



**SPECIALTY CERTIFICATION AND RESIDENCY TRAINING MANUAL:
SMALL ANIMAL INTERNAL MEDICINE**

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The ACVIM certifies specialists in Small Animal Internal Medicine (SAIM). Small animal internists focus on treating diseases of the internal systems in dogs and cats.

This specialty-specific Manual is intended as a resource for residents, Candidates, Sponsoring Institutions (SIs), training sites, Program Directors (PDs), Residency Advisors (RAs), Supervising Diplomates (SDs), Secondary Supervising Diplomates, and other institutional officials and personnel involved in the certification processes of the American College of Veterinary Internal Medicine's (ACVIM's) SAIM specialty and ACVIM-accredited SAIM Residency Training Programs (RTPs).

This specialty-specific Manual represents the current policies, procedures, requirements and standards for an individual seeking certification as an ACVIM Diplomate (SAIM) and those involved in ACVIM-accredited SAIM residency training programs.

Common policies, procedures, requirements and standards, applicable to all ACVIM specialties, exist. These are required of all ACVIM Candidates and all ACVIM RTPs. These are not detailed in this specialty-specific Manual, but rather established in the [ACVIM Certification and Residency Training Manual](#).

Current implementational information, specifying deadlines, fees, form / document versions, registration procedures, credentials submission, and examination content and procedures, is maintained on the [ACVIM website](#), and not in this Manual. Candidates should regularly check the [ACVIM website](#) for any updates and/or changes to deadlines, fees, form / document versions, registration procedures, credentials submission, examination content and procedures, and other matters that may impact the successful completion of the certification process. It is the responsibility of Candidates and mentors to verify and maintain access to the [ACVIM website](#), [Candidate dashboard](#), and all relevant [ACVIM listservs](#). The [ACVIM office](#) does not send out individual notices to Candidates and/or mentors regarding approaching deadline dates, as that information is maintained and kept current on the [ACVIM website](#).

ACVIM policies, procedures, requirements and standards are subject to periodic review and change. If referring to a previously downloaded or printed version of this Manual, the [ACVIM website](#) should be checked for updates.

While a concerted effort has been made to ensure the comprehensive nature and accuracy of this Manual, if there are any questions for clarification, feedback or comments, interested parties should contact the ACVIM certification and accreditation staff at the [ACVIM office](#), preferably by email at certification@acvim.org, or by mail or phone, as referenced on the following page.

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1 SAIM DOCUMENTS AND FORMS

The following may not be an exhaustive list of all applicable documents and forms. Please navigate the [ACVIM website](#) for additional documentation and forms.

- [Online Candidate Registration Form](#) (via the [Candidate dashboard](#)).
- [SAIM Progress Report Information Letter](#).
- [SAIM Progress Report Form](#) (due annually on October 1).
- [SAIM Scholarly Activity Information Letter](#).
- [SAIM Scholarly Activity Form](#).
- [Application to take the General Examination](#) (via the [Candidate dashboard](#)).
- [General Examination blueprint, reading list & study resources](#) (available 60 days before the examination date)
- [SAIM Credentials Packet](#) (prerequisite for the Specialty Exam)
- [Registration to take the SAIM Specialty Examination](#) (via the [Candidate dashboard](#)).
- [SAIM Specialty Examination blueprint, reading list & study resources](#) (available 60 days before the examination date).

2 DEFINITIONS FOR SAIM CANDIDACY AND RESIDENCY TRAINING PROGRAMS

Review important terms and definitions related to the specialty of SAIM. These definitions expand upon those provided in the [ACVIM Certification and Residency Training Manual](#), as they pertain specifically to the specialty of SAIM.

SAIM CREDENTIALS COMMITTEE (CC)

The SAIM CC's primary task is to review and determine the status of the candidates' Credentials submissions to determine eligibility for the SAIM Specialty Examination.

SAIM OMBUDSPERSON

The SAIM specialty has an ombudsperson, appointed by the SAIM specialty president, who is available to Candidates to provide advice and serve as a liaison during conflicts involving a Candidate, a RTP, and/or the ACVIM, or representative thereof. The ombudsperson provides guidance in resolving concerns, conflicts, or complaints in a confidential and informal manner. These concerns may be regarding the RTP and/or training officer (i.e., PD, RA or SD) or with the ACVIM Board-Certification process (i.e., change in status, communications with the Central Office). All communications are held in strict confidence. The role of the ombudsperson is to liaise, advise, and offer options toward resolution of a problem, as the ombudsperson deems appropriate. The ombudsperson cannot offer legal advice, does not actively engage in any formal arbitration process, and does not impose sanctions on individual Candidates or RTPs. The scope of the ombudsperson's role excludes matters relating to examinations and/or denial of credentials, which are addressed by the ACVIM appeals committee. If an ombudsperson is personally involved in a dispute with a Candidate, RTP, the ACVIM, or representative thereof, the ombudsperson must recuse themselves. In such a case, the ACVIM certification liaison or another specialty ombudsperson may serve as ombudsperson during that dispute.

The SAIM ombudsperson may be contacted at SAIMombudsperson@ACVIM.org.

SAIM PROGRAM DIRECTOR (PD)

The SAIM PD is the individual at the SI who assumes overall responsibility for the conduct and integrity of the institution's SAIM RTP(s). The specialty of SAIM requires that a SAIM PD must be an ACVIM SAIM Diplomate and member in good standing. A SAIM PD must also have at least 3 years of experience training residents, although this specific requirement of 3 years of experience training residents will be waived for the first 3 years of a new RTP. A SAIM PD may not simultaneously serve as a PD for an RTP in a different specialty.

