



American College of **Veterinary** Internal Medicine

## **SPECIALTY CERTIFICATION AND RESIDENCY TRAINING MANUAL: NUTRITION**

### **Certification and Residency Training Manual (Nutrition CM) for Residents, Candidates, Sponsoring Institutions, Program Directors, Resident Advisors, Supervising Diplomates, and Secondary-Specialty Supervising Diplomates**

**Effective July 1, 2024 – June 30, 2025**

The information contained in this Manual becomes effective on July 1, 2024. It represents the current policies, procedures, and requirements for individuals involved in the certification processes of the American College of Veterinary Internal Medicine (synonyms: ACVIM or the College).

ACVIM policies, procedures and requirements are subject to periodic review and change. All residents, Candidates, sponsoring institutions, program directors, resident advisors, supervising diplomates, and secondary-specialty supervising diplomates must read the current and relevant Certification and Residency Training Manuals.

While a concerted effort has been made to ensure the accuracy of this document, if clarification is required, program directors, resident advisors, supervising Diplomates, secondary-specialty supervising Diplomates, residents, and Candidates should contact the ACVIM certification and accreditation staff at the ACVIM office, preferably by email at [certification@acvim.org](mailto:certification@acvim.org), or by mail or phone, as referenced below.

If program directors, resident advisors, supervising Diplomates, secondary-specialty supervising Diplomates residents, and/or Candidates have any questions, or if concerns arise about proposed or actual changes that could impact the certification and/or residency training processes, they should contact the ACVIM certification and accreditation staff at the ACVIM office, preferably by email at [certification@acvim.org](mailto:certification@acvim.org) or by mail or phone, as referenced below.

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The ACVIM certifies specialists in veterinary nutrition. Nutritionists focus on the role of nutrition in the health and disease of animals. This Manual explains the policies, procedures and requirements for Candidates working towards certification in this specialty and the specific requirements for ACVIM nutrition residency training programs (RTPs), that are in addition to the requirements specified in the Certification Manual which are required of all Candidates in all ACVIM specialties.

Due to the continuing process of fully integrating the former American College of Veterinary Nutrition (ACVN) into the ACVIM, if there remain discrepancies between requirements and/or policies stated elsewhere, the material outlined in this section of the CM supersedes any conflicting information contained within other sections of this CM, as well as in any previous versions of the CM, prior ACVN documentation, and on the ACVN website.

Note: Importantly, passing the General Examination is NOW a requirement to become an ACVIM Board-certified Veterinary Nutritionist for residents commencing their nutrition residency training programs from July 2023, onward.

## 1 NUTRITION DOCUMENTS AND FORMS

The following may not be an exhaustive list of applicable documents and forms. Please navigate to the ACVIM website for additional documentation and forms. If you have any queries, please contact the nutrition RTC or relevant ACVIM liaison.

- [Online Resident Registration Form](#) (via Candidate Dashboard).
- [Application to take the General Examination](#) (via Candidate Dashboard)
- [Nutrition Credentials Information Packet](#) (prerequisite for the Specialty Exam)
- [Registration to take the Nutrition Specialty Examination](#) (via Candidate Dashboard)
- [Nutrition Specialty Examination blueprint, reading list & study resources](#) (published a minimum of 60 days prior to the examination).

## 2 DEFINITIONS FOR NUTRITION CANDIDACY AND RESIDENCY TRAINING PROGRAMS

Review important definitions related to the specialty of nutrition in Appendix A: Important nutrition-related definitions. These definitions expand upon those provided in the Certification Manual as they pertain specifically to the specialty of nutrition.

## 3 EXPECTED SKILLS OF NUTRITION DIPLOMATES

What follows is a description of the skills ACVIM Diplomates in nutrition should possess following residency training and a successful candidacy period. It should be noted that unlike other ACVIM specialties, the specialty of nutrition requires a tracking choice during residency training and ACVIM candidacy.

### 3.A SMALL ANIMAL TRACK

- Establish competency in nutritional biochemistry.
- Perform a detailed nutritional assessment on a patient.
- Understand body condition scoring.

- Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
- Recognize physical and laboratory signs of nutritional deficiencies and excesses.
- Formulate an appropriate homemade diet.
- Select the appropriate form of nutrition support required in hospitalized patients.
- Manage a sufficient number of cases to be skilled in the selection, implementation, and management of cases with a variety of feeding tube types (e.g., nasoenteral, esophagostomy, gastrostomy, and jejunostomy). Caseloads will vary depending upon the training program.
- Manage sufficient numbers of cases to be skilled in the selection, formulation, implementation, and monitoring of parenteral nutrition cases (peripheral and central venous access). Caseloads will vary depending upon the training program. The use of mock cases is acceptable to provide experience for the Resident in areas where there is an insufficient number of cases (e.g., parenteral nutrition cases).
- Manage the common complications of parenteral and enteral nutrition.
- Prescribe a nutritional profile, specific diets, and feeding protocol that incorporates nutrient modifications necessary to help manage a variety of conditions that include, but are not limited to, the following:
  - Athletes' endurance or short-term maximal activity.
  - Acid-base imbalances.
  - Electrolyte disturbances.
  - Diabetes mellitus.
  - Obesity.
  - Hypertriglyceridemia.
  - Inflammatory bowel disease.
  - Protein-losing enteropathy.
  - Intestinal resection or anastomosis.
  - Short bowel syndrome.
  - Gastric dilatation or volvulus.
  - Acute vomiting and diarrhea.
  - Adverse food reaction.
  - Pancreatitis.
  - Portosystemic shunts.
  - Hepatic lipidosis.
  - Chronic hepatic disease including copper-associated hepatopathy.
  - Hepatic failure.
  - Developmental orthopedic disease.
  - Idiopathic cystitis.
  - Chronic kidney disease.
  - Acute kidney injury.
  - Protein-losing nephropathy.
  - Urolithiasis (struvite, oxalate, urate, cystine, and mixed).
  - Congestive heart failure.

- Cancer-related chemotherapy or radiation therapy.
- Knowledge of placement and management of feeding tubes.
- Monitor the progress of therapy, adjusting as necessary.
- Understand pet food labeling and other regulatory issues.
- Be able to critically evaluate the scientific literature.
- Be able to critically evaluate advertising claims.
- Have a working knowledge of statistics.

### 3.B LARGE ANIMAL TRACK

- Establish competency in nutritional biochemistry.
- Perform a detailed nutritional assessment on a patient or herd, flock, or colony.
- Understand body condition scoring.
- Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
- Request appropriate laboratory evaluation of feeds to diagnose or manage nutrition-related problems.
- Recognize physical and laboratory signs of nutritional deficiencies and excesses.
- Formulate a balanced ration for an individual or herd or flock.
- Select the appropriate form of nutrition support required in hospitalized patients.
- Formulate and administer parenteral nutrition.
- Select the appropriate tube type.
- Place nasogastric tubes.
- Monitor patients receiving enteral nutrition.
- Manage common complications of enteral nutrition.
- Prescribe a ration and feeding protocol that incorporates nutrient modifications necessary to help manage a variety of conditions that include, but are not limited to, the following:
  - Food Animal.
  - Ketosis.
  - Hypocalcemia.
  - Hypomagnesemia.
  - Hepatic lipidosis.
  - Rumen acidosis: acute and subacute.
  - Abomasal ulcers, impactions, and displacements.
  - Selenium, copper, and zinc deficiencies.
  - Copper toxicosis.
  - Urolithiasis.
  - Starvation.
  - Milk replacers for calves, lambs, and pigs.
  - Polioencephalomalacia.
  - Bloat.
  - Equine.

- Periodic hyperkalemia.
- Tying-up syndrome.
- Developmental orthopedic disease.
- Hyperlipidemia.
- Starvation urolithiasis.
- Renal disease.
- Hepatic disease.
- Colic.
- Athletes' endurance or short-term maximal activity.
- Acidosis.
- Milk replacers for foals.
- Monitor the progress of therapy, adjusting as necessary.
- Understand feed labeling and other regulatory issues.
- Be able to critically evaluate the scientific literature and advertising claims.
- Have a working knowledge of statistics.

### 3.C COMPARATIVE TRACK

- Combination of the skills expected for both the small and large animal tracks.

## 4 NUTRITION RESIDENT REGISTRATION AS AN ACVIM CANDIDATE

The ACVIM's policies, procedures and criteria for resident registration as an ACVIM Candidate in an ACVIM-approved RTP are standardized across all ACVIM specialties and are described in the ACVIM Certification Manual (section 3.C.3).

## 5 NUTRITION RESIDENCY TRAINING PROGRAMS

The residency training program (RTP) is the foundation for the education and training of ACVIM nutrition Candidates seeking certification as ACVIM nutrition Diplomates.

