



**RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
SMALL ANIMAL INTERNAL MEDICINE**

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 Small Animal Internal Medicine (SAIM) 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 SAIM RTC must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or any 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 Small Animal Internal Medicine.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs which include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, are listed in Part Two.

Program Director Name: Dr. Leah A. Cohn

The Program Director must be an active Diplomate of ACVIM in the Specialty of Small Animal Internal Medicine boarded for at least 4 years with 3 years experience training residents

Program Director's Contact Information:

Work Phone:	(573) 882-7821
Mobile Phone:	
E-mail:	cohnl@missouri.edu
Mailing Address:	MU-Veterinary Health Center 900 E. Campus Dr., Clydesdale Hall Columbia, MO 65211

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

Primary Site Location:	Length of Training Program:
University of Missouri	3 year

2. Resident Advisor(s): Must be Diplomate(s) of ACVIM in the Specialty of Small Animal Internal Medicine and boarded for at least 2 years with 1 year experience training residents. **Each Resident Advisor may supervise no more than 2 residents at a time.**

Carol Reinero
Leah Cohn
Amy DeClue

3. Supervising Diplomates on-site: Two on-site Diplomates boarded in Small Animal Internal Medicine are required - **2 ACVIM, or 1 ACVIM & 1 ECVIM**. The supervising diplomates must be active in the practice of the specialty and must maintain clinical competency in the field.

Leah Cohn - SAIM
Amy DeClue - SAIM
Megan Grobman - SAIM (leaving 7/2019)
Carol Reinero - SAIM

4. List all ACVIM Diplomates onsite responsible for supervision of clinical training who specialize in areas other than SAIM. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty	Comments
Stacey Leach - Cardiology Joan Coates - Neurology Jeff Bryan - Oncology Lindsay Donnelly - Oncology Brian Flesner - Oncology Carolyn Henry - Oncology Angela McCleary-Wheeler - Oncology	

5. List 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*
Megan VanEeden	7/15/16	7/14/19	Carol Reinero
Kristen Merrill	7/15/17	7/14/20	Amy DeClue
Christina Pacholec	7/15/18	7/15/21	Leah Cohn

Part Two

Part Two of the Neurology Residency Training renewal process addresses general features of the program that apply to all current residents. These questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

Current Date:

Program Director Name:

Program Director Email Address:

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

Name of Sponsoring Institution (Primary Site):

1. Length of Training Program:

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

2. Advanced Degree:

	Yes	No	Optional
Masters:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
Wesley Campbell	ACVIM Oncology	Located at CARE, Charlotte, NC
Amy Fauber	ACVIM Neurology	Located at CARE, Charlotte, NC

Shannon Flood	ACVIM SAIM	Located at CARE, Charlotte, NC
Peggy Sayer	ACVIM Cardiology	Located at CARE, Charlotte, NC
Lark Walters	ACVIM Oncology	Located at CARE, Charlotte, NC

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
Gayle Johnson	ACVP	Gross	Located at MU
Dae Young Kim	ACVP	Gross	Located at MU
Kei Kuroki	ACVP	Gross	Located at MU
Daniel Shaw	ACVP	Gross	Located at MU
Fred Williams	ACVP	Gross	Located at MU
Chuck Wiedmeyer	ACVP	Clinical	Located at MU
Linda Berent	ACVP	Clinical/Gross	Located at MU
Marlyn Whitney	ACVP	Clinical	Located at MU
Angela Royal	ACVP	Clinical	Located at MU

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
James Lattimer	ACVR	Located at MU; dual boarded radiology and radiation oncology
Jodi Matheson	ACVR	Located at MU
Charlie Maitz	ACVR-rad oncology	Located at MU

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
Elizabeth Giuliano Kevin Donnelly	ACVO	All at MU
Keith Branson John Dodam Alex Bukoski	ACVA	All at MU
Fred Anthony Mann James Tomlinson Derek Fox Jill Luther Bryan Torres Owen Skinner	ACVS	All at MU

Elizabeth Tompson, Laura Dvorak		All located at CARE, Charlotte, NC
Tim Evans Dawna Voelkl Dietrich Volkmann	ACT	All at MU; Evans also DACVT
David Senter Michelle LeRoy Karen Campbell	ACVD	Dermatology-part time
Robert Backus Lauren Young	ACVN	Nutrition at MU
Tony Mann Colin Reich	ACVECC	At MU At MU
Michelle Culbert Jennifer Huang Debra James Kelly Lang Christina Maglaras Jill Pascarella Matthew Thompson	ACVECC	Located at CARE, Charlotte, NC Located at CARE, Charlotte, NC
Richard Meadows Amie Burling Carrie Duran	ABVP ABVP/ACVPM PharmD/DVM	Canine/Feline Preventative Medicine Shelter Medicine/Preventative Medicine Pharmacy
Philip Johnson Pamela Adkins John Middleton Brian Shoemake Loren Schultz	ACVIM LAIM ACVIM LAIM ACVIM LAIM ACVIM LAIM ACVPM	Equine Internal Med FA Internal Med FA Internal Med FA Internal Med Preventative Medicine
Colleen Koch	ACVB	Behavior; located at MU VHC Wentzville Clinic

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.

