

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="(706) 540-1057"/>
E-mail:	<input type="text" value="scott.schatzberg@gmail.com"/>
Mailing Address:	<input type="text" value="5 Camino Karsten Algodones, NM 87001"/>

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

Primary Site Location:	<input type="text" value="The Animal Neurology and Imaging 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.

<input type="text" value="Scott Schatzberg Michelle Tensley"/>
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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.**

<input type="text" value="Debbie James - Neurology"/>

Scott Schatzberg - Neurology
Michelle Tensley - 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*
Elizabeth Passmore	7/16/18	7/16/21	Michelle Tensley
Mary Stallings	1/2/18	1/22/22	Michelle Tensley



**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	<input type="checkbox"/>	
3 years	<input checked="" type="checkbox"/>	
Other -provide details		

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
Peter Brofman, DVM	DACVIM (Int Med, Neuro)	The Animal Neurology and Imaging Center – secondary location in Austin, TX – time variable, <10 weeks per resident year of optional clinical rotation in Neurology, Neurosurgery. Dr. Brofman works at the Austin location of our organization and is available by phone or video conferencing on a daily basis to provide oversight on the

		internal medicine aspects of case management, as well as providing the opportunity for direct supervision of neurology clinical weeks as a secondary location within our hospital organization.
Anne Chauvet, DVM	DACVIM (Neurology)	The Animal Neurology and Imaging Center – secondary location in Scottsdale, AZ, <10 weeks per resident year of optional clinical rotation in Neurology, Neurosurgery Dr. Chauvet works at our Scottsdale location and is available in the same capacity as Dr. Brofman for collaboration, but limited to neurologic cases. Both Drs. Chauvet and Brofman participate in weekly rounds through video conferencing.

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 ECVF)	Clinical or Gross	Comments
Brian Porter, DVM, DACVP	ACVP	Gross	60 hours of gross pathology during out rotation at Texas A&M – detailed below Dr. Porter is an experienced veterinary neuropathologist who trained under Drs. DeLahunta and Summers. Dr. Schatzberg has worked closely with Dr. Porter over the years and has published several neuro manuscripts with him. IN addition to out-rotation, Dr. Porter is available to provide neuropathology diagnostic services on specimens from interesting/unique clinical cases.
Karen Russel, DVM, PhD	ACVP	Clinical	60 hours of clinical pathology during out rotation at Texas A&M – detailed below

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
Benjamin Young, DVM Debra Gibbons, DVM	ACVR ACVR	-Dr. Young is a consulting authority on MRI and CT scan. Prior to joining VCA Alameda East, Dr. Young was on faculty at Texas A&M University for 8 years, where he served as chief of radiology from 2009 through 2013. Dr. Young has published extensively on MRI of canine intracranial disease including several collaborative manuscripts with the program director (SS). Dr. Young also is

		currently a member of the national exam committee for the American College of Veterinary Radiology. Residents will spend 2 weeks with Drs. Young and Gibbons (previous CSU radiology faculty member) at VCA Alameda East in the second year of the program to complete the radiology training requirement.

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
Katherine Cutter	DAVCO	Dr. Cutter is available for phone consultation regarding ophthalmology.
Victoria Lukasik	DACVA	Dr. Victoria Lukasik is a consulting anesthesiologist for The ANIC; she is routinely available to perform anesthesia on complex neurosurgical cases (brain tumor surgery) as well as phone consultation on other cases.
Christa Bernhardt	DACVECC	-Dr. Bernhardt runs the critical care service at our local VCA and is routinely available for collaboration on our intensive cases
Glen Bonin	DACVS-SA	Dr. Bonin is a practicing surgeon at a local VCA Specialty referral practice. He is available for consultation on patients with surgical disease outside of the neurologic spectrum; he is also available to collaborate on specialized or complicated procedures

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.

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)			
		1	
	2	4	4
Research	4	5	8
Independent Study			
Vacation	2	2	2
Total	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 *	44	39	40
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	44	37	36
Neurology/Neurosurgery - Indirect Supervision		2	4
Internal Medicine			

Clinical Pathology		1.5	
Radiology	2		
Neuropathology		1.5	
Other Rotation (please list the name of each rotation):			
Other: "Brain Camp"/Neuroscience course		2	
Other:			
Research	2	2	4
Independent Study	2	4	6
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:

While residents are on primary service, daily rounds will be conducted with a supervising neurologist 5 days a week, during which time the resident and the supervising neurologist will both be present and will discuss all current inpatients and review lab work/diagnostics results received since the previous day. All evaluated cases will be discussed in depth and detailed discussion of neurology topics also will be performed on a regular basis (see below). A supervising neurologist will ALWAYS be present at case rounds and throughout the entire day, evaluating neurology cases that are received through the clinic.

