

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee (RTC) 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Neurology Residency Training Programs in the ACVIM Certification Manual (CM). The current version of the CM is available on the ACVIM website at www.ACVIM.org.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Neurology RTC must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing before the changes are made to ensure that the proposed changes are approved. Significant changes could include, but are not limited to the following: changes in Program Director or advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: The data collected in this form is necessary both for the ACVIM to maintain its accreditation as a Registered Veterinary Specialty Organization and also is required for renewal of the residency training program. Some of the data collected is required of every specialty and some is specific to the specialty of Neurology.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, will be addressed by the Program Director in Part Two.

Program Director Name :

Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology (ECVN) for at least 5 years with 3 years' experience training residents

Program Director Contact Information:

Work Phone:	<input type="text" value="(217) 300-0317"/>
E-mail:	<input type="text" value="hague@illinois.edu"/>
Mailing Address:	<input type="text" value="Department of Veterinary Clinical Sciences
1008 West Hazelwood Drive
Urbana, IL 61802"/>

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

Primary Site Location:	Length of Training Program:
<input type="text" value="University of Illinois - Non Traditional"/>	<input type="text" value="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.

<input type="text" value="Devon Hague
Kari Foss"/>
--

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.

Devon Hague - Neurology
Kari Foss - 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
Ryan Fries - Cardiology Jordan Vitt - Cardiology Brian Aldridge - LAIM Scott Austin - LAIM Pamela Wilkins - LAIM Timothy Fan - Oncology Laura Garrett - Oncology Alyceb Lundberg - Oncology Kim Sleting - Oncology Amon Gal - SAIM Kimberly Hooi - SAIM Marcella Ridgway - SAIM David Williams - SAIM Jennifer Reinhard - 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*
Caroline Fallon	1/25/19	7/15/20	Devon Hague



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
<input type="text" value="N/A – we do not have an off-site location"/>		

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
Anne Barger	ACVP	Clinical	
Sara Connolly	ACVP	Clinical	
Michael Rosser	ACVP	Clinical	
Amy Schnelle	ACVP	Clinical	
Denae LoBato	ACVP	Gross	
Patrick Roady	ACVP	Gross	
Jonathan Sameulson	ACVP	Gross	
Miranda Vieson	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 Diplomat(e)s	Specialty Certifying Body (ACVR or ECVDI)	Comments
Kim Setling	ACRV	Dr. Setling is a radiation oncologist and boarded ACVIM oncologist.
Cintia Ribeiro de Oliveira	ACVR	Dr. Ribeiro de Oliveira is a faculty member and the teaching hospital's teleradiologist. She is currently off site. We have monthly teleconference neurorimaging rounds with Dr. Olivera.
Ines Carrera	ECVDI	Dr. Carrera is a former faculty member and available for consultation to the neuro service about cases and research projects, specifically due to her interest in MRI and MRS.

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
Tisha Harper	ACVS (SA)	And DACVSMR (Canine)
Heidi Phillips	ACVS (SA)	Expertise in microsurgery
Clara Moran	ACVS (SA)	
Jason Pieper	ACVD	
Tamas Ambrisco	ACVA	
Stephanie Keating	ACVA	
Jenica Harashak	ACVECCS	
Maureen McMichael	ACVECCS	
Caroline Tonazzi	ACVECCS	
Pamela Wilkins	ACVECCS	And DACVIM-LA
Igor Canisso	ACT	
Fabio Lima	ACT	
Santiago Gutierrez	ACVS (Equine)	And DACVSMR (Equine)
Annette McCoy	ACVS (Equine)	
Peter Constable	ACVN	And DACVIM-LA
Kathryn Fleming	ACVO	

Bianca Martins	ACVO	
Kelly Ballentyne	ACVB	Off-site. Dr. Ballentyne is a former faculty member and currently has a behavior private practice in Chicago. She is available for telephone and email consultations.

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.