We will be having all of the residents at MU rotate through Charlotte Animal Referral & Emergency located in Charlotte, NC. The program will be 3 years long. The residents will devote their neurology training equally between MU and CARE and remainder of time is spent at MU, so it would fall under the guidelines above as a traditional residency.

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	32	29	30
Neurology/Neurosurgery - Indirect Supervision			2
Internal Medicine	4	4	0

Clinical Pathology	2	0	0
Radiology	0	2	0
Neuropathology	2	0	0
Other Rotation (please list the name of each rotation):			
Other: Cardiology, Oncology	2	2	
Other: A-O Principles Course-year 1; Brain Camp-year 2 or 3, ACVIM Meeting-year 2 and 3; electrodiagnostics	1	3	4
Research	6	6	6
Independent Study	1	4	8
Vacation	2	2	2
Total **	52	52	52

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

**The totals should add up to 52 weeks.

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

Weekdays at MU, rounds are conducted daily for at least one hour with students, residents, and attending neurology faculty. On weekends, the attending faculty clinician may or may not participate depending on case complexity and need. At CARE, morning rounds are conducted daily with Dr. Winger and the resident. Once a week, all the faculty and residents with CARE via videoconference meet for an hour for "resident rounds". These rounds can be morbidity and mortality rounds, difficult or interesting case discussions or topic reviews. Every other week journal club will be videoconferenced with CARE. We will also organize every other week MRI rounds with CARE.

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.

Board-certified radiologists provide daily consultation on spinal radiographs, myelograms, CT, PET, MRI and radiation therapy. Residents will spend a two week rotation in radiology at MU reviewing cases one on one and learning to operate the MRI and CT. Dr. Winger will also guide the residents on operating the MRI / CT at CARE. One hour imaging rounds are conducted

every other week with neurology and radiology residents and neurology and radiology faculty. The residents take turns leading a case/topic discussion emphasizing use of cross-sectional imaging and conventional radiography.

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

Clinical pathologists provide daily consultation on cases and attend the weekly CPC conferences. Residents rotate on clinical pathology for 2 weeks reviewing cytology and learning to perform CSF analysis. The every other week neuropathology conference sometimes includes cytology and biopsy interpretations.

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.

Dr. Gayle Johnson lectures on neuropath in the neurology graduate course and participates in the weekly neurology journal club as well as providing consultation on cases. Every other week, she reviews slides on a multi-headed scope in the neuropathology conference room. The neurology faculty and residents and pathology residents are in attendance. The residents also do a 2 week rotation in neuropathology with Dr. Johnson.

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.

Electrodiagnostic related topics tend to be covered during the weekly residents on average once monthly. The residents will learn the techniques when requested on their own patients. They will be supervised by the attending neurologist while performing the techniques. The residents will be asked to track their time/cases when performing the procedures. A week during their residency will be set aside to read specifically on electrodiagnostics from a reading list including Cuddon's manual on electrodiagnostics and Kimura's textbook; a neurologist will meet with the resident 2 hours each day for question reviews. Didactic learning will also take place at ACVIM meetings/Brain Camp. The residents receive 2 hours of lecture on electrodiagnostics during the neurology graduate course. They will also have an intensive 2 day workshop on electrodiagnostics by Colette Williams if available.

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.

Neurosurgeries are supervised by Drs. Coates and Winger both DACVIM with certification in neurosurgery. When they are not available or when surgery requires additional expertise such as in spinal stabilization, supervision also will be provided by one of the ACVS diplomates. The first-year resident will attend the AO Principles in Fracture Fixation course. Initially the residents observe surgery, then as their level of competency dictates, they perform the surgery with, and then without supervision. Upon request the neurology residents will organize the neurology faculty to attend weekend cadaver laboratories.

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 participate in an on-call rotation for neurosurgical emergencies, which is shared with the surgery residents. The neurology resident is directly supervised by one of the neurologists assigned on back-up duty until both the resident and neurology supervisor are satisfied with performing the surgical procedures independently. The neurology resident on clinic duty also serves as the on-call person for medical neurology emergencies seen by the ECC service.

