

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="(706) 542-9883"/>
E-mail:	<input type="text" value="MKent1@uga.edu"/>
Mailing Address:	<input type="text" value="2200 college station road&lt;br/&gt;College of Vet Med, University of Georgia&lt;br/&gt;Athens, GA 30602"/>

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

Primary Site Location:	<input type="text" value="University of Georgia"/>	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="Renee Barber&lt;br/&gt;Marc Kent&lt;br/&gt;Simon Platt"/>
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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.**

Renee Barber - Neurology  
 Marc Kent - Neurology  
 Simon Platt - 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
Amanda Erickson - Cardiology Gregg Rapoport - Cardiology Dawn Clarke - Oncology Nicole Northrup - Oncology Corey Saba - Oncology Joe Bartges - SAIM Andrew Bugbee - SAIM Tracy Hill - SAIM Amie Koenig - SAIM Joanne Smith - SAIM Andrew Bugbee - SAIM Cynthia Ward - SAIM	

5. Residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated Resident Advisor.

Resident Name	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Kataherine Bibi	8/1/17	8/1/20	Renee Barber
Juliet Armstrong	8/1/18	8/1/21	Marc Kent
Danielle Daw	8/1/19	8/1/22	Simon Platt



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 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
Marc Kent	DACVIM (IM and Neurology)	
Simon Platt	DACVIM (Neurology); DECVN	
Renee Barber	DACVIM (Neurology)	
Cynthia Ward	DACVIM (IM)	
Joseph Bartges	DACVIM (IM); DACVN	

Tracy Lynn Hill	DACVIM (IM)	
Andrew Bugbee	DACVIM (IM)	
Jo Smith	DACVIM (IM)	
Amie Koenig	DACVIM (IM);DACVECC	
Amanda Erickson	DACVIM (Cardio)	
Gregg Rapoport	DACVIM (Cardio)	
Dawn Clarke	DACVIM (Onco)	
Corey Saba	DACVIM (Onco)	
Nicole Northrup	DACVIM (Onco)	
Travis Laver	DACVIM (Onco)	

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
Bridget Garner	ACVP	Clinical	
Melinda Camus	ACVP	Clinical	
Elizabeth W. Howerth	ACVP	Gross (Anatomic)	
Daniel Rissi	ACVP	Gross (Anatomic)	
Paige Carmichael	ACVP	Gross (Anatomic)	
James Stanton	ACVP	Gross (Anatomic)	
Uriel Blas-Machado	ACVP	Gross (Anatomic)	Occasional interactions
Corrie C. Brown,	ACVP	Gross (Anatomic)	Occasional interactions
Cathy A. Brown	ACVP	Gross (Anatomic)	Occasional interactions
Nicole Gottdenker	ACVP	Gross (Anatomic)	Occasional interactions

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
Ajay Sharma	ACVR	
Scott Seacrest	ACVR	
Karine Gendron	ACVR, ECVDI	
Koichi Nagata	ACVR	Radiation oncology

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
Amie Koenig	DACVIM (IM), DACVECC	
Selena Lane	DACVECC	
Jennifer Good	DACVECC	
Benjamin Brainard	DACVECC, DACVAA	

Jane Quandt	DACVECC, DACVAA	
Rachel Reed	DACVAA	
Daniel Sakai	DACVAA	
Mike Barletta	DACVAA	
Steve Budsberg	DACVS	
Kevin Clarke	DACVS	
Janet Grimes	DACVS	
Tony Puglisi	DACVS	
Chad Schmiedt	DACVS	
Mandy Wallace	DACVS	
Frane Banovic	DACVD	
Kate Myrna	DACVO	
Katie Diehl	DACVO	
Sarah Louise Czerwinski	DACVO	

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)			
		7	
	2	4	4
Research	4	5	8
Independent Study			
Vacation	2	2	2
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>

Numbers indicated are in "weeks".

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

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

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	36	33	33
Neurology/Neurosurgery - Indirect Supervision	0	0	0
Internal Medicine	3		3
Clinical Pathology	3		
Radiology		3	
Neuropathology			
Other Rotation (please list the name of each rotation):			
Other: Emergency / Critical Care		3	
Other: Surgery (Orthopedic and General)			3
Research	4	3	3
Independent Study	4	8	8
Vacation	2	2	2
<b>Total **</b>	<b>52</b>	<b>52</b>	<b>52</b>

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

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

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

The service meets with our students twice daily. Newly admitted/transferred onto the service patients are presented in detail (signalment, history, examination findings, anatomic diagnosis, differentials, diagnostics (planned, pending, or returned), and treatment plan are discussed. Patients already on service (in-patients) have pertinent details presented, diagnostics results/therapeutics (surgery or medical) are reviewed, and the treatment plan or clinical updates are presented. The supervising diplomate on duty of the neurology service supervises the discussion of the cases.