Dr. Fallon will complete the last 18 months of her residency at the University of Illinois, after completing the first 18 months (July 2017 to January 2019) at Auburn University. While she is at the University of Illinois, her residency will be the same schedule and program as the traditional residency program here approved by ACVIM. The only non traditional component of Dr. Fallon's residency is that her residency started at a different location and then moved to second location to finish her residency.

Therefore, under the next section below, the Year 1 activities will not be listed (as they have been already done at Auburn University) and only 25 weeks of activities noted at the University of Illinois during Year 2 (as other weeks of activities will have been and will be completed at Auburn University).

According to Dr. Amanda Taylor, Dr. Fallon has completed the following aspects of her residency:

- 43 direct weeks of neurology clinical duties with an ACVIM board-certified neurologist
- 8 indirect weeks of neurology clinical duties
- 2 weeks (74 hours) of radiology service with an ACVR board-certified radiologist
- 39 hours of neuropathology with an ACVP board-certified pathologist
- 175 hours of neurosurgery under the direction of a neurologist with ACVIM neurosurgery certificate
- 55 hours of neurology journal club with an ACVIM board-certified neurologist
- 4 weeks of internal medicine service with an ACVIM board-certified internist
- 4 weeks of orthopedic surgery with an ACVS board-certified surgeon
- 2 weeks of soft tissue surgery with an ACVS board-certified surgeon
- 6 weeks of research under the direction of an ACVIM board-certified neurologist

8. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and the remainder as indirect supervision**

(indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).

Please provide an outline of planned yearly schedule, including number of weeks of direct and indirect supervision (i.e. in year 1, the resident will be directly supervised for 25 weeks etc.) A table similar to the example below outlining the proposed weekly schedule of duties for the residents should be provided:

EXAMPLE TABLE ONLY:

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

Numbers indicated are in "weeks".

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

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

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision		18	25
Neurology/Neurosurgery - Indirect Supervision			5
Internal Medicine			
Clinical Pathology			1
Radiology			3
Neuropathology			2
Other Rotation (please list the name of each rotation): Residents have the option for 1 or 2 weeks in ophthalmology, behavior, radiation oncology, surgery, large animal/equine			6

medicine here or rotation with the local human neurology/neurosurgery facility (UIUC Carle medical school), based on the resident's specific interest.			
Other:			
Other:			
Research		2	2
Independent Study		4	6
Vacation		1	2
Total **		25	52

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

**The totals should add up to 52 weeks.

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

Daily patient rounds are conducted on the weekdays at 7:30am. These are in depth sit down rounds discussion about the inpatient conducted with the students, residents and senior clinician. During the weekday evenings, patient rounds are conducted again prior to leaving for the day to discuss the cases in hospital, cases seen during the day and organize for the following day's schedule. The resident will consult with the faculty neurologist individually after examining a case to discuss their neurologic examination findings, neurolocalization, differentials, diagnostic and treatment plan for the patient.

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.

Residents interact with the boarded teleradiologists about their cases and to read their patient's imaging studies. We conduct required monthly neuroradiology rounds typically on the 3rd Tuesday of the month (with the faculty teleradiologist, until permanent radiology faculty are hired to conduct these onsite/ in person). The resident will also receive training in diagnostic imaging during "brain camp". Additionally, the resident will spend three weeks (approximately 120-150 hours) on the radiology rotation during the residency; this will be pursued during the resident's 3rd year. In 2018-2019, since the University has been unable to attract boarded radiologist(s), we fulfilled this radiology requirement with an off campus rotation for last year's 3rd year resident, Dr. Vitale. The university is paying for the residencies for 2 radiology residents (first one will be finished in 2019)

who will join our faculty in the fall 2019. If that radiology candidate (Dr. Hamel) can achieve ACVR board certification after finishing his residency, then we will be able to provide onsite training starting in 2019 for the neurology residents. Dr. Hamel has passed the first part of his examination and needs to pass his second part of the board examination in order to become a diplomate. There is also an opportunity to attend neuroradiology rounds at the local medical teaching hospital (about 3 miles from campus), once HIPAA training has been completed by the resident.