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:

Weekly Neurology Journal Club is held with neurology and visiting residents (internal medicine, emergency critical care and oncology), the neurology faculty and Gayle Johnson (neuropathology). When the neurology residents are rotating at CARE,

they join the MU Neurology Journal Club via video conference. Two current articles from the primary literature are selected and reviewed in depth. Two weeks a month, video-conference journal club is held with neurology residents and faculty from Mississippi State University, University of Tennessee and Virginia Tech.

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:

All neurology diplomates at the MU / CARE program meet with the residents formally every fall and spring to review the resident's progress. Until a template evaluation form is established for our specialty, a letter will be written and signed to summarize the evaluation period.

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.

For the residents who elect an MS or PhD degree program, the schedule of the degree program serves as the framework for the research project. Otherwise, the resident project idea is determined by the second resident review meeting. The resident leads in the design, planning and implementation of the project to be completed during the second and third year. Ideally, the project is completed in time to submit as an abstract for the ACVIM Forum in their third year. At the latest, the project is to be completed before the resident goes off clinics to study for their specialty examination.

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 by cardiologist
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
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VetView
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site MU School of Medicine
j) Electromyography and nerve conduction study testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site Cadwell Sierra Summit
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site Cadwell Sierra Summit
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Arc Alterna Ambulatory EEG 32 CH and Bioradio telemetry
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Toshiba Helical-64 slice

n) Magnetic Resonance Imaging (include field strength)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site; 3.0 Tesla, Titan, Toshiba/Canon
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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*:

Cases are referred to Wentzville for radiation therapy if client is from that area of the state. The 1.5 T magnet (Siemens) is available for use at CARE

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: Internal Medicine CPC (case discussions with clinical pathologists and ACVIM-affiliated faculty); these are case presentations led by a pre-assigned ACVIM resident.

Tuesday: Neurology journal club (critical review of the current literature). Video-conferenced every other week with 3 other veterinary schools and on other week with resident/faculty at CARE

Wednesday: Neurology/Neurosurgery grand rounds at school of medicine when topics are pertinent. Otherwise cytology/pathology conference on medicine/oncology cases

Thursday: resident rounds videoconference with resident/faculty at CARE (case or neurology specific topic discussion with all neurology faculty and residents)

Friday: Resident/intern seminar (formal presentation by residents and interns to the faculty, other house officers and students. Neuropathology case reviews every other week: the neuropathologist reviews cases on a multi-headed scope. Imaging rounds every other week: the radiology and neurology faculty and residents review images from the prior 2 weeks.

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.

All residents give a formal seminar once a year at the Resident/Intern Seminar Series held every Friday from 12-1:00. The residents present cases weekly in neurology resident rounds and every other week in neuropathology rounds. They conduct topic rounds with the students while time allows during their clinical schedule. They are encouraged to present research abstracts at the MU CVM Phi Zeta Research Day and national meetings (e.g. ACVIM Forum). If the resident expresses specific interests, the resident will present a didactic lectures/labs for pre-clinical students.

17. A Neurology Residency Training Program must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and Specialty Examinations. The requirement could be met in part by attending an ACVIM Advanced Continuing Education (ACE) course, the ACVIM Neuroscience Course (Brain Camp) or an ACVIM Forum. Please describe how these opportunities will be made available to the resident.

The neurology faculty at MU and CARE have weekly 'rounds', which involves a topic for review or covers a specific case-related topic. Every third year, the neurology faculty teach an graduate course in Advanced Neurology. The course comprises 32 hours of neurology related topics. The residency makes it possible for the resident in year 2 or 3 to attend Brain Camp (regular lecture, imaging and neurosurgery courses). The residents are encourage to attend the lectures at the ACVIM Forum and the topics discussed specific for didactic neurology learning. The weekly CPC also has dedicated topic discussions that is case dependent. The residents are highly encouraged to attend the lectures provided during the Intern/Resident Seminar Series.

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: The resident attends the AO-Vet Principles of Fracture Fixation in their first year. The resident attends ACVIM twice and 'Brain Camp'; the resident will be given opportunity to attend ACVIM ACE courses when available

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

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

Comments: The residents are encouraged to present their research at the ACVIM Forum and draft a manuscript

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

The combined MU and CARE neurology practices have a strong relationship, which allow this program to function very well and be successful. The two programs videoconference at least twice a week. Dr. Wininger will videoconference in for the resident reviews every 6 months. Thus there is very open communication between the two sites.

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.