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.

We have an onsite radiology department. The resident will spend 50 contact hours over the course of their 3 year program. There is a 3-week rotation where the neurology resident is on the radiology service and will participate in all the activities of the radiology service. Specifically, they are in the daily imaging rounds that are done as part of the ACVR requirements for the radiology residents as well as working on the floor of the radiology department faculty and residents where they participate in image interpretation as the studies are performed. Additionally, they spend time with the MRI technologists helping set up and acquire MRI sequences. This rotation is typically done in the 1<sup>st</sup> or 2<sup>nd</sup> year of the residency depending on the scheduling constraints.

During Clinical rotations: Residents provide interpretations and perform special radiographic procedures including MRI, CT, fluoroscopic guided biopsy/aspirate procedures, and on very rare occasions, myelography. These procedures are done with the radiology department.

Approximately every 6weeks, we have a 2 hour "neuroradiology rounds". This done in conjunction with the radiology department. During these rounds, images from studies of various imaging modalities are provide to residents. Residents are given 3 minutes to write their description of the image ("mock boards prep"); after 3 minutes, a resident is chosen to provide their detailed description. This is followed by discussion by the faculty and the other residents. Additionally, neuroanatomy, skeletal anatomy, and other relevant anatomic structures are reviewed. Finally, the principles of various imaging modalities are reviewed.

Residents are given the opportunity to attend the Neuroscience review course when it is offered.

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

Attention is focused on CSF analysis (how to prepare sample, do the cell counts, read the cytopspins) but also other clinicopathologic specimens (hemograms, FNA, various lavages, and fluid analyses). Residents also participate in didactic teaching of students that rotate through the clinicopath service. This may be accomplished as part of a 3-week rotation; however, for most residents, a continuous block of 3 weeks is not done. Instead, they spend 12pm-5pm for 1 week (as that is

the time that clinical pathology meets to read out the specimens submitted by the hospital). The earlier part of the day may be spent on their independent study time. This is done over the course of the residency as needed to gain the complete 50 hrs (i.e., 1 week done twice during the residency)

Additionally, during the residency, on a case by case basis, residents and supervising faculty meet with the clinical pathologist to review cytological, gross, or histological specimens (anatomic pathologists). During that time, reviews of pertinent findings are discussed.

Monthly Neuropathology review. As part and parcel of the 1-2 hour long session devoted to neuropathology (see below) clinical pathologic details are also presented and reviewed as part of the material presented and reviewed during these sessions. While the focus is on anatomic pathology, clinicopathologic samples are also evaluated (i.e., CSF findings, cytologic examination of impression smears of samples obtained at surgery or autopsy)

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.

Rather than having a "block" as a week of time as defined in the table under the section of the design of the program, we have several opportunities for residents to accrue the 50 hrs of neuropathology instruction throughout their 3 years.

Every 6 weeks - Neuropathology rounds. 2 hour long sessions devoted to clinical pathologic and histopathologic evaluation of the nervous system. We try to organize sessions by disease process (i.e., inflammatory disease, neoplastic, ischemic etc.). Multiple cases are presented at each rounds. For example, when reviewing CNS neoplasia, 5-6 different cases with intracranial neoplasms are presented. Gross findings are presented as a ppt presentation. Then residents use a multithreaded scope to review the histological findings which is guided by an ACVP diplomate. Residents are provided the slides in advance of the session for them to review.

In addition, residents attend the yearly didactic teaching session that is provided for the ACVP (anatomic pathology) residents that introduces them to neuropathology. This is a total of 4 hours. In this session, a systematic approach to nervous system pathology is taught to the first year ACVP residents. Discussion focuses on both normal anatomy as well as pathology of the nervous system.

On a case by case basis, residents and supervising faculty meet with the pathologist to review cytological, gross, or histological specimens. During that time, reviews of pertinent findings are discussed.

Residents are given the opportunity to attend the Neuroscience review course when it is offered.

Finally, the residents have the opportunity to assist in the autopsy of animals submitted for evaluation. Residents can assist in the gross autopsy and participate with the ACVP resident on duty in the sectioning of fixed gross specimen for histologic evaluations when the opportunity arises. In addition, Dr. Kent does gross and histological evaluation of specimens provided by outside colleagues as well as for some UGA treated animals. These material provide instructional opportunities which are shared with the residents and are also used in the q6wk neuropathology review (see above)

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.

Residents have hand-on electrodiagnostic experience and didactic learning.