The standards contained in this section of this Manual are the minimum requirements for the specialty of nutrition. Any ACVIM-approved nutrition RTP may include additional requirements above the minimum required by this Manual. Those additional requirements then become part of that specific RTP. A resident in such an RTP must fulfil all the additional requirements of that RTP, along with the minimum requirements in this Manual, to be eligible to become an ACVIM Diplomate in the specialty of nutrition, as those additional requirements are necessary for that resident to complete the RTP and obtain a residency certificate of completion.

A nutrition RTP is intended to prepare residents for ACVIM specialty of nutrition Board-certification by providing training, supervision, research opportunities, didactic education, and clinical experience in small, large, or comparative animal nutrition. This may be accomplished through a standard 2-year RTP, or through a non-traditional RTP, characterized by blocks of training that may be discontinuous and exceed the standard 2-year timeframe.

## 5.A ACCEPTABLE NUTRITION RTPS

A registry of the current ACVIM-approved nutrition RTPs, as evaluated by the nutrition RTC, is available on the ACVIM website, or upon written request from the ACVIM office.

## 5.B NON-TRADITIONAL, INCLUDING DUAL, RESIDENCY TRAINING PROGRAMS

For the specialty of nutrition, it is possible to achieve Board-certification by completing an a non-traditional RTP. A non-traditional nutrition RTP is a program, that is approved by the nutrition RTC, allowing the resident to complete the required nutrition residency training discontinuously, over more than 2 years. There are several reasons why this might be desirable, including, but not limited to, completing dual veterinary specialty RTPs or completing a concurrent nutrition RTP and PhD program. The nutrition specialty stipulates that in a non-traditional residency training program, all the specialty's requirements for standard residency training must be met, and that all training must take place within clearly defined blocks of training time. A non-traditional nutrition RTP may be a maximum of 5 years in duration (with exceptions only in the case of concurrent PhD programs). The nutrition RTC must approve the non-traditional RTP before the resident commences the RTP. Submission of a request for approval of the non-traditional RTP must be submitted to the RTC at least 90 days in advance of a residency's anticipated start date.

In the non-traditional residency training program submission, the PD and SI must provide thorough justification for such an RTP, and a comprehensive plan for the resident's non-traditional training, including:

- How all requirements for a standard RTP in nutrition will be met during the non-traditional RTP, including the following:
  - On-site, full-time supervision by at least 1 ACVIM nutrition or ECVCN Diplomate at the SI.
  - Supporting disciplines and facilities and equipment required on-site at the SI.
  - Didactic learning opportunities.
  - Research and scholarly activities.
  - Vacation, release time for the General and Nutrition Specialty Examinations.
  - If any training occurs at secondary sites, their locations, planned schedules of attendance by the resident, and letters from all SDs, SSSDs and SNDs at the SI and all secondary training sites must be provided confirming their commitment to the alternate RTP.

Note: For non-traditional RTPs, where dual ACVIM RTPs are being pursued, time spent meeting the training requirements for the second specialty CANNOT be used to meet the nutrition RTP requirements (and vice versa). Minimum RTP requirements must be met for both specialties.

Subsequently, the PD, RAs, SDs and SSSDs and resident must maintain a record that the training occurred as specified.

A report of any change to the non-traditional RTP that deviates from the approved RTP training schedule must be submitted to the nutrition RTC via [certification@acvim.org](mailto:certification@acvim.org), within 14 days of the change.

The total time to achieve Diplomate status is 7 years from registration with the ACVIM.



## 5.C NUTRITION RTP APPEALS

As defined in the Certification Manual, an SI, PD or Candidate who has received a negative decision, and who believes the nutrition RTC failed to follow proper procedure(s) governing that decision, may appeal the decision.

## 5.D NUTRITION RTP REGISTRATION AND APPROVAL

The ACVIM's policies, procedures and criteria for RTP registration, annual re-approval, probation and termination are standardized across all ACVIM specialties and are described in the Certification Manual (sections 3.C.4-6).

## 5.E NUTRITION RTP REQUIREMENTS

It is incumbent upon the SI, PD, RA, CO-RA (where relevant), SDs, SSSDs, SNDs, resident and Candidate, as well as relevant ACVIM staff, board and committee members, to be aware of the following nutrition RTP requirements, and to collectively work towards ensuring they are being fulfilled.

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### 5.F.1 DURATION OF NUTRITION RESIDENCY TRAINING

A standard nutrition RTP is a minimum of 2 years (104 weeks) in length. The minimum requirement for each nutrition RTP is 52 weeks of on-clinic / intensive clinical training in a nutrition service. A minimum of 10 of these 52 weeks must be under the direct supervision of a nutrition SD or SND. The remaining 42 of these 52 weeks may be either under the direct and/or remote supervision of a nutrition SD and/or SND. The remaining 52 weeks of the 104-week nutrition RTP will include a combination of additional directly and/or remotely supervised training in veterinary nutrition, directly supervised training by SSSDs in related disciplines, indirect supervision in veterinary nutrition or related disciplines, research and scholarly activity, study time, and vacation.

In a non-traditional nutrition RTP the 2 years (104 weeks) of required time in training may be discontinuous and distributed over a greater timeframe.

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### 5.F.2 INTENSIVE CLINICAL TRAINING IN NUTRITION

At least 52 weeks of the 104-week nutrition RTP must consist of intensive clinical training in nutrition. A minimum of 10 of these 52 weeks must be under the direct supervision of a nutrition SD. The remaining 42 of these 52 weeks may be either under the direct and/or remote supervision of a nutrition SD and/or SND. During these weeks, the resident and SD or SND should be interactively and concurrently managing, or consulting on, cases daily. Multiple daily discussions are expected between the SD or SND and resident. Either in-person or remote communications are acceptable depending on whether direct or remote supervision is being provided. The nature of the supervision must be specified in the RTP description.

Managing the nutritional aspects of cases while on other services is *not* considered adequate in meeting this requirement. Only nutrition-focused service will be considered toward satisfying this requirement. This may include, depending upon the resident's selected track, experience in the large or small animal nutrition clinics, in field service, and/or in extension activities with referring veterinarians.

To facilitate follow-up and continuity of care as well as provide an experience of immersion in an RTP, RAs, SDs, SNDs and residents are encouraged to schedule the required clinical training weeks as full-week periods as well as multi-week blocks when possible.

During nutrition clinical training, residents must attend and participate in daily clinical rounds with at least 1 nutrition SD or SND present. In an RTP where veterinary students are integral to and participating in hospital activities, residents should, if possible, lead rounds discussions an average of once weekly (over the entire RTP) with an SD or SND present, until the SD or SND deems a resident capable of leading student rounds independently.

Additional weeks of intensive clinical training in nutrition, exceeding the required 52 weeks, are desirable. There is no maximum number of weeks a nutrition resident can spend receiving intensive clinical training in nutrition, provided that the resident meets the minimum requirements for intensive clinical training in nutrition, as well as the requirements for intensive clinical training in other ACVIM specialties, clinical training in other non-ACVIM specialties, research and scholarly activities, vacation and study time.

Residents must keep a log of their intensive clinical training in nutrition weeks for presentation to their RA during each progress review.

### *CASE MANAGEMENT*

Residents must actively participate in patient management, which may include consultation or receiving, selection, performance, and diagnostic test interpretation; patient management and decision-making; client communication; appropriate follow-up; and prompt professional communications with referring veterinarians. A SD or SND must directly supervise and review case management for nutrition cases and an appropriate SSSD must supervise and review case management for cases seen on elective rotations. Residents must maintain complete medical records for all patients in their care. The problem-oriented veterinary medical record system is strongly encouraged.

### *PROCEDURES*

Residents are expected to learn, participate, and assist with procedures related to veterinary nutrition, such as feeding tube placement. Residents must keep a cumulative log of procedures that includes the date, procedure, whether the resident was the primary clinician performing the procedure or whether they assisted, outcome, and supervisor's details.

### *CLINICAL CASE CONFERENCES (ROUNDS)*

During weeks of intensive clinical training in nutrition, residents must attend and participate in daily clinical rounds with at least 1 specialist recognized by the ABVS present. In an RTP where veterinary students are integral to and participate in hospital activities, residents should, if possible, lead rounds discussions an average of once every 8 weeks over the entire RTP with an SD, SND or SSSD present until the SD, SND or SSSD deems a resident capable of leading student rounds independently.

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**5.F.3 INTENSIVE CLINICAL TRAINING IN OTHER ACVIM AND NON-ACVIM SPECIALTIES**

The remaining 52 weeks of a 104-week nutrition RTP must include directly supervised intensive clinical training in other ACVIM and non-ACVIM specialties. This may vary according to the track being followed by the resident.

