

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="(508) 887-4839"/>
E-mail:	<input type="text" value="dominik.faissler@tufts.edu"/>
Mailing Address:	<input type="text" value="Cummings School of Veterinary Medicine"/> <input type="text" value="Clinical Sciences"/> <input type="text" value="N. Grafton, MA 01536"/>

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

Primary Site Location:	<input type="text" value="Tufts University"/>	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="Dominik Faissler"/> <input type="text" value="Ane Uriate"/>
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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.**

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

Name and Specialty	Comments
<p>Suzanne Cunningham - Cardiology                      Emily Karlin - Cardiology                      John Rush - Cardiology                      Vicky Lang - Cardiology                      Daniela Bedenice - LAIM                      Melissa Mazan - LAIM                      Lisa Barber - Oncology                      Kristine Burgess - Oncology                      Cheryl London - Oncology                      Carrie Wood - Onocology                      Lilian Cornejo - SAIM                      Claire Fellman - SAIM                      Mary Anna Labato - SAIM                      Orla Mahony - SAIM                      Virginia Rentko - SAIM                      Elizabeth Rozanski - SAIM                      Michael Stone - SAIM                      Cynthia Webster - SAIM                      Ane Uriarte- ECVN</p>	

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*
Miranda Gallo	1/10/17	8/30/20	Ane Uriarte
Gregorie Scherf	7/15/18	7/15/21	Dominik Faissler
Jessica Christianson	7/15/19	7/15/22	



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:

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

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 checked="" type="checkbox"/>

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

[There is opportunity to complete an advanced degree after the 3 year clinical training 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

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
Nicholas Robinson, DVM, PhD Gillian Beamer, DVM Mainity Batista Lihares, Dr. med. vet. Karen Priest, DVM Joyce Knoll, DVM Perry Bain, DVM Francisco Conrado, DVM Leslie Sharkey, DVM	Dipl. ACVP Dipl. ACVP  Dipl. ACVP Dipl. ACVP Dipl. ACVP Dipl. ACVP	Anatomical Anatomical Anatomical  Anatomical Clinical Clinical Clinical Clinical	
Knarik Arkun, MD		Anatomical	Tufts medical School Boston, MA, direct supervision for 2 weeks of neuropathology

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
Dominique Pennick, DVM Amy Sato, DVM Mauricio Solano, MV Ryan King, DVM	Dipl. ACVR Dipl. ACVR Dipl. ACVR Dipl. ACVR	

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 Diplomat(e)s	Specialty Certifying Body	Comments
Ekaterina Mendoza-Kunetsova, DVM	Dipl. ECVD	Dermatology
Mike Karlin, DVM, Dipl. ACVS John Berg, DVM, MS, Dipl. ACVS Randy Boudrieau, DVM, Dipl. ACVS Robert McCarthy, DVM, Dipl. ACVS Michael Kowaleski, DVM, Dipl. ACVS Raymond K. Kudej, DVM, PhD, Dipl. ACVS	Dipl. ACVS Dipl. ACVS Dipl. ACVS, ECVS Dipl. ACVS Dipl. ACVS, ECVS Dipl. ACVS	Surgery orthopedic Surgery soft tissue Surgery orthopedic Surgery orthopedic Surgery orthopedic Surgery soft tissue
Stefano Pizzirani, Dr. med. vet., Dipl. ACVO Stephanie Pumprey, DVM, Dipl. ACVO	Dipl. ACVO Dipl. ACVO	Ophthalmology Ophthalmology
Lois Wetmore, DVM, MS, ScD	Dipl. ACVA	Anesthesia

Emily McCobb, DVM Amanda Abelson, DVM Katherine Cummings, DVM	Dipl. ACVA Dipl. ACVA, ACVECC Dipl. ACVA	Anesthesia Anesthesia Anesthesia
Elizabeth Rozanski, DVM  Armelle De Laforcade, DVM Ann Shea Wayne, DVM Jonathan Babyak, DVM Sean B Majoy, DVM Lisa Freeman, DVM, PhD Cailin Heinze, DVM Carlos Gradil, DVM Stephanie Borns-Weil, DVM	Dipl. ACVIM, ACVECC Dipl. ACVECC Dipl. ACVECC Dipl. ACVECC Dipl. ACVECC Dipl. ACVN Dipl. ACVN  Dipl. DACVB	Emergency Ctitical Care  Emergency Critical Care Emergency Ctitical Care Emergency Critical Care Emergency Critical Care Nutrition Nutrition Therigenology Behavior

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:**

	<b>Year I</b>	<b>Year II</b>	<b>Year III</b>
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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
<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 *	31	29	27
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	31	29	27
Neurology/Neurosurgery - Indirect Supervision			
Internal Medicine	4	1	
Clinical Pathology		1	
Radiology		1	
Neuropathology			2
Other Rotation (please list the name of each rotation):			
Other: ICU/ER Ophthalmology	2	2	1
Other: Soft Tissue or orthopedic sx	2	2	2
Research	7	6	6
Independent Study	4	8	12
Vacation	2	2	2

Total **	52	52	52
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\* 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:

- A) Monday to Friday clinical case related rounds are held and supervised by a neurology faculty in the morning from 8-9 am and in the late afternoon from 5-6 pm
- B) Saturday and Sunday a faculty reviews hospitalized cases with resident at 9 am and is available for consultations if needed
- C) During weekend days faculty can be contacted by phone, for difficult cases faculty can return to hospital if needed

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.