Hands on experience is gained through evaluation of animals (primarily dogs and cat but on rare occasions other species [i.e., birds but also other mammals seen thru Exotics/Zoo medicine]) presented to the VTH for evaluation. As deemed appropriate as part of a diagnostic work up, resident perform a variety of EDx tests.

As a general rule, the resident is performing (under direct supervision) all EDX tests performed on any animal in which EDx is part of their diagnostic work up for a LMN disorder. Typically, an EMG, direct evoked motor potentials/mNCV is performed on all patients with LMN dysfunction. For the majority of such cases, F-wave evaluation is also performed. In some of these cases, repetitive stimulation is also performed (despite the lack of clinical suspicion for a disorder of the NMJ). On rare



occasions, cord dorsum potentials are acquired.

The neurology service offers BAER testing for breeders. Residents participate in acquiring and interpreting BAER tests for breeders. Additionally, *on very rare occasions*, BAER tests are performed on animals for assessment of brain function in cases of cardiopulmonary arrest (primarily this is done for academic interest and learning rather than solely for diagnostic purposes).

EEG is performed on very rare occasions. Residents are involved in the acquisition and interpretation.

For the remaining aspect of EDx (i.e., EEG, sensory nerve conduction velocity, SSEP), we have designated time for didactic training (see below section 11). Residents are assigned topics ranging from EEG basics to specific topics like electrophysiological assessment of the blink reflex or SSEP / cortical evoked potentials or SF-EMG. Residents present a 1-hour powerpoint presentation to the neurology service (faculty and neurology residents). The structure is typically outlined as an overview, review of the physiology, clinical utility, and case examples/clinical utility.

ERG is performed by the ophthalmology service, neurology residents will be observed and participate when it involves one of their patients. Results are discussed with ophthalmology residents or faculty and/or neurology faculty.

**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 neurology service at UGA performs the majority of the neurosurgical procedures at the VTH. The resident will perform neurosurgical procedures as part of the daily function of the clinical service under the guidance of mentors (DACVIM neurologists). The resident will be a direct participant in all these procedures. Depending on the resident's level of training and abilities, they participate/assist in varying degrees.

The neurology service performs approximately 3-4 neurosurgical procedures per week. Common neurosurgical procedures including hemilaminectomies and ventral slot procedures. Other procedures include vertebral column stabilization for fracture/luxations and AA subluxation, and dorsal laminectomy. Residents participate in craniectomies are also performed by the neurology service. Residents also perform/assist with nerve and muscle biopsies. On rare occasions, surgeries that involve the expertise of another service (e.g., laminectomy for cytoreduction of a nerve sheath neoplasm [neurology service] followed by limb amputation [general surgery]) will also involve neurology residents.

Residents will perform the above listed procedures as either as the primary surgeon or as the assistant depending on their level of experience and competence. All surgeries will be performed under the guidance of the neurologists. The level of supervision is commensurate with the level of the resident.

The 1st year residents begin in an observational role; as time and competency progresses in their first year they begin with approaches (mainly for thoracolumbar vertebral column) followed by performing hemilaminectomy on the thoracolumbar vert. col. Often by 4-6 months into the residency, the 1<sup>st</sup> year resident is at a level where they can do the majority of the hemilaminectomy for an "uncomplicated" acute IVD herniation. The neurologist on service, will be scrubbed in for the majority of the procedure. Likewise, they gain experience through observation and then with experience soft tissue approach for V-slot. Other procedures such as nerve/muscle biopsy they are guided through (cases permitting).

Similarly, in the 2nd year, based on competency for hemilaminectomies for thoracolumbar IVD herniations, they function more as the primary surgeon with the supervising neurologist scrubbed in, then later, the neurologist observes not scrubbed in; finally they are allowed to do surgery unassisted (with the neurologist in the building for a final verbal approval of the procedure, often the neurologist will go to the OR and do a visual inspection and discuss with the resident whether any issues or concerns remain).

The 3rd year residents do hemilaminectomies and v-slots with the neurologist not scrubbed in, depending on the case and the level of experience/competence of the resident. All other procedures the neurologist is scrubbed in. The only procedure that residents perform without direct supervision is hemilaminectomies (typically the "unsupervised ones occur after hours); otherwise, the supervising neurologist is either scrubbed into surgery or not scrubbed in but observing the case.

The neurologists instructing the residents in neurosurgical procedures have all completed ACVIM approved training programs during which performing surgery (as the primary surgeon) was part of their training. The neurologists received their instruction from both ACVIM diplomats.

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.