For nutrition residents pursuing the small animal track, a minimum of 4 weeks of directly supervised training in small animal medicine is required, and a minimum of 2 weeks in other relevant ACVIM specialties (e.g., cardiology, neurology, oncology). An additional 2 weeks in non-ACVIM ABVS-approved specialties is also required (e.g., surgery, emergency and critical care, sports medicine, etc.).

For nutrition residents pursuing the large animal track, a minimum of 4 weeks of directly supervised training in LAIM is required, and a minimum of 4 weeks in other relevant ACVIM and non-ACVIM ABVS-approved specialties.

For nutrition residents pursuing the comparative track, a minimum of 4 weeks of directly supervised training in either SAIM or LAIM is required; a combination is allowed, but neither can be less than 1 week.

Additionally, a minimum of 4 weeks in other relevant ACVIM or non-ACVIM ABVS-approved specialties is required.

Nutrition residents must keep a log of their clinical training weeks in both ACVIM and non-ACVIM specialties for presentation to their RA during each progress review.

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**5.F.4 NUTRITION JOURNAL CLUB**

Residents must participate in at least 80 hours of journal club throughout the 104 weeks of a nutrition RTP. At least 1 specialist recognized by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization must attend each journal club. Residents must keep a log of journal club activities that includes the date, article title(s), and the identity of the specialist in attendance. The log is to be submitted as part of credentials packet to be reviewed by the nutrition CC.

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**5.F.5 NUTRITION STRUCTURED EDUCATIONAL EXPERIENCES**

Residents and Candidates must complete a minimum of 4 hours of nutrition-related structured educational experiences throughout the nutrition RTP, which are in addition to the aforementioned required 80 hours of journal club (section 5.F.4). Case-specific discussions and daily case rounds undertaken during the intensive clinical training in nutrition do not count towards this RTP requirement.

It is anticipated that these structured educational experiences will primarily occur at the SI or be coordinated through the SI. Acceptable nutrition structured educational experiences may take many forms, including formal nutrition case conferences, internal medicine case conferences, clinicopathologic conferences or seminars, grand rounds, nutrition conferences or seminars at medical schools / hospitals, additional journal club(s) and book reviews. Remotely delivered conferences, seminars and/or shared seminars or conferences between multiple institutions / sites are acceptable in meeting this requirement. The availability and structure of these structured educational experiences will be considered by the nutrition RTC during both the initial review of the RTP application and at each annual renewal.

During the nutrition RTP, residents must attend a minimum of 1 formal conference in veterinary nutrition and/or related disciplines. During a non-traditional RTP, residents must attend a minimum of 2 formal conferences in veterinary nutrition and/or related disciplines. Examples include ACVIM Forum.

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### **5.F.6 NUTRITION TRAINING BENCHMARKS**

Two training benchmarks per 52 weeks of a nutrition RTP must be completed to be eligible to take the nutrition Specialty Examination. These must be completed during the RTP with the last 1 completed a minimum of 120 days before the nutrition Specialty Examination date.

Training benchmarks are educational and/or clinical training tasks assigned by the nutrition CC that allow residents and RAs to continuously compare the level of training against a set standard, and to verify and reinforce the knowledge and/or skills of a resident. Training benchmarks ensure regular and continuous progress toward completion of the training program, prepare residents for examination, and provide residents and RAs examples of the depth and breadth of information pertinent to the specialty. Training Benchmark tasks might include, but are not limited to, monographs on current topics, multipart essay questions, multiple-choice questions, and short answer questions.

#### **COMPOSITION AND PURPOSE OF TRAINING BENCHMARKS**

Training benchmarks enable the resident to demonstrate consolidation of knowledge and problem-solving skills to guide appropriate decision-making as a specialist. Training benchmarks are designed to provide a framework of self-assessment by the resident, a mechanism for discussion between the resident and the RA, and a means for the RA to assess the resident's abilities for critical thinking, research, and synthesis of information. As such, training benchmarks should be framed as case vignettes that include pertinent history, clinical findings, and diagnostic test results that allow residents to formulate problem lists, diagnostic plans, and differential diagnoses. The benchmark should also explore their knowledge of the pathophysiology of diseases, nutritional issues, and diagnostic tests leading to disease and nutritional management.

The main purpose of the case vignette is to give context for the questions that follow rather than lead the resident to a specific diagnosis and/or treatment plan. In other words, training benchmarks are *not* written as a formative evaluative tool; rather, they are written to provide a framework for discussion and debate including nutritional controversies. For example, a case vignette may center on a case of a dog with poor appetite and poor body condition as a result of concurrent IRIS stage 3 chronic kidney disease and chronic pancreatitis. Residents could be asked to describe the physiology of appetite control, mechanism of action of appetite stimulants, techniques to assess lean body mass or body fat estimation, the pathophysiology of calcium and phosphorus regulation, renal physiology, IRIS staging and nutritional modification at each stage, diagnostics relating to pancreatitis, nutrients of concern with pancreatitis, or placement of feeding tubes, comparative aspects of chronic kidney disease or pancreatitis between dogs and cats, and so forth. Residents can be asked to create lists, tables, or figures or to compose focused short answers or essays. Residents are expected to research topics and provide references that support their answers. Benchmarks can also have multiple-choice questions of the type that residents can expect on the Specialty Examination. Questions for benchmarks can be

derived and refined from previous exam questions that the Exams Committee released from question banks. The main sources for the benchmarks align with this Manual.

### ***SCHEDULE FOR TRAINING BENCHMARKS***

Training benchmark assignments will be sent to RAs twice a year. Candidates will have 30 days for initial completion of the Benchmark after it is released. Training benchmarks and answer keys will be released, and final assessments will be due on a schedule as posted on the ACVIM website.

### ***PROCESS FOR COMPLETING TRAINING BENCHMARKS***

The resident must complete ALL assigned training benchmarks using the following procedure:

1. Complete the assignment within 30 days of receiving the benchmark.
2. Discuss appropriate corrections and additions after RA review.
3. Make corrections.
4. Conduct a final review and discussion with the RA.
5. Obtain RA approval once complete.
6. Ensure the RA notifies the nutrition staff liaison by the assessment due date.

Completion is recorded by the nutrition staff liaison, and a record must be kept by the resident. All training benchmark assignments must be completed to fulfill training requirements and to become a Diplomate of the ACVIM in nutrition.

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#### ***5.F.7 ONLINE EXIT INTERVIEW SURVEY***

Within 90 days of completing an RTP, residents are strongly encouraged to fill out an online survey regarding the quality of their RTP experience.

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, will be published as a 5-year rolling average score per surveyed category calculated for each RTP and will be released every 3 years to ensure the anonymity of Candidates who completed smaller RTPs.

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#### ***5.F.8 RESEARCH AND SCHOLARLY ACTIVITY***

Scientific discovery is a critical mission of the nutrition specialty. In recognition of this, a nutrition RTP includes an assessable period of instruction and/or participation in creative scholarship that fosters an appreciation of, competency in, and contribution to the veterinary nutrition knowledge base. This creative scholarship also supports the development of residents as clinician-scientists. Research is an essential credentialing requirement that the resident must complete before Board-certification is granted.

Residents are required to participate in clinical, laboratory or retrospective research projects, including grant writing, the design, execution, evaluation of results, preparation and presentation of an abstract at the annual AAVN, ACVIM Forum, or similar, and publication. Ideally, a minimum of 4 weeks of the aforementioned remaining 52 weeks of a nutrition RTP must be allocated for research and scholarly activity, ideally in the pursuit of publication, although the research requirement of an RTP may be fulfilled in a variety of ways.

Documentation of the completion of at least 1 of the following activities during the nutrition RTP is required as part of the of the nutrition credentials packet.

Proof of completion of this research requirement may include any of the following:

- Copy of a first-author research paper published in a peer-reviewed journal, documenting original work undertaken predominantly during the RTP, or letter of acceptance (unconditional) from a peer-reviewed journal, documenting the same. (If the nutrition publication requirement (section 8) is met through a paper accepted and/or published prior to the RTP, then additional research and scholarly activity must be undertaken during the RTP, and evidence provided in the credentials packet).
- Evidence of presentation of an abstract (oral or poster), documenting original work undertaken predominantly during the RTP, at a scientific meeting.
- Documented (letter from RA) completion of a prospective or retrospective research project, undertaken predominantly during the RTP, that is unpublished (e.g., thesis).
- Documented (letter from RA) submission of a prospective research grant/project, formulated predominantly during the RTP, pertinent to the Candidate's specialty.
- Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, of graduate course work in research methods, biostatistics, and/or research ethics.
- Documented (letter from RA and/or certificate) completion of at least 25 hours of research-focused seminars or classes of an appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following:
  - Critical evaluation of the veterinary medical/biomedical literature.
  - Grant writing.
  - Study design and participation in clinical trials.
  - Biostatistics.
  - Research ethics.