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.

In year 1 of the program, resident will complete a 2 week (> 50 hours) out-rotation with Drs. Benjamin Young and Debra Gibbons at VCA Alameda East Veterinary Hospital (CO) to study CT and MRI physics and imaging and to work interpreting cases on the radiology service throughout the rotation. Dr. Young has published extensively in MRI imaging of canine intracranial diseases including several collaborative projects with the program direction

(SS). Dr. Young also is available for ongoing collaborations including the residents' research projects (if applicable) which will be worked on during the radiology out-rotation.

Neuro-radiology rounds will occur as a part of our rotation of didactic rounds and will include re-evaluation of some of the month's cases as well as an aggressive evaluation of the resident's neuroanatomy and radiographic, CT and MRI interpretation.

In year 2 of the program, the resident will attend "brain camp" and the MRI / radiology course where radiology will be studied intensively.

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

In year 2 of the program, resident will undertake a 3 week formal out-rotation at Texas A&M College of Vet Med, during which their time will be evenly divided between the clinical pathology and gross pathology service (>50 hours each). The resident will focus on the evaluation and interpretation of current and archival clinical specimens alongside clinical pathologists and residents, under the main supervision of Dr. Karen Russell. Resident will also participate in all clinicopathologic rounds during the out-rotation.

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.

In year 2 of the program, resident will undertake a 3 week formal out-rotation at Texas A&M College of Vet Med, during which their time will be evenly divided between the clinical pathology and gross pathology service (>50 hours each). The resident will focus on the evaluation and interpretation of current and archival clinical specimens alongside pathologists and residents, under the main supervision of Dr. Brian Porter. Resident will also participate in all pathology rounds during the out-rotation. The rotation is timed to correspond with the Neuropathology section of a resident level pathology course taught by Dr. Brian Porter, and the resident attends this course. Drs. Brian Porter and Joe Kornegay are close collaborators of the residency program director. In year 2 of the program, the resident will attend "brain camp" at OSU where neuropathology is a lecture focus.

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.

The ANIC has a Viasys (VikingQuest) portable electrodiagnostic system that we utilize routinely for neuromuscular diagnostics. The resident will routinely, assist, learn and perform electrodiagnostics on all neuromuscular patients. The program director (SS) will provide informal discussion about electrodiagnostics during case work-ups and throughout the residency. Dr. Paul Cuddon's work book will be studied by the residents who will also complete the sample case studies and interpretations, and Dr. Cuddon will be on clinics at The ANIC NM approximately 2 months per year and will provide real time instruction. In addition to complete review of the electrodiagnostic literature (including Dr. Holiday's EEG manuscripts), the resident will be responsible for a complete review of Kimura's "Electrodiagnosis in Diseases of Nerve and Muscle". Finally, the residents will attend the 2 week neuroscience course ("brain camp") where electrodiagnostics are strongly emphasized.

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.

Dr. Michelle Tensley (DACVIM, Neurology), Dr. Debbie James (DACVIM, Neurology), Dr. Peter Brofman (DACVIM Neurology, Internal Medicine), and Dr. Scott Schatzberg (DACVIM Neurology) provide mentorship on the standard neurosurgical procedures as described on the neurosurgical training form. These include hemilaminectomies, ventral slot, and dorsal laminectomies. Residents are expected to progress from an initial period of observation at the start of residency to an independent/primary surgical role by the 3rd year of residency. Drs. Tensley and/or James (the primary neurologists @ The ANIC NM) are present on-site during all surgical procedures through a minimum of year 2 of residency (even if surgery is performed by the resident) for instruction and assistance.

Dr. Peter Brofman performs stabilization procedures for fractures, cervical malformation / malarticulation syndromes, as well as procedures for dynamic instability associated with both cervical and lumbosacral stenosis. Residents are primarily involved as an assistant during advanced surgery in clinical patients. He travels to the primary training site (New Mexico) to perform these surgeries, but residents will also be exposed to these procedures during off-site rotations at the secondary site (Austin, TX) where Dr. Brofman primarily works. Dr. Tensley has attended the ACVIM ACE Neurosurgical procedures course and is working toward the neurosurgery certificate in order to offer in-house services for stabilization procedures. The ANIC provides canine cadavers for surgical practice and guided labs led by Drs. Brofman, Tensley and James.