Depending on the resident's experience and training prior to starting the residency; most will have a 3-week formal rotation as part and parcel of the UGA-VTH, emergency and critical care service which is an ACVECC resident training program. Neurology residents function as either an ER receiving doctor (receiving any case that presents to the VTH ER service) or as part of a separate arm of the ECC service, working in the ICU as a CC doctor (i.e., taking care of in-patients on the ECC service). Neurology residents participate in all activities of the ECC service including daily case rounds, procedures, topic/didactic rounds, receive cases etc.

The neurology service takes after hours (week nights, weekends, and holidays) on-call duty. For medical neurology cases, the neurology residents on duty (typically 2 neurology residents per 3-week block) evenly split on-call duty after-hours (every day after hours including weekends and holidays) During the day as well as after hours, the ER service will perform an initial assessment of in-coming patients and then call the on-duty neurology resident. The on-call neurology resident will either discuss the case over the phone (after hours) or as part of day time duty (day time hours), the resident will assess cases (along with faculty neurologist on duty). For after hours duty, following discussion over the phone, the neurology resident will come into the hospital to evaluate the animal in person. The UGA-VTH mandates that all rotating interns on ER duty call their respective backup after hours for all cases for at least the first 6 months of the rotating internship year. Thereafter, while they are allowed to make decisions without consultation, however, the vast majority of interns will call the neurology resident for consultation after hours. For the majority of after hours cases, the neurology resident on duty will come into the hospital to evaluate the patient.

For neurosurgical cases, the neurology service takes on-call duty 4 out of 7 nights (after hours) with ACVS residents covering the remainder of the week for "standard/uncomplicated" cases that are the typical thoracolumbar IVD herniation in a chondrodysplastic dog (i.e., acute IVD herniation). Any neurosurgical case OTHER than those highly suspicious for an acute TL IVD herniation, the neurology resident is called (i.e., cervical myelopathies, fractures/luxations, cranial trauma, etc.), come to the hospital assess the patient, contact their supervising faculty and decide on whether after hours imaging and/or surgery is necessary. Neurology resident will assist the supervising neurologist or perform the neurosurgical procedures as described above commensurate with their experience level and abilities.

During the day time hours M-F; the neurology service will take cases directly from the ER service. The ER clinicians perform the primary receiving responsibilities, however, once the case has been taken in for examination, the neurology service is called for consultation which means the resident (alone or with faculty supervision) will evaluate the case. Neurology resident will perform neurosurgical procedures as described above commensurate with their experience level and abilities.

After hours procedures vary depending on the case.

Neurology residents will do an in-hospital evaluation of every patients prior to any procedures being performed.

Neurology residents assist in the image acquisition and interpretation of all cases undergoing cross-sectional imaging (primarily MRI)- they consult their neurology faculty on all cases (faculty have online, realtime access to view images).

Neurology residents will consult on or perform medical procedures as needed either via phone conversations or in person in the hospital commensurate with the complexity of the case and/or the ER doctor's level of experience. Such cases range from helping evaluate seizures cases and assisting in setting up CRI of an anticonvulsant to helping an ECC resident set up a ventilator for a neurology case needing ventilator support.

The neurology resident performing on-call duty always consults on every case with the faculty neurology on service. Commensurate with the experience level of the neurology resident, faculty may assist with in-hospital evaluation or may consult via phone only.

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

We have a weekly, 1-hour resident-directed learning activity. This is the venue for journal club and literature review. There is always at least 1 ACVIM neurologist in attendance. This is accomplished outside of the clinic, in a meeting room designated for such activities.

These resident-directed learning activities take several formats. The majority of these sessions are focused on critical evaluation of pertinent literature. Residents choose 1-2 articles (sometimes in consultation with faculty) from current or past literature. Articles are chosen not only for their content but also for their methodology and statistical analysis of data. Residents send out articles several days prior to meeting. The resident that presents the articles is expected to provide a detailed evaluation of the intent/purpose (i.e., statement of the hypothesis), description and assessment of the study methodology, statistical analysis, and results interpretation, as well as a summary statement of whether the hypothesis and goal of the paper was met.

Another format is referred to as "speed journal club". A resident presents a brief synopsis of 6-10 articles in the current literature. Given the number of articles presented, attention is focused on the main points of the article. Often the articles chosen are case reports or case series. The intent of this format is to help residents keep current with published literature (this is done once per month)

The final format is called "topic rounds". In this format, a specific topic is focused on. Topics range from a chapter in a text such as de Lahunta's Veterinary Neuroanatomy and Clinical Neurology, to a physiology topic such as vestibular system and hearing, to electrophysiology topics (see above). As a whole, topics are focused on anatomy, physiology, neuropharmacology, and electrophysiology. The purpose of these presentations are to provide residents with a formal teaching activity directed at special examination preparation.