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### ***5.F.9 RESIDENCY TRAINING INTERRUPTION***

In some circumstances, a resident may need to take a leave of absence that prevents them from completing their RTP on time. In such cases, the nutrition RTC must be contacted within 14 days to approve an extension of the RTP. When residency training resumes, training must be accomplished in blocks of at least 2 consecutive weeks, with at least 12 weeks of training completed in each residency year (a residency year is the 12-month period immediately following the resident resuming their training program). When a leave of absence is necessary, the resident has a maximum of 5 years from the end of completing the RTP to achieve Board-certification in nutrition.

Training interruptions may also be unavoidable in circumstances where a resident must switch from 1 RTP to another to fulfill all RTP and credentialing requirements. In such cases, the ACVIM must be notified within 14 days via [certification@acvim.org](mailto:certification@acvim.org) and the following steps must be taken:

- A new training program, most likely assuming a non-traditional format, must be identified and proposed to the RTC.

- The nutrition RTC must approve the new RTP before the continuation of clinical training.
- The nutrition RTC must approve any previously completed training that the resident wishes to count.
- The resident must re-register with the ACVIM in the new RTP.
- The resident must complete training in approved blocks of time once training resumes.

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### **5.F.10 RTP MILESTONES**

#### 1. Milestones for first-year residents:

- a. Expectations regarding patient care and clinical service:
  - i. Residents must provide patient care that is compassionate, appropriate, and effective.
  - ii. Residents must develop comprehensive history taking and physical examination skills.
  - iii. Residents must demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with supervision.
  - iv. Residents must be able to assess patient progress accurately and perform appropriate and timely recommendations and interventions.
  - v. Residents must have daily communication with the SD, including attending rounds.
  - vi. Residents must develop effective communication skills accompanied by respectful and professional behavior in all interactions with patients, owners, referring veterinarians, staff, and colleagues.
- b. Expectations regarding medical knowledge:
  - i. Residents must demonstrate acceptable knowledge about established and evolving biomedical and clinical information and be able to apply this knowledge to patient care.
  - ii. Residents must have basic knowledge of pathophysiology, pharmacology, and clinical disease states.
  - iii. Residents must demonstrate a compassionate and analytical approach to clinical patients and situations.
  - iv. Residents must demonstrate self-directed learning and reading of the pertinent medical literature. Residents must participate in organized educational activities designed to develop or expand their medical knowledge base and to learn analytical thinking and problem-solving skills such as attending clinical service and house officer rounds when on clinical service.
  - v. Residents must attend scheduled journal club and structured learning activities such as departmental seminars, morbidity and mortality rounds, and other related sessions.
  - vi. Residents must participate in clinical service and house officer rounds when rotating through specialty services (e.g., cardiology, neurology, oncology, critical care, etc.).
  - vii. Residents must participate in rounds specific to any service or specialty rotation in which the resident participates (e.g., diagnostic imaging, clinical pathology, or other activities related to the training program).
  - viii. Residents must be able to assess and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices because of these activities.

- ix. Residents should demonstrate a willingness to acknowledge and to learn from errors.
  - x. Residents must participate in didactic lectures, daily house officer rounds, journal club, and other performance improvement activities.
  - xi. Residents must use available medical databases or evidence-based medicine resources to support clinical decision-making.
  - xii. Residents must demonstrate an interest in and ability to participate in a variety of didactic learning opportunities.
  - xiii. Residents must assist in clinical teaching of veterinary students, externs, interns (if applicable), and other house officers, including providing feedback to these individuals regarding performance, knowledge, medical recordkeeping, and patient care, as applicable.
- c. Expectations regarding interpersonal and communication skills:
- i. Residents should demonstrate interpersonal and communication skills that result in effective information exchange and engagement with owners and professional associates.
  - ii. Residents should develop stronger language and documentation skills (e.g., succinct and comprehensive case presentations, progress notes, and comprehensive patient care plans) as they progress in training.
  - iii. Residents should provide efficient but comprehensive information exchange with colleagues, healthcare professionals, and owners.
  - iv. Residents should develop effective listening skills.
  - v. Residents should establish professional and ethically sound relationships with owners and referring veterinarians.
  - vi. Residents should meet expectations regarding professionalism.
  - vii. Residents must demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing a sensitivity to cultural differences and preferences.
  - viii. Residents must demonstrate respect, compassion, and integrity in all interactions with patients, owners, colleagues, and other healthcare professionals.
  - ix. Residents must maintain a professional appearance.
  - x. Residents must demonstrate a commitment to ethical principles pertaining to the confidentiality of patient information and informed consent.
  - xi. Residents must demonstrate commitment to professional responsibility in completing all medical records in a timely fashion.
  - xii. Residents must begin to develop skills in conflict resolution.
- d. Expectations regarding research and publication productivity:
- i. Residents must demonstrate initiative in identifying, planning (and/or) executing, and ultimately completing a clinical research study for publication under the supervision of their RA or SD.
  - ii. Residents should select a clinical research project of interest in collaboration with at least one ACVIM Nutrition mentor.
  - iii. Project selection should be made during the first 6 months of the Resident training program. Preparation of a detailed research proposal (written in grant format if applicable) is expected by the end of that time.



- iv. Residents should assist in study design, literature review, and grant preparation and submission (if applicable) of the selected clinical research project in collaboration with a research mentor.
  - v. Residents must comply with the ethical principles of research and actively participate in writing an animal care and use protocol (if applicable).
2. Milestones for residents in the second year and beyond:
- a. Expectations regarding patient care and clinical service:
    - i. Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
    - ii. Second-year and beyond residents must formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
    - iii. Second-year and beyond residents must coordinate patient care among all members of the healthcare team.
    - iv. Second-year and beyond residents must counsel and educate owners and referring veterinarians.
    - v. Second-year and beyond residents must develop competence in performing the core procedural skills essential to the practice of nutrition.
    - vi. Second-year and beyond residents must continue developing competence in educating owners.
    - vii. Second-year and beyond residents must facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.
  - b. Expectations regarding medical knowledge:
    - i. Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
    - ii. Second-year and beyond residents must develop a deeper understanding of disease states and their management with emphasis on the role of nutrition.
    - iii. Second-year and beyond residents must further develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
    - iv. Second-year and beyond residents must apply knowledge of study designs and statistical methods to the appraisal of clinical studies (i.e., skills emphasized in clinical rotations and rounds discussions).
  - c. Expectations regarding interpersonal and communication skills:
    - i. Second-year and beyond residents should continue to refine and demonstrate their interpersonal and communication skills developed as first-year residents.
    - ii. Second-year and beyond residents should develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.
  - d. Expectations regarding professionalism:
    - Second-year and beyond residents should continue to refine and demonstrate their professionalism skills developed as first-year residents.
  - e. Expectations regarding research and publication productivity:
    - i. Second-year and beyond residents must fulfill all requirements expected of first-year residents.

- ii. Second-year and beyond residents should initiate study implementation, including active participation in patient recruitment and sample collection, data analysis, and manuscript preparation.
- iii. Second-year and beyond residents should maintain focus on study completion and troubleshoot any problems that may arise with their mentor(s).
- iv. Second-year and beyond residents should demonstrate their research productivity by having a published abstract, conference presentation, and accepted peer-reviewed publication.

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### **5.F.11 STUDY TIME**

A minimum of 4 weeks protected (preferably without emergency duty) of study time must be allocated to the resident to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the examination date, as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities, as they arise.

A minimum of 4 weeks of protected and uninterrupted study time must also be allocated to prepare for the nutrition Specialty Examination. Protected and uninterrupted study time should be scheduled to precede the examination date, as much as is practical. This study time should be within 8 weeks of taking the nutrition Specialty Examination. If a resident is *not* preparing to take the nutrition Specialty Examination within 8 weeks of completing their residency, providing this protected studying time is at the discretion of the SI. During study time, residents should still attend journal club, seminars, and didactic learning opportunities, as they arise.

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### **5.F.12 TEACHING REQUIREMENTS**

Residents must be involved in the teaching of students, interns, residents, nurses, veterinarians, producers, and/or owners. Teaching may include lectures in courses, seminars, and laboratories. Daily rounds do not count toward meeting the teaching requirement; however, it is expected that residents will participate in daily rounds and informal case discussions as much as possible).

Residents are required to document a minimum of 2 hours teaching per residency year for a standard RTP, or a minimum of 4 hours for a non-traditional RTP, on topics related to veterinary nutrition. The goal of this requirement is to provide residents with teaching experience in formal lecture and laboratory settings.

#### **LECTURES AND SEMINARS**

- Are to be formal presentations requiring advance notification and preparation presented to a professional audience such as veterinarians, veterinary nurses, and/or veterinary students.
- Include the development of PowerPoint Presentations and/or handouts.
- Must be at least 45 minutes in length.
- May be given only once for one credit.
- May not be a repeat of a lecture developed and presented by someone else.

