

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:	(352) 392-2226
E-mail:	carrerajustiz.s@ufl.edu
Mailing Address:	SA Clinical Sciences, CVM Box 100126, HSC Gainesville, FL 32610-0126

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

Primary Site Location:	Length of Training Program:
University of Florida Non Traditional	2 year

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

Sheila Carrera-Justiz Gabriel Garcia

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.

Sheila Carrera-Justiz - Neurology
Gabriel Garcia - 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
Amara Estrada - Cardiology Simon Swift - Cardiology Michael Aherne - Cardiology Kirsten Cooke - SAIM Richard Hill - SAIM Julie Levy - SAIM Andrew Specht - SAIM Alexander Gallagher - SAIM Rowan Milner - Oncology Carlos Souza - Oncology Amandine Lejeune - Oncology Robert MacKay - LAIM Chris Sanchez - LAIM Amanda Hosue - LAIM Martha Mallicote - LAIM	

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*
Kendall Day	7/1/18	7/1/21	Gabriel Garcia



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

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

Name of Diplomate(s)	Specialty Certifying Body (ACVP or ECVF)	Clinical or Gross	Comments
Mary Leissing	ACVP	Clinical	
Sarah Beatty	ACVP	Clinical	
Michael Dark	ACVP	Gross	
Serena Craft	ACVP	Gross	
Lisa Farina	ACVP	Gross	
Bill Craft	ACVP	Gross	
Jeff Abbot	ACVP	Gross	

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

Name of Diplomate(s)	Specialty Certifying Body (ACVR or ECVDI)	Comments
Erin Porter	ACVR	
Aitor Gaillastegui	ACVR	
Robson Giglio	ACVR	
Matt Winter	ACVR	
Federico Vilaplana-Grosso	ECVDI	

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
Dunbar Gram	ACVD	
Rosanna Marsella	ACVD	
Domenico Santoro	ACVD	
Dan Lewis	ACVS	
Brad Case	ACVS	
Stan Kim	ACVS	
Marina MacConkey	ACVS	
Matt Johnson	ACVS	
Penny Regier	ACVS	
Ralph Hamor	ACVO	
David Whitley	ACVO	
Caryn Plummer	ACVO	
Bonnie Gatson	ACVAnesthesia	
Fernando Garcia-Pereira	ACVAnesthesia	
Lane Johnson	ACVAnesthesia	
Marta Romano	ACVAnesthesia	
Diego Portela	ACVAnesthesia	
Gareth Buckley	ACVECC	
Travis Lanaux	ACVECC	

Bobbi Conner	ACVECC	
Ashley Allen	ACVECC	
Leo Londono	ACVECC	
Samantha Campos	ACVECC	
Richard Hill	Nutrition	
Justin Shmalberg	Nutrition	
Joe Wakshlag	Nutrition	
Terry Curtis	Behavior	
Malgorzata Pozor	Therio	
Audrey Kelleman	Therio	

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

The residency program is non-traditional in that the candidate, Kendall Day, transferred from Auburn University in the middle of the first year. She completed 26 weeks at Auburn University and completed Clinical Pathology and Radiology requirements while there. It will be 2.5 years (130 weeks) on site at UF where she will be expected to complete the program as for traditional 3 year residents.

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
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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
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 *	42	32	35
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	26	32	35
Neurology/Neurosurgery - Indirect Supervision	0	0	0
Internal Medicine	2	4	0
Clinical Pathology	0	1	0
Radiology	0	1	1
Neuropathology	1	1	1
Other Rotation (please list the name of each rotation):			
Other:			
Other:			
Research	4	6	6
Independent Study	0	4	6
Vacation	3	3	3
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:

Daily clinical case rounds occur in two forms. Cases are discussed between the faculty and resident on an individual basis once the case is received; these discussions may or may not include students. Service case rounds also occur at the end of the day that include faculty, residents and students.

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.

The resident will spend two weeks with the radiology service, participating in their service rounds, assisting in reading out imaging studies and participating in diagnostic imaging procedures.

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

The resident will spend one week with a board-certified clinical pathologist participating in reading out cytology as well as attending rounds and seminars.

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 resident will participate in neuropathology rounds with a board-certified veterinary pathologist scheduled throughout the year, approximately once a month. The resident will also spend time with a human neuropathologist (MD) at the associated on-campus hospital and will participate in reading out histopathologic samples.

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 resident will be taught electrodiagnostic theory through journal clubs targeted to the topic as well as electrodiagnostic theory and practice topic rounds. Electrodiagnostics are performed by the resident with faculty support on clinical cases as indicated, including EMG, NCV, F waves, RNS and EEG.

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.

The resident will regularly and frequently observe and gradually perform more neurosurgery under the supervision of an ACVIM Neurology diplomate. There are typically multiple surgeries performed per week with an average of 6 hours of surgery per week. The resident will also spend 4-6 weeks over the course of the residency with an ACVS diplomate (soft tissue, orthopedics or surgical oncology).

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.

Neurology residents cover neurological emergencies the entire year, each resident covering approximately 25% of the year in a rotating fashion. We perform emergency consults during the day and are available for consultations and procedures after hours as indicated with faculty support.

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:

Neurology service journal club occurs once a week on Thursday mornings at least 40 out of the 52 weeks of the year.

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:

Residents will receive a review twice a year by the attending service faculty; this is also required by the UF CVM for the residency program. There are standardized forms used by the UF CVM that evaluate interpersonal interactions, clinical skills, teaching, knowledge base and proficiency. There is also a third, uninvolved, party present.

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 candidate is completing a research project with associated faculty at Auburn University. We at UF will assist in whatever way possible and as indicated in preparation of the manuscript.

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"/>	
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

f) Radiation Therapy Facility	X <input type="checkbox"/>	<input type="checkbox"/>	
g) Veterinary Library w/Literature Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	
h) Computerized Medical Records w/Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	
i) Medical Library w/Literature Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	
j) Electromyography and nerve conduction study testing	X <input type="checkbox"/>	<input type="checkbox"/>	
k) Evoked Response Equipment	X <input type="checkbox"/>	<input type="checkbox"/>	
l) Electroencephalography	X <input type="checkbox"/>	<input type="checkbox"/>	
m) Computed Tomography	X <input type="checkbox"/>	<input type="checkbox"/>	
n) Magnetic Resonance Imaging (include field strength)	X <input type="checkbox"/>	<input type="checkbox"/>	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*:

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.

Neurology service neurophysiology seminars are held monthly on Tuesdays from 8-9am.
 Hospital resident seminar series is weekly on Wednesdays from 8-9am.
 Neurology service journal club is held weekly on Thursday from 8-9am.
 Internal Medicine seminar series is weekly on Fridays from 8-9am

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.

Each resident is required to present at least twice a semester at Neurology specific seminars and once a year in hospital wide seminar series.

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.

Residents are expected to attend the ACVIM Neuroscience Course (Brain Camp) as well as the ACVIM Forum their 2nd and 3rd year. They are also at liberty to attend SEVN if available.

18. How many major veterinary medical or medical meetings are each resident able to or expected to attend during his/her training program?

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

Comments: ACVIM 2nd and 3rd year; they may be able to attend NAVC pending schedules. They should attend the Neuroscience Seminar (Brain camp)

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

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

Comments: One research study is required as part of the training program and publication is required

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.