

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.

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="(860) 347-8387"/>
E-mail:	<input type="text" value="jhammond@piepermemorial.com"/>
Mailing Address:	<input type="text" value="730 Randolph Rd
Middletown, CT 06457"/>

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

Primary Site Location:	<input type="text" value="Pieper Memorial Veterinary Center"/>	Length of Training Program:	<input type="text" value="3 year"/>
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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.

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.**

Jennifer Perkins - 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
Karen Driben - Cardiology (Red Bank) Carol DeRegis - Oncology Nicole Belward - SAIM Carolyn Gross - SAIM Sarah Winzelberg - SAIM	

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*
Arielle Herberger	7/15/19	7/17/22	James Hammond



RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
NEUROLOGY

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	
3 years	XX
Other -provide details	

2. Advanced Degree:

	Yes	No	Optional
Masters:		XX	
PhD:		XX	

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

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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 Diplomat(e)s	Specialty Certifying Body	Comments
Eric Glass, DVM, DACVIM (Neurology)	DACVIM	Involvement with various neurosurgical procedures
Karen Meltzer, VMD, DACVIM (Cardiology)	DACVIM	Available for consultation

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 Diplomat(e)s	Specialty Certifying Body (ACVP or ECVP)	Clinical or Gross	Comments
Andrew Miller DVM, DACVP	DACVP	Gross	at least 50 hrs with Dr. Miller at Cornell
Reema Patel, DVM, DACVP	DACVP	Clinical	at least 50 hrs with Dr. Patel at Antech Lab

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 Diplomat(e)s	Specialty Certifying Body (ACVR or ECVDI)	Comments
Sean Freer, DVM, DACVIM	ACVR	Dr. Freer available on-site

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
Emily Rothstein, DVM, DACVD	ACVD	Off-site, available for consultation
Jennifer Lansdowne, DVM, MSc, DACVS, DECVS	ACVS	On-site
Ariane Jay, DVM, DACVS	ACVS	On-site
Heather Mossman, BVSc (dist.), DACVS	ACVS	On-site
Matthew Turner, DVM, DACVECC	VECC	On-site
Shari Greenberg, DVM, DACVO	ACVO	Off-site, available for consultation

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	XX
Non-traditional	

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.

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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:

	<i>Year I</i>	<i>Year II</i>	<i>Year III</i>
<i>Medical Neurology</i> *			
<i>Neurosurgery</i>			
<i>Neurology/Neurosurgery Direct Supervision</i>	36	36	
<i>Neurology/Neurosurgery - Indirect Supervision</i>			34
<i>Internal Medicine</i>	4	2	2
<i>Clinical Pathology</i>	2		
<i>Radiology</i>	2		
<i>Neuropathology</i>		2	2
<i>Other Rotation (please list the name of each rotation)</i>			
_____		1	
_____	2	4	4
<i>Research</i>	4	5	8
<i>Independent Study</i>			
<i>Vacation</i>	2	2	2
<i>Total</i>	52	52	52

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 *	30	20	10
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	30	20	10
Neurology/Neurosurgery - Indirect Supervision	6	10	16
Internal Medicine	2	3	2
Clinical Pathology		1	
Radiology	1		1
Neuropathology	2	2	2
Other Rotation (please list the name of each rotation):			
Other: Out Rotation (Med School, Other Neuro/Sx)	1		5
Other: Neuro Camp		2	
Research	4	6	6
Independent Study	4	6	8
Vacation	2	2	2
Total *	52	52	52

* 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:

Grand rounds are conducted daily with all specialists and general practitioners. These rounds include all clinicians in the hospital (all specialists, ER doctors, interns, specialty interns, general practitioners). These rounds serve as teaching rounds for interns and residents. After overnight transfers are discussed, interns and residents present recent cases for discussion with the entire group.

Neurology service rounds are conducted twice daily and include a boarded neurologist, resident and interns. The rounds focus on daily inpatient updates along with focused discussions on particular cases that provide valuable learning opportunities.

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) 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.

On-Site with Dr. Freer. Resident is present for all advance imaging procedures and interprets images with Resident Advisor and Dr. Freer. Dr. Freer also holds weekly general radiology rounds which resident will attend.