- Do not include moderating a seminar, participating in problem-based learning courses, or teaching in informal settings such as student rounds, regularly scheduled resident rounds, hospital case rounds, or lectures to lay audiences.
- Challenge the resident to prepare by researching and referencing the literature and effectively communicating that information to an audience.

### **LABORATORY TEACHING SESSIONS**

- Are expected to be organized, requiring advanced notification and preparation, and evidenced with learning objectives or handouts.
- Must involve at least three participants.
- Are intended to be hands-on, requiring a physical skill component.
- May participate as a member of a team providing the laboratory teaching as long as they are actively engaged in teaching including hands-on demonstrations, direct demonstration, or teaching to one or more individuals, and/or answering questions during the laboratory.
- Are expected to challenge the resident to prepare by researching and practicing in advance of the session.

Teaching experience should be documented by lecture or laboratory titles, date of presentation, format (e.g., lecture, laboratory, seminar, continuing education), and audience type (e.g., students, residents, nurses, practitioners, specialists, clients, etc.). At their discretion, the nutrition CC may request additional documentation including handouts, calendars, and copies of presentations for clarification. Residents are expected to make regular progress in completing these teaching requirements. The progress report should reflect this progress.

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### **5.F.13 VACATION AND PERSONAL LEAVE TIME**

A resident should take a minimum of 4 weeks of vacation time during a 2-year nutrition RTP, and an equivalent period during a non-traditional nutrition RTP. Vacation time is considered separate from other residency training activities and requirements, including study leave. Vacation time is at least 2 weeks per year during a 2-year nutrition RTP, and is best allocated as, but not required to be, 2 continuous weeks per annum. Vacation time must never be used as a release from clinical or other required obligations, in order to facilitate participation in continuing education, conference or seminar programs, or to prepare for the General or nutrition Specialty Examination(s).

Vacation time varies between SIs, but no more than 4 weeks in total can be counted towards the 104 weeks of a 2-year RTP and six weeks towards a 3-year RTP. Additional vacation and personal time, however, may be granted to a resident, just *not* counted in RTP training time.

An RTP must also provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, illness.).

## 6 ROLES AND RESPONSIBILITIES ASSOCIATED WITH THE NUTRITION RTPS AND CANDIDACY

These descriptions expand upon those required in the Certification Manual, as they pertain specifically to the specialty of nutrition.

### 6.A ROLES AND RESPONSIBILITIES OF THE SPONSORING INSTITUTION (SI)

As defined in the Certification Manual (section 3.C.16.a), (the sponsoring institution (SI), PD, and RA must ensure the availability of all necessary professional, technical, and clerical personnel to best support the RTP.

Intensive clinical training in nutrition must take place at the SI and/or secondary site(s) that have a veterinary medical facility with a faculty and staff active in a variety of disciplines and specialties. The SI and/or secondary training site(s) must have diagnostic and therapeutic facilities consistent with the current standard of specialty care for the medical practice in which it is engaged. Board-certified specialists in nutrition as well as other disciplines must be on-site and available for remote consultation. The program must also include ongoing continuing education (this can include some combination of journal club, morbidity and mortality rounds, and/or seminars).

The resident shall spend the required 52 weeks of clinical training time on the premises of the primary sponsoring institute site with the RA unless secondary training site(s) are approved. The PD must be located at the primary SI, and the RA should be located at the site where the resident spends the most time.

The SI and/or secondary training site must have diagnostic and therapeutic facilities consistent with the current standard of specialty care for the medical practice in which it is engaged as well as access to the scientific literature. Facilities, including the clinical environment, are required to be conducive to the performance of research necessary to meet resident training requirements.

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#### 6.A.1 FACILITIES AND EQUIPMENT

Specific resources to be provided by the nutrition SI must include, but are not limited to, the following:

- A library that must include all textbooks and journals (hard copy or online) listed on the nutrition specialty examination reading list.
- Access to relevant electronic medical literature databases with search capabilities. It is recommended that continued library access be made available to residents post-RTP if possible.
- A retrievable electronic medical record and/or hybrid database, to facilitate their maintenance of individual and complete medical records for each case.
- Computer equipment for residents necessary in maintaining records and completing the requirements of the nutrition RTP.
- Internet and email access.
- While the SI for a nutrition RTP need *not* be a hospital facility, at least 1 training site, whether the SI or a secondary site, must be located in a hospital facility that is suitable for housing animal patients preoperatively, during recovery from anesthesia, and postoperatively.
- While the SI for an RTP in nutrition need *not* have an intensive care facility, at least 1 training site, whether the SI or a secondary site, must have an intensive care facility with qualified staffing that

provides 24-hour care. An intensive care facility is a designated area of a hospital facility dedicated to the care of patients who are seriously ill or in need of continuous monitoring. The intensive care facility must be staffed by qualified veterinary technicians with direct oversight by a licensed veterinarian.

- While the SI for a nutrition RTP need *not* have a pharmacy or dispensary, at least 1 training site, whether the SI or a secondary site, must have a pharmacy or dispensary that is stocked with commonly used drugs, including antibiotics, analgesics, and narcotics required to provide the standard of care for surgical patients and critical patients. The practice, or an individual in the institution or practice, must hold a valid DEA license or equivalent and comply with regulations for managing and recording controlled substances.
- While the SI for a nutrition RTP need *not* have diagnostic imaging services on-site, at least 1 training site, whether the SI or a secondary site, must have ready access to diagnostic imaging services, including radiography, ultrasonography, and cross-sectional imaging,
- While the SI for a nutrition RTP need *not* have clinical or anatomical pathology services on-site, at least 1 training site, whether the SI or a secondary site, must have ready access to clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytological diagnostic capabilities, as well as anatomic pathology services. All reports must be archived and retrievable.

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#### **6.A.2 DIDACTIC LEARNING OPPORTUNITIES**

The SI must provide residents with the following didactic learning opportunities: presenting in structured courses and seminars, formal conferences, continuing education conferences, and formal examination review sessions. Residents must attend formal conferences in veterinary nutrition and related disciplines. Examples of these are clinicopathologic conferences or seminars. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable.

#### **6.B ROLES AND RESPONSIBILITIES OF ANY SECONDARY TRAINING SITE(S)**

If the SI is a remote nutrition service, without a hospital on-site, at least 1 secondary training site must be included in the nutrition RTP. Under such circumstances, that secondary training site should have:

- A hospital facility that is suitable for housing animal patients preoperatively, during recovery from anesthesia, and postoperatively.
- An intensive care facility with qualified staffing that provides 24-hour care. An intensive care facility is a designated area of a hospital facility dedicated to the care of patients who are seriously ill or in need of continuous monitoring. The intensive care facility must be staffed by qualified veterinary technicians with direct oversight by a licensed veterinarian.
- A pharmacy or dispensary that is stocked with commonly used drugs, including antibiotics, analgesics, and narcotics required to provide the standard of care for surgical patients and critical patients. The practice, or an individual in the institution or practice, must hold a valid DEA license or equivalent and comply with regulations for managing and recording controlled substances.
- Ready access to diagnostic imaging services, including radiography, ultrasonography, and cross-sectional imaging,

- Ready access to clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytological diagnostic capabilities, as well as anatomic pathology services. All reports must be archived and retrievable.

Secondary training site(s) may be included in the nutrition RTP under other circumstances, in order to broaden the clinical and/or didactic experiences of the resident, especially in fulfilling the requirements for intensive clinical training in other ACVIM and non-ACVIM specialties (section 5.F.2), or for obtaining additional intensive clinical training in veterinary nutrition. The details of any training to be undertaken at a secondary training site(s) should be included in the RTP proposal submitted to the nutrition RTC for approval on an annual basis, or at least submitted to the RTC for approval no later than 60 days prior to the planned experience. Nutrition RTC approval is required prior to commencing training at a secondary training site for that training to count towards the RTP training time.

### 6.C ROLES AND RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

As defined in the Certification Manual (section 3.C.16.b), the nutrition program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of the institution's RTP(s). Unlike some specialties, the specialty of nutrition requires that a nutrition PD must be an ACVIM Diplomate in the specialty of nutrition.

As outlined in the Certification Manual, the nutrition PD is responsible for ensuring that substantive changes within a nutrition RTP affecting compliance with nutrition specialty RTP requirements are reported to the Nutrition RTC for approval before implementing changes. Substantive changes include, but are not limited to, the following:

- Changes (addition or deletion) in supervisory personnel such as having too few members of the Resident Advisory Committee.
- Alteration of RTP duration.
- A resident transferring from one RTP to another.
- A resident either being placed on probation or being dismissed from the RTP.
- A resident beginning another RTP.
- A resident enrolling in an institutional graduate program.