- A) The residents have to do a one week radiology rotation (Monday to Friday) to become more familiar with general radiology such as terminology, reading chest radiographs, spinal radiographs, CT cans and MRI.
- B) At Tufts University the neurology service performs an average of 12 MRI studies and 4 CT scans a week.. All the images are reviewed and discussed by a group of clinicians including a radiology faculty, a radiology resident, a neurology faculty and the neurology residents.
- C) If such a discussion lasts about 10 minutes, we estimate 2 hours of exposure to a board certified radiologist per week. The resident will be exposed to a radiology faculty for about 180 hours over the entire residency if we base the calculations on 90 direct neurology "on clinics" weeks. The total exposure to a radiology faculty is equal to about 3 weeks of radiology rotation; and due to the busy case load much more case based and efficient than a single week of radiology rotation.
- D) The neurology residents have additional interactions with the group of radiology faculty for the discussion of chest radiographs, spinal radiographs, nuclear scintigraphy and ultrasound examinations

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

- A) The resident will spend one entire week with a board certified clinical pathologist. The rotation includes 5 days of 10 hours (8 am - 6 pm). Most of the attention during this week is directed towards CSF analysis. This rotation includes direct interaction with the clinical pathologist but also self-study based review of cases retrieved from the archive of the clinical pathology section
- b) Interaction on a daily basis with the clinical pathologist to assess and discuss CSF findings will further enhance experience and knowledge and add several hours over the residency of 3 years

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.

- A) Neuropathology rounds on a regular basis. Per year the residents are involved in 10 session of one hour duration accounting for about 30 hours of neuropathology at our University
- B) Review of autopsy and histopathology reports with the neurology faculty
- C) Neuropathology rotation of 2 weeks at Tufts Medical School with Dr. Knarik Arkun, MD
- D) The residents have the opportunity to attend the 2 weeks neuropathology course held annually in November in Barcelona, Spain

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.

- A) Electrodiagnostic rounds
- B) Residents perform EMG and nerve conduction studies under the supervision of a faculty
- C) The residents also have access to EEG recordings. Currently EEG's are performed on a research basis. Later it might be possible to introduce the test also to clinical work up of dogs and cats with a variety of brain disorders.
- D) The residents are required to keep a case log of their involvement into electrodiagnostic procedures

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.

- A) 4 weeks of soft tissue surgery
- B) 4 weeks of orthopedic surgery
- C) 1 week neurosurgery at the Tufts Medical School in Boston under the guidance of Dr. Carl Heilman
- D) Cadaver surgery labs on a regular basis
- E) Every resident has to keep a case log of her/his surgical cases.
- F) Solid training in neurosurgery. Spinal surgeries are most common, brain surgeries are performed on a regular basis. Every resident is expected to be involved in about 100 neurosurgical procedures over the entire residency, in half of them as an assistant and in the other half as a primary surgeon. If we account a average duration of a surgical procedure of about 2 hours each resident will receive at least 200 hours of practical neurosurgery training

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.

- A) Neurology residents spend 4 weeks in the critical care unit under direct supervision of a certified Emergency Critical Care Diplomate
- B) Neurology emergency cases are admitted on a daily basis via the Er service and transferred to the neurology team. Neurology residents have interaction with the ER service under guidance of certified Emergency Critical Care Diplomate

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:

Faculty supervised Rounds:	average # of meetings per 6 months
Continuing education topic round	6
Journal based literature rounds	5
Book reading (DeLahunta, King, Uemura)	5
Neuropathology rounds	5
Electrodiagnostic rounds	2
Histopathology rounds	1
Neurosurgery rounds	1
Total	25 hours per six months



Documentation of faculty supervised CE hours for July 2017 to June 2018			
	July-December 2017	January – June 2018	July - December 2018
DeLahunta book reading	5		
Uemura reading			5
Journal club	5		
Topic rounds	5	5	10
Phathophysiology rounds	1		
Neuropathology rounds	5	4	4
Journal reading rounds	8	7	5
Neuro-radiology		1	
Neuro-oncology rounds		1	
Electrodiagnostic rounds		5	
Neuro-histo rounds		1	
<b>Total per six months</b>	<b>29</b>	<b>24</b>	<b>24</b>

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:

- A) An online review to the Department of Clinical Sciences has to be submitted every 6 months for each resident
- B) The program director keeps records of all the 6 month schedules to make sure that all the residents accomplish the expected 3 years schedule listed above.
- C) An oral and written review every six months with both faculty
- D) A copy of the written review has to be submitted to department chair
- E) A review with the associate department chair twice 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.