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

Resident will spend 50 hours off-site (Antech Lab) with Dr. Patel

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.

The practice is equipped with a necropsy space for gross pathology study which is performed on a regular basis (weekly). Resident will also have the opportunity for out-rotation in gross/histopathology at Cornell with Dr. Miller to fulfill the 50 hour requirement.

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.

Electrodiagnostics are performed in house. Concepts and clinical application of current electrodiagnostic procedures are taught via case examples from present and past clinical cases.

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.

Neurosurgical procedures routinely conducted include hemilaminectomies, dorsal laminectomies, ventral slots, stabilization techniques of the vertebral column (trauma, instability), fenestration techniques, craniectomies and craniotomies as well as nerve and muscle biopsies, placement of VP shunts, etc.

James J. Hammond, DVM, DACVIM (Neurology)

Jennifer Perkins, DVM, DACVIM (Neurology)

Ben Olson, DVM, DACVIM (Neurology)

Jennifer Lansdowne, DVM, DACVS

Ariane Jay, DVM, DACVS

Heather Mossman, BVSc (dist.), DACVS

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 will have regular access to participate with the emergency service. The cases they will be required to see will be limited to neurology. However, residents will be expected to see emergent cases involving cases from the neurology department that may be presenting for disorders unrelated to their nervous system.

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:

Journal Club is held weekly. Residents will present papers and actively participate in discussion with Neurologist present.

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 and advisor will meet on a weekly basis. Resident required to maintain case/neurosurgery log. Formal review will occur every 6 months during the residency.

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.

The resident will be required to complete a research project suitable for publication in one of the major veterinary journals. Resident will choose a topic during their first year. Scope of project will likely involve case series or retrospective study. The opportunity for basic science research will also be available to the resident.

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		On-Site - Sound Sedacal
b) Ultrasonographic equipment	X		On-Site - Toshiba Xario
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	X		On-Site - Idexx Antech stat lab
d) Electrocardiography	X		On-Site - Toshiba Xario
e) Blood Pressure Measurement	X		On-Site - Parks Doppler/Surgivet
f) Radiation Therapy Facility	X		Off Site - NEVCC (South Windsor, CT - Linear Accel) Off Site - Veterinary Cancer Center
g) Veterinary Library w/Literature Searching Capabilities	X		On-Site
h) Computerized Medical Records w/Searching Capabilities	X		On-Site
i) Medical Library w/Literature Searching Capabilities	X		On-Site
j) Electromyography and nerve conduction study testing	X		On-Site - Cadwell
k) Evoked Response Equipment	X		On-Site - Cadwell
l) Electroencephalography	X		Off-Site - UPenn
m) Computed Tomography	X		On-Site - Toshiba 64 slice
n) Magnetic Resonance Imaging (include field strength)	X		On-Site - GE Signa 1.5T

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*:

UPenn (Hemodialysis and EEG capability)

NEVCC (Linear Accelerator)

Cornell University (Nuclear Medicine)

Dr. Hammond has an active relationship with these facilities

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.

Hospital rounds with specialists (daily); Neurology Journal Club (weekly); ACVIM qualifying boards review (weekly); Surgery boards review (monthly); Neurology case presentation online with group of ACVIM (Neurology) diplomates: 3-5 cases per week. Departmental grand rounds are held weekly with a variety of formats including case presentation, topic review, original research, etc. In addition, neurology department grand rounds are held weekly focusing on pathophysiology of disease and neuroanatomy.

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.

The resident will give a formal presentation (Grand Rounds) at least twice a year. Residents are also encouraged to present at major meetings (ie ACVIM) if they have suitable material to present.

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.

The resident will be expected to attend one major conference per year (preferably ACVIM). Resident will also attend neurosurgery conference as well at Neuro Camp once during the residency.

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

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Comments:

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19. Are one or more publications required as part of the training program?

Yes	No	Number
XX		at least 1

Comments: The resident will be required to complete a research project suitable for publication in one of the major veterinary journals. Resident will choose a topic during their first year. Scope of project will likely involve case series or retrospective study. The opportunity for basic science research will also be available to the resident.

20. Please describe any additional pertinent information that the Residency Training Program should consider in its evaluation of this Training Program.

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.