Additional responsibilities of the nutrition PD include:

- The PD may be either a RA or SD, but this is not required.
- For a traditional training program, the PD must be at the same SI as the RA and resident to assume responsibility for the Resident training program.
- For an non-traditional training program, the PD must be located at the SI to assume responsibility for the Resident training program; either the RA or resident co-advisor must be located at the site where the resident spends the most time.
- Verify pre-residency training as described in the Certification Manual (section 3.A), the presence of suitable facilities and equipment, and access to specialists in other disciplines required for the entire duration of a Resident training program.
- Serve as the nutrition RTC's primary point of contact with the residency program.

- Ensure that all issues or concerns, including program registration and renewal and other policies, are communicated with other personnel. This includes, but is not limited to, ensuring that the RA is present and within the residency program structure.
- The ACVIM must be notified via [certification@acvim.org](mailto:certification@acvim.org) in advance of a planned change of PD. Each resident in training at the time of the change must also be informed. Should an unplanned change be necessary, the ACVIM must be notified via [certification@acvim.org](mailto:certification@acvim.org) within 14 days of the change.
- Develop a residency training plan in conjunction with the RA and resident that meets all Nutrition RTC resident training requirements.
- Verifying the training program log when a resident has completed all training requirements for their program and all items have been entered by the resident and verified by the RA in the training logs.
- The PD must notify the ACVIM office via [certification@acvim.org](mailto:certification@acvim.org) within 30 days of the discontinuation of a resident's training at their institution or primary training site. This information should be included in the final annual review completed for the resident by the RA.
- The PD, in addition to the RA, endorses all forms and documents relevant to any changes to, initiation, or completion of the Resident training program and Nutrition RTC requirements.

#### 6.D ROLES AND RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

As defined in the Certification Manual (section 3.C.16.c), Nutrition resident advisors (RA) have certain responsibilities. Additionally, they must:

- The RA may also be the PD and can be a supervising Diplomate (SD) for other residents. If the RA is also PD, the roles and responsibilities of PD apply as well.
- Be directly responsible for the day-to-day training of residents, but no more than 2 nutrition residents at one time.
- Be primarily responsible for the selection of resident(s) and the training, guidance, assessment, and evaluation of those residents.
- Endorse all forms and documents, in addition to the PD and resident co-advisor (if applicable), relevant to any changes to, initiation of, or completion of the Nutrition RTC requirements.
- Be in the same institution or practice as the resident for a traditional training program. For a non-traditional training program, if the resident co-advisor is located at the site where the resident spends the most time, the RA may be located elsewhere.
- Possess appropriate certification of expertise for species germane to the training of the resident as recognized by the Nutrition specialty (e.g., large animal certified Diplomates training large animal track residents).
- Be available for career counseling and clinical mentoring of the resident.
- Be responsible for verifying all elements of the Resident Training Program and training logs (i.e., cases, seminars, journal club, attendance of rounds, and all activity weeks). The RA must sign off on activities.

## 6.E ROLES AND RESPONSIBILITIES OF THE RESIDENT CO-ADVISOR

- The resident co-advisor must be a Diplomate of the ACVIM in the specialty of nutrition or an ECVCN Diplomate if an ACVIM Diplomate is co-advisor.
- The resident co-advisor shares the responsibilities for resident training with the RA as outlined in this manual.

## 6.F ROLES AND RESPONSIBILITIES OF THE SUPERVISING DIPLOMATE (SD)

As defined in the Certification Manual (section 3.C.16.d), the supervising diplomate (SD) must contribute to ensuring a healthy and safe learning and working environment. Specific requirements for the nutrition specialty include, but are not limited to, the following:

- All supervising Diplomates (SDs) and allied specialists are expected to guide the resident through medical, surgical, and academic training by direct, personal, one-on-one instruction. Guidance is to occur throughout the Resident training program.
- The SD directly supervises, evaluates, and provides context and perspectives for a resident during the Resident training program.
- During clinical rotations and after-hours periods (evenings and weekends), the SD should also be available for direct or phone discussion or consultation on the care of patients assigned to a resident.
- The SD will sign off on activity weeks for the resident on their service.

## 6.H ROLES AND RESPONSIBILITIES OF THE RESIDENT / CANDIDATE

Nutrition residents and Candidates have certain responsibilities.

They must:

- Read the most current version of the ACVIM Certification Manual every year and check for any changes that have been made retroactive that will apply to the resident.
- Be legally authorized (i.e., hold the appropriate license and/or meet other state and/or federal requirements) to practice in the SI and any other secondary facility where training will take place.
- Be responsive to patient needs.
- Maintain all essential documentation and receipts relevant to the resident's ACVIM candidacy.
- Complete all requirements and documentation of the RTP. Items entered into the training logs must be documented for verification by the RA or the SD as applicable. All training entries must be maintained on file by the resident.
- Genuinely endeavor to complete all RTP requirements and pass all sections of both the General Examination and the Specialty Examination no later than 5 years after eligibility to sit for the Specialty Examination was determined.
- Notify the ACVIM via [certification@acvim.org](mailto:certification@acvim.org) if their contact information (e.g., address, telephone number, email address, etc.) changes, both during and after their training program, until they achieve ACVIM Board-certification.



## 7 RESIDENT AND CANDIDATE EVALUATION

Residents should be evaluated every 6 months, based upon the expected clinical skills for a Diplomate (section 3), the recommended clinical milestones (section 5.F.10), their logs, the resident's submitted training benchmarks (section 5.F.6), and their overall progress toward completion of the RTP and achieving Board-certification. Evaluation of a resident should occur at least every 6 months. The RA should have the resident sign the RA's copy of the written evaluation, in order to document that the resident received a copy of the evaluation, and had the opportunity to discuss the evaluation with the RA. A copy of the RA's written evaluation(s) may be requested by the nutrition CC.

### 7.A RESIDENT LOGS

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#### 7.A.1 CLINICAL TRAINING WEEKS

Residents must keep a log of their clinical training weeks for presentation to their RA during each progress review.

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#### 7.A.2 CASE LOG

Residents may keep a log of their cases for presentation to their RA during each progress review.

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#### 7.A.3 PROCEDURE LOG

Residents may keep a log of all procedures they completed for presentation to their RA during each progress review.

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#### 7.A.4 JOURNAL CLUB LOG

Residents may keep a log of all journal clubs they attended for presentation to their RA during each progress review.

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#### 7.A.5 DIDACTIC LEARNING OPPORTUNITIES LOG

Residents may keep a log of all seminars and didactic lectures they attended for presentation to their RA during each progress review.

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#### 7.A.6 TEACHING OPPORTUNITY LOG

Residents may keep a log of all seminars and didactic lectures and laboratories they presented in or helped to instruct and turn it in to their RA during each progress review.

## 8 PUBLICATION REQUIREMENT

It is a requirement of the nutrition specialty that all Candidates have a relevant paper published in a peer-reviewed journal.

The purpose of the publication requirement is to ensure that a Candidate has developed adequate skills in written scientific / medical communication. The goal of the publication requirement is to ensure a Candidate displays an ability to organize scientific data, communicate data concisely and accurately, and discuss scientific findings in a manner that

promotes the generation and dissemination of knowledge, advancing both animal and human health. The publication should demonstrate the Candidate's understanding of the scientific method, study design, including statistics, and a critical evaluation of the literature. The topic(s) of the publication must be relevant to the discipline of veterinary or animal nutrition. The publication must be written in English, and the Candidate must be the first, or sole, author. As such, the Candidate is also responsible for addressing editorial and review comments and suggestions during the review process with the help of the RA and/or their advisory committee and/or co-authors.

### *ACCEPTABLE JOURNAL TYPES OF PUBLICATIONS*

The Candidate must write an article in English that is published in a refereed scientific medical or veterinary medical journal. A refereed journal is one that is governed by policies and procedures established and maintained by a standing advisory and/or editorial board that requires critical review of all papers and approval by at least one recognized authority on the subject. A list of acceptable journals may be found on the ACVIM website. The acceptable journal list is reviewed and updated as warranted based on changes in journal availability, editorial process, editorial board, and quality of the review. Due to variability in editorial quality and process, all journals must be approved by the nutrition CC prior to and separate from the assessment of manuscript acceptability.

If a Candidate wants to have their manuscript published in a journal *not* on the approved list but accepted as part of their credentials application, they are required to submit the following information to the nutrition CC 12 weeks in advance of the Credentials due date to assess a journal's suitability:

1. A list of the journal's advisory board members with a short biography of or contact information for at least three individuals who are recognized authorities in veterinary or animal nutrition and who have reviewed manuscripts for that journal in the past year.
2. A list of editors who are appropriate for the subject (i.e., veterinary medicine or animal nutrition).
3. A description of the journal's scope.
4. A description of the journal's peer-review process.
5. A copy of the instructions to the authors.