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

Residents are strongly encouraged to interact daily with the clinical pathologists about their cases and to read their patients' slides. There are weekly clinical pathology rounds that the resident can attend to increase training hours. Additionally, the resident will spend one week (approximately 40-50 hours) on a clinical pathology rotation during their residency.

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.

Residents are strongly encouraged to interact with the anatomic pathologist to discuss their cases that go to necropsy to see the gross pathology. Additionally, the residents will spend three weeks on a neuropathology rotation, mostly evaluating histopathology slides. Dr. Miranda Vieson and the neurology service have coordinated monthly neuropathology rounds (first Tuesday of the month) for the neurology and pathology residents.

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 fundamentals of electrodiagnostics will be taught during the neurology didactic coursework and journal club format during the residency. Additionally, during the 3 year residency, there will be at least one wetlab on electrodiagnostic techniques (this was done with Dr. Collette Williams in January 2017 and February 2018). The residents will also get exposure and hands on experience with EMG, NCV, BAER and EEG during case workups. Dr. Graham Huesmann, MD, PhD, an epileptologist at the local medical school hospital, is also available to help review EEG cases and participation in the electrodiagnostic rounds at the human hospital occurs monthly during the academic year.

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 residents will perform neurosurgery procedures during the course of their residency program while on service with boarded ACVIM Neurology diplomates (Dr. Hague has ACVIM Certificate of Neurosurgery Training). In complex neurosurgery cases involving implant placement, the orthopedic surgery faculty typically are involved. Therefore, The neurosurgery training will be conducted by both the faculty boarded neurologist and surgeons. The resident will initially conduct surgeries on cadavers during bi-yearly cadaver neurosurgery course overseen by the neurologists and surgeons, held with the neurology and surgery residents. Once the resident has developed surgical competency, they will be allowed to perform surgeries on clinical patients. The resident will share on call neurosurgery emergencies with the surgery residents. Additionally, neurosurgery journal club is held monthly. The neurology resident will be encouraged to attend at least one neurosurgery course.

Emergency Duty: Participation in emergency service on a rotational basis; cases seen may be limited to neurology. Please provide a specific description of the type of participation.

The residents rotate on call duties every week. The resident on call is responsible for taking telephone calls (routed through the hospital) with current clients of the neurology & neurosurgery service, calls from referring veterinarians and through the

emergency service at the veterinary teaching hospital. The on call resident is also responsible for coming in to perform consultations and receive emergent case transfers, as needed to help/back up the emergency service or in cases where the patient needs emergent care of the neurology & neurosurgery service. The resident on call is always backed by a faculty neurologist who is available by phone or in person, as needed.

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

Journal club is held once a week (Thursday) with the residents for a total of 150 hours of journal club during their residency. Once a month (first Thursday of the month) these rounds are held with the surgery faculty and residents discussing the neurosurgery literature and about once every 6-12 months these rounds are held with the ophthalmology, internal medicine, or critical care faculty and residents to discuss the literature. During the academic year, monthly epilepsy rounds, which includes clinical MD epileptologists from the medical school and basic science epilepsy research groups on campus, is available.

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 resident will meet every 6 months with the neurologists (Drs. Foss and Hague) to discuss their progress. This evaluation will incorporate the input from other clinicians in the hospital that the resident has interacted and will be discussed with the resident and neurologists. This written evaluation form will be kept on file by the residency advisor and the resident will receive a copy. Additionally, the resident will meet twice a year with their graduate master's committee to discuss their research. Meetings to discuss progress will happen informally with the resident, as needed.

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.

Dr. Fallon has completed her research and completed her data collection at Auburn University prior to come to the University of Illinois. She will be given four weeks of research time to finish her data analysis and write and submit her scientific paper.

