resonance Imaging (include field strength)	x	<input type="checkbox"/>	On site 1T GE

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, especially with respect to the use of imaging and electrodiagnostic equipment:



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15. Residents must attend formal teaching conferences, resident seminars, grand rounds sessions, medicine journal clubs, neurobiology classes, etc. Residents must participate in these activities an average of four times per month, regardless of their duty status. Please describe the formal conferences, such as clinicopathologic conferences, journal clubs, or seminars that are held on a regular basis.

Weekly -2 hours textbook or topic review, topic rounds supervised by or presented by neurologist. 3-4 times a month – Journal Club Once a Month – VetLearn Webinar on neuroradiology Twice per year – Cadaver Surgical Laboratory Twice Per year – Electrophysiology laboratory Monthly – neuropathology rounds at UPENN Attendance at SEVN conference yearly Attendance at Brain Camp once during residency
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16. The resident must give a presentation at a formal conference at least once per year. This may include lectures in departmental courses for veterinary students, grand rounds presentations, presentation of papers or seminars at conferences, or participation in continuing education programs. Documentation of these presentations must be included in the neurology credentials packet of the resident.

Yearly abstract presentation at SEVN conference. 1-2 times per year grand rounds presentation to ER interns at RVRC. Presenting every 1-2 years at regional CE events for general vet population
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17. A Neurology Residency Training Program must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and Specialty Examinations. The requirement could be met in part by attending an ACVIM Advanced Continuing Education (ACE) course, the ACVIM Neuroscience Course (Brain Camp) or an ACVIM Forum. Please describe how these opportunities will be made available to the resident.

Brain Camp, SEVN Conference, local DC Academy, and as needed ACVIM during 2 <sup>nd</sup> and third year to complete the requirements. Additionally, weekly hour long topic rounds are overseen or presented by a boarded neurologist and relate to board preparation as well as clinical application.
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18. How many major veterinary medical or medical meetings are each resident able to or expected to attend during his/her training program?

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

Comments: 3-6, Brain Camp, SEVN conference (likely all 3 years), ACVIM 1-2 times.
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19. Are one or more publications required as part of the training program?

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

Comments: Case report or series, submitted for peer review prior to completion of residency.
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20. Please describe any additional pertinent information that the Residency Training Program should consider in its evaluation of this Training Program.

Most if not all of the supervising neurologists have neurosurgery certificates of training, specifically Dr. Bensfield and Dr. Young. We pay for residents to attend Brain Camp for the entire time so that they get as much additional hours and training in radiology and pathology as well as general neurology/neurosurgery. We have several ongoing collaborative research projects that the resident will be able to become involved in as well.
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Please note: The Program Director must report substantive changes within a Neurology RTP affecting compliance with Specialty of Neurology requirements to the Neurology RTC Chair within 14 days. This must be done in writing through the ACVIM office before the changes are made to ensure they are acceptable to the Neurology RTC.

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

I verify that the above information is an accurate reflection of this Residency Training Program.

Per the Certification Manual, each year, the Program Director (PD) must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

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