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.

The ANIC provides 24/7 access to consults and emergency care. Residents share emergency receiving duties after normal business hours (6 pm- 8am) and weekends on a rotating basis. Duties include triage of referring veterinarian and client phone calls, receiving and evaluation of patients presented for emergency exams, and supervision of diagnostics when performed outside of normal business hours.

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:

Formal didactic (topic rounds, journal club) rounds will be held once weekly. Drs. Tensley, James, or Cuddon will be on site. Drs. Schatzberg, Cuddon, Brofman and Chauvet attend online rounds via Zoom / Skype. The resident will present or participate in the formal review of 3-4 neurology manuscripts per month through journal club. The resident also will participate in radiology rounds and topic rounds (covering all chapters of DeLahunta's Neurology and Neuroanatomic textbook) over the course of the training program.

- Journal Clubs held in collaboration with CSU-CVM once a month via Zoom video conferencing.
- Topic Rounds: (neuroanatomy / neurolocalization / electrodiagnostics / neuropath/neuroradiology) are held in collaboration with CSU-CVM via Zoom once a month.
- Daily informal discussions with The ANICs neurologists may lead to additional review of literature directly related to individual clinical cases.
- Residents present a minimum of 2 formal seminars each year covering major topics in neurology and neurosurgery, which require literature review and incorporation of key concepts.

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:

The program director (SS) will meet with the residents (and their advisor) informally (q 3 months) and formally (q 6 months) to assess, review and critique the resident's progress in the training program. They will also review the resident's medical and surgical caseload and discuss the progress and outcomes of various cases along with the resident's progress on the clinical investigation/publication requirement (see below).

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 program director (SS) has completed numerous research and clinical investigative projects in veterinary neurology over the past 15 years. SS also has mentored numerous residents and graduate students in both basic and clinical research studies over the years. Presently, SS has ongoing, collaborative research projects. The resident will be required to complete a mentored, clinical research project which will be mapped out (hypothesis, specific aims, case inclusion criteria, etc) over the first year of the training program. Case materials (case demographics, MRI, CSF results, etc) will be collected and evaluated in the first 2.5 years if the study is prospective, and case materials are available from hundreds of cases over the years if the study has retrospective elements. SS and the

resident will meet regularly to discuss the project, the results of which ultimately will be submitted as a research abstract (oral presentation) for ACVIM in the spring of year 3 of the residency. In the third year, the resident also will submit the manuscript for publication, which will be a requirement for the successful completion of the neurology residency training program.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite Presently we have on site CBC, Chem, UA, blood gas, microscope for cytology, PT/PTT, Cytospin. Antech, Idexx, CSU-CVM and Protatek laboratories are used routinely for endocrine, parasite, and micro services
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Offsite - CSU-CVM; Arizona Veterinary Oncology
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site via online CSU-CVM library access
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite (VIA)
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite texts/CSU-CVM
j) Electromyography and nerve conduction study testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite/Viasys (Viking Quest)
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CSU-CVM
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CSU-CVM
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite - GE
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Onsite 1.5T 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:

CSU-CVM library resources are available via Dr.Schatzberg's affiliate CSU appointment. Radiation therapy is available on a referral basis through the institutions listed above, and both offer remote consult for cases. Edx not available on site is available through referral to CSU-CVM Reference laboratories (Idexx/Antech/CSU-CVM) all offer phone and email consultation regarding laboratory results and cases.

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.

Formal didactic rounds are held on a weekly basis. This rotation includes 2 journal club sessions, 1 'book club' and 1 topic round each month [neuro-anatomy / localization / neuroradiology],. Twice monthly, these rounds are held jointly with CSU-CVM via Zoom video conferencing.

Residents are responsible for presenting a minimum of 2 formal rounds seminars each year, including a topic round and M&M style case review.

Examination review sessions will be offered by The ANIC neurologists on a rotating basis during the 2nd and 3rd years to prepare for the general and specialty exams.

The resident will attend all presentations given by the 2 on site ANIC neurologists (MT, DJ and PC) to VCA rotating interns and to the referring vet community.