- A) A retrospective or prospective research project is mandatory for the Tufts University neurology residents
- B) Progress is monitored by the advisor on a regular basis
- C) The resident has to present the results of her/his study at the research day held at Tufts University on a yearly basis in June in order to qualify for the Tufts University residency certification.
- D) The resident is encouraged to present the research project at the ACVIM meeting

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"/>	On site
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tufts Veterinary University lab
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site

- e) Blood Pressure Measurement
- f) Radiation Therapy Facility
- g) Veterinary Library w/Literature Searching Capabilities
- h) Computerized Medical Records w/Searching Capabilities
- i) Medical Library w/Literature Searching Capabilities
- j) Electromyography and nerve conduction study testing
- k) Evoked Response Equipment
- l) Electroencephalography
- m) Computed Tomography
- n) Magnetic Resonance Imaging (include field strength)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varian iX
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On -line Tufts Network, large library on site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMR string Soft
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On line, all journals
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Sierra
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Sierra
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Arc
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Toshiba Aquillon
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Siemens Magnetom Symphony, 1.5 T

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*:

Additional equipment on-site:  
 CUSA Ultrasonic aspirator  
 Codman express to measure ICP

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.

The following rounds are mandatory for neurology residents! There is certain variation of rounds being held for residents, but below there is the catalogue of resident training activity. For all the presentations a literature review and citation of publications used for the presentation is mandatory to enhance exposure to the current literature.!

a) Topic rounds  
 This presentation should give a complete state of the art overview of an important neurological topic. After a brief introduction, the presentation is expected to include relevant material in anatomy, pathophysiology, localization, diagnosis and conclusions. The literature citations have to be listed.

b) Case rounds  
 The goals are to enhance the discussion and evaluation of diagnosis, localization, and case management of patients which have been treated at our hospital. Outcome and treatment options are evaluated critically. One or multiple cases with the same disorder are presented in an interactive format. A literature review of the disease is mandatory.

c) Journal club  
 The purpose of Journal Club is to critically evaluate article content including material and methods, results and conclusions. One publication is presented. It is recommended to use original studies and avoid review articles. Important key points should be summarized and presented in a condensed form. A literature search is required.

d) Journal based literature reading rounds  
 Every resident and neurology faculty has 2-3 journal assigned to search for publication with neurological and/or neurosurgical content. Once a month to every other month we meet to discuss and highlight articles with relevant content. All the literature presented must be summarized.

e) Neuropathology  
 Two neurology cases per session are presented within a time frame of 1 hour for both cases. The goal of this session is to compare clinical, gross and histopathological findings. The role of the clinician is to familiarize the audience with signalment, history, examination, tests, treatment and tentative diagnosis prior to euthanasia. It is important to consult relevant text books and

appropriate literature to support the presentation of these cases.

f) Electrodiagnostic rounds

The primary purpose of these sessions is to become familiar with electrodiagnostic procedures. The presentation of an electrodiagnostic topic should include background and electrophysiological basics, pathways being tested, information about procedure (stimulation sites), morphology of normal wave forms, normal values, effects of anesthesia and age, and presentation and significance of abnormalities. A literature search is required.

g) Neurosurgery rounds

The presentation should focus mainly on anatomy, approach, surgical technique, indications and contraindications and prognosis. Alternative treatment options are evaluated. Etiology and pathophysiology can be mentioned briefly, but are much less important in this context. A literature search is required.

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 residents are expected to present the following once a year:

- A) Friday Morning Varis Seminar, entire small and large animal faculty, house officers and students invited, lecture of 30-45 minutes
- b) Second year neurobiology course: one lecture of 50 minutes
- C) Annual RDVM CE: one lecture of 30 minutes

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.

Every resident will be given time to attend the following conferences:

- A) Brain camp, 2 weeks throughout the residency
- B) ACVIM Forum following second year qualifier exam
- C) ACVIM Forum following third year after certifier exam
- D) Neuropathology Course Barcelona during third year of 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
<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.

- A) Residents have access to pathophysiology rounds held on a weekly basis. This is an important source of education to prepare for the qualifier exam
- B) Resident have access to weekly ECC, medicine and surgery rounds
- C) Residents have to attend REVEAL rounds on a monthly basis. This form of continues education offers lectures about career

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.