Two other resident-directed learning activities fall under critical review of literature. First, we have a joint rounds review with ACVS residents. Topics specifically focus on neurosurgery and biomechanics involved in fixation procedures. At these rounds, 2-3 articles are chosen that focus on a specific area of neurosurgery. During the 1-2 hour discussion, neurology residents present and review an article pertinent to the topic and an ACVS resident presents a second. In addition to ACVIM neurologists, these rounds are attended by ACVS diplomats to provide a broader perspective. Second, over the course of a year, we will have didactic and wetlabs devoted to specific topics in neurosurgery. An hour discussion precedes the wetlab. Topics range from basic tissue handling, sterility, equipment, implants to common procedures (laminectomy, ventral slots) to more advanced topics stabilization techniques, craniectomies etc.

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 neurology faculty meet with the residents every 6 months and review their progress in the program. A verbal critique is given. A written summary is also provided following the discussion. Plans are made/reviewed for the next 6 months. In cases where a resident is perceived as being behind, reviews are provided on a more frequent basis.

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.

During the 6 months reviews, we discuss residency research. Additionally, each resident discusses completion of their project(s) with their primary advisor for their specific research endeavor. Residents are told that failure to complete the project will result in an unsatisfactory performance of their residency duties and will not be given a certificate of completion.

Year 1: Within the first year, the resident project is identified and planned. If funding is needed for project, the advising faculty and resident write funding proposal. Additionally, the project timeline for completion is mapped out. If possible, the project is started.

Year 2: The majority of the work is performed to complete the project

Year 3: The manuscript is written and submitted for publication

This guideline is a loose timeline that varies depending on the resident's project and the amount of work that goes into completion of the project. As some projects are case reports, a timeline may be completion over a couple of months. Other projects are part and parcel of an ongoing research investigation in which completion of the overall project may span an entire 3-year residency.

For successful completion of the UGA residency, submission of a manuscript for publication is mandated. Therefore, the supervising faculty on the resident's paper monitors the progress of the process of writing and submitting a 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"/>	On site
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
c) Clinical Pathology capabilities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site; on campus; online access
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site; online access
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site; on campus; online access
j) Electromyography and nerve conduction study testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site (3T)

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*:

NA

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.

**Grand rounds**

Grand rounds are presented weekly by house officers from all disciplines (ACVIM, ACVS, etc.) The resident will be expected to attend these rounds and to present a neurology topic once a year for each year of residency. Topic range from large animal oriented, to small animal and exotic species. Medical and surgical topics are discussed. Presentation vary from case reports that interns present to studies that resident do as part of their residency requirements.

**"ACVIM rounds"**

"ACVIM rounds"- a weekly seminar presentation that focuses on topics involving all areas of medicine as well as statistical review, pharmacology, toxicology, and physiology. Residents of all disciplines present topics that comprise areas of study

necessary for successful completion of the ACVIM qualifier examination.

The objective of the rounds is as follows:

- To provide information on a topic that will be useful both when studying for the ACVIM General Boards, and when practicing specialty medicine.
- Lectures will emphasize physiology/pathophysiology and provide relevant literature updates.
- To generate discussion among faculty, residents, and specialty/rotating interns about each particular topic each presenter will generate 2 questions that stimulate discussion.

Topic span all topics covered on the ACVIM general exam. Specific topics are discussed on a rotating basis over a 2 year period so that all residents will hear all the topics. Neurology residents provide presentations on neurology topics. Approximately 10 neurology topics are presented over the course of 2 years.

Residents are given the opportunity to attend ACVIM forum when they take their exams.

Residents may attend CE conference given at UGA

Residents attend an annual regional veterinary conference. SEVeN conference (for the description visit: <http://www.seveneuro.com/>). Residents are encouraged to present a 15 min abstract or case presentation at this conference.

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.

See section 15; neurology residents give presentations at grand rounds and a "ACVIM rounds"; each is done at least 1 time per year. Residents are given the opportunity to present at ACVIM forum (poster session or in abstracts) during their residency.

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.

For the Specialty exam, we have a resident-directed didactic learning activity term "topic rounds"; these are formal review sessions directed toward specialty examination preparation. (see section 11)

For the General exam, our department has ACVIM rounds, (see section 15)

Residents attend the ACVIM forum in their 2<sup>nd</sup> and 3<sup>rd</sup> year of their residency.

Residents are given the opportunity to attend "Brain camp"

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 checked="" type="checkbox"/>	<input type="checkbox"/>	1

Comments: \_\_\_\_\_

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.