The residents have access to CSU's post graduate medicine ("PGM") online course which consists of weekly online lectures (1 hour) in the fall of years 1 and 2 of the training program to prepare to the ACVIM general exam.

The resident will complete out-rotations in clinical pathology (2 weeks) and neuropathology (2 weeks) at TAMU and similarly will be responsible for attending house officer and faculty rounds during those rotations.

The residents will attend an annual 15 hour regional meeting (hosted by The ANIC and local VCA specialty hospital) which covers topics in neurology, internal medicine, surgery, ophthalmology and oncology. They will have the option to attend a similar regional conference in Arizona that is hosted by our secondary Scottsdale location.

The residents will attend the 2 week neuroscience course and the MRI / radiology course that rotates between USA and Europe.

The residents will attend ACVIM Forum during years 2 and 3 of the training program and will be expected to attend neurology and neurosurgery presentations, especially the research abstracts. The resident will be required to submit his/her clinical research for presentation at ACVIM in year 3 of the residency.

Residents will be given the opportunity to attend the ACVIM Advanced Neurosurgical Course, AO Vet surgical courses, and ACVIM ACE courses according with their personal interests.

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.

Residents are responsible for presenting a minimum of 2 formal rounds seminars each year, including a topic round and M&M style case review.

They will also present rounds for rotating interns at a local VCA specialty hospital and will be involved in presenting CE to area referring veterinarians as they progress through their program. They will submit research for presentation at ACVIM forum in year 3.

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 residents will attend an annual 15 hour regional meeting (hosted by a local VCA specialty hospital) which covers topics in neurology, internal medicine, surgery, ophthalmology and oncology. They will have the option to attend a similar regional conference in Arizona that is hosted by our secondary Scottsdale location.
The residents will attend the 2 week neuroscience course and the MRI / radiology course that rotates between USA and Europe.

The residents will attend ACVIM Forum during years 2 and 3 of the training program and will be expected to attend neurology and neurosurgery presentations, especially the research abstracts. .
 Residents will be given the opportunity to attend the ACVIM Advanced Neurosurgical Course, AO Vet surgical courses, and ACVIM ACE courses according with their personal interests.
 The residents have the option to take CSU's post graduate medicine ("PGM") online course which consists of weekly online lectures (1 hour) in the fall of years 1 and 2 of the training program to prepare to the ACVIM general exam.

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

Comments:

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

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

Comments:

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

The program director (SS) was associated with and/or co-directed neurology internships, residencies, and PhD students from 2004-present. As part of previous training programs, SS has organized and presented in extensive topic and journal clubs for interns, residents and graduate students. As indicated above, the proposed program will have strong academic aspects including neuroanatomy, neuroradiology, neurolocalization, and journal club rounds. SS also maintains close university ties and is an affiliate professor of neurology at Colorado State University. The CSU affiliate appointment gives our residency program access to CSU's electronic journal archives, agricola, cab abstracts, pub med, etc. Such journals will be made available to the residents. SS's affiliate appointment also will allow residents to participate in the CSU's post-graduate medicine (PGM) online course.

Drs. Tensley and James are both extremely talented neurologists who are highly committed to training the neurology residents. Moreover, the strong weekly didactic elements differentiate this program from many specialty practice residencies. The program provides a good balance between a strong caseload with opportunities to study the key academic aspects of neurology / neuroscience.

Chief of neurosurgery (PB) is double boarded in internal medicine and neurology / neurosurgery and brings a very strong didactic element to our training program. Dr. Brofman has extensive clinical experience and has previously co-trained 3 neurology residents as well as many rotating intern classes in the private practice setting.

The neurology / neurosurgery service has been thriving in New Mexico for the past 6 years and has a robust and varied caseload that strongly supports a Neurology / Neurosurgery residency program. The ANIC completes an average of 35 MRIs per month (some months as many as 50). The neurology caseload is diverse and representative of the full spectrum of brain, spinal cord, and neuromuscular disorders seen in both academic and specialty settings. The ANIC neurologists (DJ, MT, PC, PB, SS) routinely perform surgery on standard and complex neurosurgical cases, and the residents receive strong neurosurgical mentorship.

The ANIC has expanded to include 2 additional locations (Scottsdale, AZ and Austin, NM) and 2 additional board - certified neurologists (A Chauvet, P Cuddon). This provides the opportunity for additional case numbers and exposure to additional regional conditions, as well as additional support for didactic training and case collaboration.

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.