In such cases, the credentials of the board members and scientific editors will be evaluated documenting their advanced training and experience in scientific writing (e.g., Ph.D., veterinary degrees, advanced specialization, leaders in their field of study, and extensive publication backgrounds). The nutrition CC will evaluate the stated scope of the journal to match the manuscript subject and intended audience. The nutrition CC will review the peer-review process and author instructions for their publication criteria and statements of ethical behaviors (e.g., guidelines on experimentation and publication). A good example is the PLOS One "About" page: <http://journals.plos.org/plosone/s/journal-information>

### *ACCEPTABLE TYPES OF PUBLICATIONS*

Original research publications, retrospective studies, case reports and case series, and review articles are examples of acceptable types of publications provided they meet the aforementioned requirements.

The nutrition CC will *not* accept a manuscript that was submitted to the journal as a brief communication. If the journal itself reclassifies the manuscript as such, the nutrition CC might choose to accept this change, and will request proof of the change from the journal editor.

Book chapters, conference proceedings, clinical vignettes, and serial features (e.g., ECG of the month, drug topic of the month) are *not* acceptable to fulfill the nutrition publication requirement.

### *SUBMISSION OF THE PUBLICATION TO THE NUTRITION CC*

The publication requirement may be met anytime during the RTP or prior to Board-certification. A resident may submit an appropriate published scientific article, or an appropriate manuscript accompanied by a copy of the final acceptance letter at any time after the resident has enrolled in an approved nutrition RTP. Manuscripts published within the 5 years before the resident's start date in the approved RTP may be submitted to the nutrition CC for consideration toward fulfillment of the publication requirement, providing the publication has *not* been used to contribute to another qualification, e.g., Masters, PhD, ABVS or EBVS specialization.

In lieu of proof of publication, conditional acceptance of the credentials can be achieved by submitting a copy of the 'Letter of Understanding' found on the ACVIM website which states that a publication and documentation of its acceptance will be submitted upon acceptance of a publication while the Candidate understands the publication requirement must still be met prior to Board-certification, allowing the Candidate to take the Specialty Examination. An accepted manuscript is not required before the resident takes the specialty examination; however, the resident is strongly encouraged to meet this requirement before taking the examination. The nutrition CC must accept one publication before recommending Board-certification to the resident. The following documentation is to be provided to the nutrition CC:

- The published article.
- The acceptance letter on letterhead from the journal (if the article has not yet been published).
- An article is deemed accepted for publication when the author (resident) receives one of the following:
  - An email from the official email address of the journal or a letter on the journal's letterhead from the editor stating that the article has been accepted for publication.
  - An email from the official email address of the journal or a letter on the journal's letterhead from the editor stating that all reviewers have approved the article for publication and the article is awaiting editing before publication.
  - A galley proof of the article with an email from the official email address of the journal or a cover letter from the editor on the journal's letterhead stating that the article is scheduled for publication.

A notice from an editor that states the resident must address reviewer comments, no matter how minor, is considered unacceptable for credentialing purposes. Such a notice implies final review of the article is incomplete. If a resident is unsure whether a response from a journal reflects the final acceptance of the article, that individual should petition the chair of the nutrition CC in writing. Response to a resident's request for clarification can take 6 weeks or longer.

## 9 ACVIM GENERAL EXAMINATION

All ACVIM Nutrition Candidates, commencing a nutrition RTP program as of July 2023, must pass the General Examination in order to be eligible to attain Diplomate status (Board-certification) in nutrition. Information about the General Examination is outlined in the ACVIM Certification Manual (section 3.E.5).

## 10 NUTRITION CREDENTIALS

Credentials approval or conditional approval is a prerequisite for taking an ACVIM Specialty Examination. Credentials approval is required for Board-certification.

### 10.A PROCEDURES FOR SUBMITTING NUTRITION CREDENTIALS

**\*\*\*Always check the ACVIM website for the most up-to-date information before submission; this process is subject to change.\*\*\***

The information listed in this section provides an overview of the procedures for submitting credentials. Specific guidelines are in the nutrition credentials information packet. Because application requirements change periodically, Candidates must be certain that they are using the most current application and credentials packet. If Candidates have any questions regarding the application process, they should request clarification in writing from the ACVIM office or from the nutrition CC chair well before the credentials submission deadline.

A Candidate who intends to take the nutrition Specialty Examination must submit the credentials application so that the ACVIM office receives the credentials packet no later than the date specified on the ACVIM website of the year preceding the year in which the Candidate intends to take the nutrition Specialty Examination. **THERE ARE NO EXCEPTIONS TO THIS DEADLINE. CREDENTIALS PACKETS MUST BE SUBMITTED ON THE DUE DATE TO ALLOW ADEQUATE TIME FOR REVIEW BY THE NUTRITION CC. CREDENTIALS PACKETS WILL NOT BE REVIEWED IF THE CREDENTIALS FEE HAS NOT BEEN PAID BEFORE THE SUBMISSION OF THE CREDENTIALS PACKET.**

Candidates may submit their complete credentials packet and credentials fee online to the ACVIM office following the completion of 52 total weeks of training, or a minimum of 26 weeks of intensive training in clinical nutrition and at least ½ of the total nutrition-related training program time of the RTP. Applicant instructions for meeting the credentials requirements are available on the ACVIM website.

Inadequate attention to detail or fundamental errors or omissions may cause the entire credentials application to be rejected.

Candidates should receive an email acknowledging receipt of their credentials application from the ACVIM within 2 weeks. Each Candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the submitted credentials packet for the Nutrition Specialty Examination. The credentials application packet will be evaluated as “approved,” “conditionally approved,” or “rejected”. Should the Candidate *not* receive these timely acknowledgments, it is the Candidate’s responsibility to contact [certification@ACVIM.org](mailto:certification@ACVIM.org) and determine the progress of their credentials application.

**Documentation of receipt of the Candidate’s credentials application, receipt of the paid fee, and documentation of credentials approval, with the Candidate’s unique identification number, must be maintained by the Candidate as part of their essential documentation.**

Separate receipts for each ACVIM fee paid and application acknowledgement will be provided by the ACVIM and must be maintained by the Candidate as part of their essential documentation.

The Candidate must meet or surpass the following RTP requirements toward receiving Board-certification in nutrition (check the ACVIM website for most current information):

- Appropriate training in veterinary nutrition has been attained in their chosen track.
- A letter of understanding stating that the resident understands that all requirements must be met before being granted Board-certification.
- The completed Credentials Application Form.
- A scholarly activity report.
- A clinical training weeks log.
- A case log.
- A procedure log.
- A journal club log.
- A didactic learning opportunities log.
- A teaching opportunity log.
- Benchmarks – completed the appropriate number of benchmarks at two per year until the application to take the examination is accepted.
- A variance form, which must be completed by the PD if using variances.
- A letter of understanding that documents awareness of the publication requirement, completion of remaining required weeks in training, and submission of examination questions and a copy of the acceptance email from the Credentials Committee.
- A letter from their RA verifying satisfactory progress in the training program.

**It is the Candidate's responsibility to submit all credential items before the deadline, as late applications will not be reviewed.**

### **10.B EVALUATION OF CREDENTIALS FOR NUTRITION SPECIALTY EXAMINATION**

The ACVIM office and the nutrition CC will evaluate each Candidate's credentials packet as either 'acceptable', 'conditionally acceptable' or 'unacceptable'.

### **10.C PROCEDURE AFTER RECEIVING NOTIFICATION OF AN ACCEPTABLE CREDENTIALS APPLICATION**

The nutrition specialty examination may be taken after credentials application approval (or conditional approval) by the nutrition CC.

## 10.D PROCEDURE AFTER RECEIVING NOTIFICATION OF AN UNACCEPTABLE CREDENTIALS APPLICATION

The Candidate may appeal a credentials decision of the nutrition CC as described in the Certification Manual (section 3.F.1). The Candidate should check the ACVIM website for additional or updated information.

## 11 NUTRITION SPECIALTY EXAMINATION

### 11.A NUTRITION SPECIALTY EXAMINATION REGISTRATION AND FEE

Once credentials are approved, Candidates may register for the Nutrition Specialty Examination and pay the fee online to the ACVIM office by the date specified on the [ACVIM website](#) the year before they intend to take the examination. Candidates retaking all or part of the Nutrition Specialty Examination must pay online by the date specified on the [ACVIM website](#) of the year they plan to take the examination.

Documentation of receipt of the Candidate's Nutrition Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the Candidate's unique identification number, must be maintained by the Candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM and must be maintained by the Candidate as part of their essential documentation.