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"/>	On-site
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site (including telemetry)
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 (digital linear accelerator will be operational in summer 2019)
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site vet med library and access to online journals and book share with all Illinois institutions of higher education
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site; Vet Star and SnoMed with other institutions; updating to Stringsoft software in 2019-20
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical library is located at the Chicago campus; access to all medical journals is available online and call request textbooks from any Illinois medical school via intralibrary loan system
j) Electromyography and nerve conduction study testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site – Caldwell Sierra wave
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site – BAER available with Caldwell Sierra wave
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site – Lifelines Trackit 24 channel EEG telemetry unit with video capability
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site – 16 slice GE lightspeed; adding 128 slice CT in summer 2019
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site – 3T Seimens Skyra

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*:

In addition to the 3T MRI available for clinical cases within the veterinary teaching hospital, there are two 3T MRIs and one 7T MRI available at the Beckman Institute, about 3 minutes away on campus (at the Engineering Beckmann Imaging Center). These magnets are available on a limited basis for clinical cases and research based on scheduling in advance (typically between 1-2 weeks in advance).

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.

Monday 8-9a - Advanced neurology topics
 Tuesday 8-9a - Neuropathology (monthly) -OR- neuroradiology rounds (monthly)
 Wednesday 8-9a - Advances in Internal Medicine resident seminar -OR- Surgery case rounds -OR- electrodiagnostics
 Thursday 8-9a - Journal club (neurosurgery journal club held monthly)
 Friday 8-9a - Radiology rounds -OR- clinical pathology rounds
 Friday 9-10a (about 20 weeks/year) - Graduate Student/ house officer research presentations
 The above schedule represents the classes and rounds that may be taken during the year. Attendance to the classes will be dependent on the semester topics for the classes
 *Once during the residency, the resident will be required to attend one semester of the following 3 credit hour

course: Physiology (M,W,F from 7-8a) and Statistics (Mondays 6-9p)

*Once during the residency, the resident will be required to attend one semester long seminar course meeting once a week in the following topics: advanced neurosurgery (with small animal surgery residents), equine medical neurology (with equine medicine and surgery residents) and equine neurosurgery (with equine medicine and surgery residents)

16. The resident must give a presentation at a formal conference at least once per year. This may include lectures in departmental courses for veterinary students, grand rounds presentations, presentation of papers or seminars at conferences, or participation in continuing education programs. Documentation of these presentations must be included in the neurology credentials packet of the resident.

Residents are required to present 1-2 lectures per semester during the morning class on surgery, internal medicine and/or neurology course (this will be determined based on the topic of the course being presented during a given semester). They also present their thesis work yearly during a college seminar in the spring of each year (15 minutes during 1st year, then 20 minutes during 2nd year, then 60 minutes during 3rd year as part of their master's defense). The residents will be strongly encouraged to present their research abstracts at the college Phi Zeta research day and at a national meeting (i.e. ACVIM Forum).

The residents assist with didactic rounds with the 1st, 2nd, 3rd, and 4th year students rotating on the neurology rotation. The residents may also be asked to assist with giving lectures for veterinary student organization clubs. The resident will be encouraged to present to the general practice veterinary population during a local continuing education conference or local VMA meeting.

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 will attend ACVIM Forum during 2nd and 3rd years and brain camp once during their residency. Additionally, the materials covered during didactic rounds will provide review for the examinations.

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 checked="" type="checkbox"/>

Comments:

Residents will attend ACVIM Forum during 2nd and 3rd years and brain camp once during their residency. Dr. Fallon attended "brain camp" the summer of 2018 and will attend ACVIM in 2019 and 2020.

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

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

Comments:

There is no requirement for publication for the residency certificate, as the ACVIM Neurology college does not recommend publication as a requirement for board certification.

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

The University of Illinois is paying for the residencies for 2 radiology residents who will join our faculty. The first radiologist (Dr. PJ Hamel) will join in August/September of 2019 and has passed the first phase of his ACVR board examinations. If he can achieve ACVR board certification after finishing his residency this July, then we will be able to provide onsite training starting in the fall of 2019 for the neurology residents. If we do not have an on site diplomate, then we will have our residents travel off site to do training with a radiologist who has expertise in neuroradiology (i.e. last year our third year resident spent

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.