### 11.B NUTRITION SPECIALTY EXAMINATION CONTENT AND FORMAT

**\*\*\*Always check the Candidates' exam webpage(s) on the ACVIM website for the most up-to-date information pertaining to ACVIM Examinations. Examination format/design, item types and standard setting/cut score determination method(s) are subject to change, as necessary to continue to align the examination with best practice and accreditation industry standards. Any changes will be reflected in the current examination blueprint and/or information provided to Candidates.\*\*\***

A blueprint of the Nutrition Specialty Examination is posted on the ACVIM website at least 60 days before the examination date each year.

## 12 CORRESPONDENCE, INQUIRIES, ISSUES AND COMPLAINTS

Residents and/or Candidates with queries and/or complaints regarding RTP noncompliance, especially concerns that are not sufficiently resolved by the RTP's PD, should direct concerns in writing to the nutrition ombudsperson and/or to the current nutrition RTC chair. Residents can obtain the names and contact information of these individuals from the ACVIM office or ACVIM website. A response to the query and/or complaint can be expected within 4 weeks. Assistance from the nutrition ombudsperson can also be sought for situations that are difficult to resolve. The nutrition ombudsperson can be contacted directly by email at [NutritionOmbuds@ACVIM.org](mailto:NutritionOmbuds@ACVIM.org). The ACVIM can only address matters related to adherence to this Manual's requirements. Personnel matters are unique to each SI and its human resources policies and procedures and are not subject to ACVIM review.

### 13 MAINTENANCE OF CERTIFICATION REQUIREMENTS (MOC)

As discussed in the Certification Manual every Diplomate who completed credentials and became a Diplomate on, or after, January 1, 2016, is awarded a Diplomate certificate that is valid for 10 years. These ACVIM nutrition Diplomates are subject to MOC. The MOC requirements are posted on the [ACVIM website](#). The nutrition maintenance of credentials committee (MOC) maintains a [list of acceptable continuing education experiences](#) and their associated points that count toward the renewal of nutrition credentials by the ACVIM. This information is available on the [ACVIM website](#), or by request from the [ACVIM office](#). It is the responsibility of each ACVIM nutrition Diplomate to maintain documentation of these activities.

## APPENDIX A: IMPORTANT DEFINITIONS

### NON-TRADITIONAL RESIDENCY TRAINING IN NUTRITION

For the specialty of nutrition, it is possible to achieve Board-certification by completing an a non-traditional RTP. A non-traditional nutrition RTP is a program, that is approved by the nutrition RTC, allowing the resident to complete the required nutrition residency training discontinuously, over more than 2 years. For further details on formulating a non-traditional nutrition RTP, please refer to the specialty manual for Nutrition.

### NUTRITION CREDENTIALS COMMITTEE (CC)

The nutrition CC evaluates the nutrition Candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of any additional certification requirements. The nutrition CC is responsible for certifying that a Candidate meets all the requirements for becoming a Diplomate of the ACVIM in nutrition.

### NUTRITION OMBUDSPERSON

Candidates may contact the nutrition ombudsperson at [NutritionOmbuds@ACVIM.org](mailto:NutritionOmbuds@ACVIM.org). All communications are held in strict confidence.

### NUTRITION PROGRAM DIRECTOR (PD)

A nutrition program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of nutrition requires that a nutrition PD must be an ACVIM Diplomate in the specialty of nutrition. If a qualified PD leaves the SI, or withdraws from the position of PD, the RTP will be placed on probation for a period of time, ideally until another qualified PD is identified and/or employed by the SI. If another qualified PD is not identified and/or employed by the SI within a reasonable timeframe, as determined by the nutrition RTC, the RTP may be terminated.

### NUTRITION RESIDENCY TRAINING COMMITTEE (RTC)

The nutrition residency training committee (RTC) establishes the standards for nutrition RTPs and oversees nutrition RTP registration and approval.

### NUTRITION RESIDENT ADVISOR (RA)

A nutrition resident advisor (RA) is the primary individual monitoring the nutrition resident's progress during residency training at the SI. A nutrition RA must be an ACVIM Diplomate in the specialty of nutrition and/or a European College of Veterinary Comparative Nutrition (ECVCN) Diplomate. An RTP with an ECVCN Diplomate as RA must also have an ACVIM Nutrition Diplomate co-advisor (CO-RA). Each nutrition RA may not advise more than 2 residents at any one time. A nutrition RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents.



## NUTRITION RESIDENT ADVISORY COMMITTEE

The 3-person Resident Advisory Committee is no longer required for a nutrition RTP.

## NUTRITION RESIDENT CO-ADVISOR (CO-RA)

A nutrition resident co-advisor (CO-RA) is an ACVIM nutrition Diplomate, who is actively involved in monitoring the nutrition resident's progress during residency training at the SI. A nutrition CO-RA is only necessary when the nutrition RA is a Diplomate of the European College of Veterinary Comparative Nutrition (ECVCN). A nutrition CO-RA must be an ACVIM Diplomate in the specialty of nutrition. Each nutrition CO-RA may not advise more than 2 nutrition residents at any one time. A nutrition CO-RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents.

## NUTRITION SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

A secondary-specialty supervising Diplomate (SSSD) is a Board-certified individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in an area of specialty that is *not* the primary specialty of the RTP. A secondary-specialty supervising diplomate (SSSD) for a nutrition RTP must be a Board-certified veterinary specialist in any veterinary specialty other than nutrition, who is contributing to the training of the nutrition resident in any specialty other than nutrition. Here Board-certified refers to any veterinary specialist certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. A SSSD must be in good standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization, actively involved in their area of specialty, maintain competency in the field, and be substantially involved in the training and education of assigned residents.

## NUTRITION SUPERVISING DIPLOMATE (SD)

A nutrition supervising Diplomate (SD) is an individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in a nutrition. A nutrition supervising diplomate (SD) must be a Board-certified specialist in the specialty of nutrition. Here, for nutrition SDs, Board-certified specifically refers to both ACVIM Diplomates in the specialty of nutrition and European College of Veterinary and Comparative Nutrition (ECVCN) Diplomates. A nutrition SD must be actively involved in the practice of nutrition, maintain clinical competency in the field, and be substantially involved in the clinical supervision and didactic education of assigned residents. For the specialty of nutrition, a minimum of 1 SD must be present at the SI.

## NUTRITION SUPERVISING NON-DIPLOMATE (SND)

A nutrition supervising non-Diplomate (SND) is a role currently specific to the specialty of nutrition. A nutrition SND is an individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in nutrition. A nutrition SND for a nutrition RTP must hold a PhD or equivalent qualification, as well as expertise deemed applicable to the specialty of veterinary nutrition. A nutrition SND must be in good standing with any relevant professional bodies, actively involved in their area of expertise, maintain competency in the field, and be substantially involved in the training and education of assigned residents.

## SUPERVISION OF RESIDENCY TRAINING

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### *DIRECT SUPERVISION*

Direct supervision is defined as having the SD or SSSD and resident participating in clinical practice together, wherein both the SD or SSSD and the resident are on the clinic floor, interactively and concurrently managing cases. The SD or SSSD need not personally examine each patient seen by the resident, but must review the case with the resident, and must remain physically available on-site for face-to-face consultation with the resident throughout the day.

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### *INDIRECT SUPERVISION*

Indirect supervision refers to circumstances wherein the SD or SSSD and resident, although participating in a clinical practice together, are not on the clinic floor simultaneously and are not concurrently managing cases. Indirect supervision does imply a level of interactive case management. The SD or SSSD must be immediately available for consultation and/or direct supervision when needed by the resident.

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### *REMOTE SUPERVISION*

Remote supervision is the use of technology, such as tele- or videoconferencing (e.g. Zoom, MS Teams, Skype) to facilitate some level of interactive resident supervision. Remote supervision, as defined by the ACVIM, is most suited to on-line interactive rounds, journal club, and seminars, but may be utilized to contribute to additional resident training requirements (e.g., clinical case management where the supervisor and resident are not on-site together, therefore not available for direct supervision when needed by the Candidate). This might be considered especially relevant to the specialty of nutrition, and RTPs based around remote consultations. The type and extent of remote supervision must be defined in the RTP application and/or annual renewal.

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### *REMOTE TRAINING / EDUCATIONAL EXPERIENCES*

Remote training is the use of technology, such as tele- or videoconferencing (e.g. Zoom, MS Teams, Skype) to facilitate some aspects of resident education and/or training. Remote training, as defined by the ACVIM, best applies to on-line classes, seminars and conferences, where there is minimal to no interaction. The type and extent of remote training must be defined in the RTP application and/or annual renewal.

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## TRAINING TIMES / TRAINING WEEK

A nutrition RTP must have a resident working at least 40 hours over a minimum of 4 days in a 7 contiguous day period for it to count as 1 training week of a nutrition RTP. This time period may include emergency duties and patient care on weekends. Four weeks constitutes 1 month of resident training.