SAIM RESIDENCY TRAINING COMMITTEE (RTC)

The SAIM RTC specifies the residency training criteria that must be met for ACVIM-approval of a SAIM RTP. The SAIM RTC reviews and approves all new SAIM RTPs and reviews and approves for renewal each registered SAIM RTP annually. The SAIM RTC also reviews any

significant changes in a SAIM RTP (e.g., change in PD or RA, a resident or Candidate's early termination or failure to complete an RTP, alterations in program duration or content, and locations of secondary training sites) and notifies the SAIM CC of the approved changes. These reviews are typically based on documents submitted by the RTP's PD. However, if questions arise, the SAIM RTC may solicit supplemental documentation from other individuals who have knowledge of a particular RTP. The SAIM RTC also handles questions from SAIM residents, Candidates, PDs, RA, SDs, SSSDs and SNDs, regarding the interpretation of the SAIM RTP requirements and standards as established in this SM.

SAIM RESIDENT ADVISOR (RA)

The SAIM RA is the individual at the SI who is primarily responsible for overseeing the resident's progress during the SAIM RTP. The SAIM RA must be an ACVIM SAIM Diplomate and member in good standing. Additionally, a SAIM RA must be Board-certified for at least 2 years and must have at least 1 year of experience training residents, although the requirement for 1 year of experience training residents will be waived for the first 3 years of a new RTP. The SAIM RA must be actively participating in the field of small animal internal medicine, maintaining clinical competency in the field, substantially engaged as a SD for assigned residents, and significantly involved in the clinical supervision and didactic education of assigned residents. A SAIM RA may not advise more than 2 residents at any one time.

SAIM SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

A SAIM SSSD for a SAIM RTP must be a Board-Certified veterinary specialist in any specialty other than SAIM, who is contributing to the training of the SAIM resident in any specialty other than SAIM. Here Board-Certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The Board-Certified veterinary specialist must be in good standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. A SAIM SSSD must be actively involved in their area of specialty, maintain competency in the field, and be substantially involved in the training of assigned residents.

SAIM SUPERVISING DIPLOMATE (SD)

A SAIM 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 the field of small animal internal medicine. A SAIM SD must be actively participating in the field of small animal internal medicine, maintaining clinical competency in the field, and be substantially involved in the clinical supervision and didactic education of assigned residents. A SAIM SD must be either an ACVIM SAIM Diplomate and member in good standing, and/or an ECVIM-CA internal medicine Diplomate.

SUPERVISION OF RESIDENCY TRAINING

DIRECT SUPERVISION

Direct supervision is defined by the ACVIM as training circumstances wherein the SD(s), or SSSD(s), and resident are physically present together, with interactive and concurrent management of cases. The SD(s) or SSSD(s) is expected to be physically present and immediately available to the resident, throughout the day, for face-to-face reciprocal case management discussion, advice, direction, and assistance, as required/requested by the resident and indicated by their level of training.

INDIRECT SUPERVISION

Indirect supervision is defined by the ACVIM as training circumstances wherein the SD(s), or SSSD(s), and resident, are not physically present together, and are not interactively and concurrently managing cases (e.g., “chief” weeks). The SD(s), SSSD(s) or SND(s) must be on-site and immediately available (e.g., telephone, text, email, Zoom, MS Teams, Skype, etc.) for reciprocal case discussion, advice, and direction, as well as immediately available for direct supervision (3.C.8), as required and/or requested by the resident. Indirect supervision does mandate a level of daily case management oversight by the SD(s), SSSD(s) or SND(s).

REMOTE SUPERVISION

Remote supervision is defined by the ACVIM as the use of specific wireless/wired network communication technologies, namely tele- or video-conferencing platforms (E.g., telephone, Zoom, MS Teams, Skype, etc.), to facilitate some level of interactive resident education and/or clinical training. The key component of remote supervision, as defined by the ACVIM, is that it involves live active reciprocal dialogue between the supervisor(s) and resident. Remote supervision is best suited to rounds, journal clubs and select seminars, but it may be utilized to contribute to additional resident training requirements. E.g., clinical case management where the supervisor is not on-site, and not immediately available for direct supervision.

The type and extent of any remote supervision must be defined in the SAIM RTP application and/or annual renewal.

REMOTE EDUCATIONAL EXPERIENCES

In contrast to the ACVIM’s definition of remote supervision, remote educational experiences are defined by the ACVIM as those provided via the use of wireless/wired network communication technology, internet, television, telephone, or other communication media, to fulfill some requirements of resident education. Remote educational experiences, as defined by the ACVIM, might include on-line classes, seminars and conferences, where there is minimal to no interaction. The type and

extent of remote educational experiences must be defined in the RTP application and/or annual renewal.

The type and extent of remote training must be defined in the SAIM RTP application and/or annual renewal.

TRAINING TIMES / TRAINING WEEKS

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

3 SAIM RESIDENCY TRAINING PROGRAMS

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

The common requirements and standards for certification and residency training established in the [ACVIM Certification and Residency Training Manual](#) must be met. In addition, there are specialty-specific SAIM policies, procedures, requirements and standards for certification and residency training specific to the specialty of SAIM, as established in this specialty-specific Manual. The policies, procedures, requirements and standards established in this specialty-specific Manual are the minimum for certification and residency training in the specialty of SAIM. A SAIM RTP may choose to include additional educational and training requirements above the minimum established in this specialty-specific Manual. Additional educational and training requirements outlined in that RTP's approval and annual renewal documentation are part of that RTP. A resident registered in that RTP must satisfy not only the minimum requirements established in this Manual, but also fulfill the additional requirements of that RTP, in order to become an ACVIM Diplomate in the specialty of SAIM, as the additional requirements are necessary for that resident to complete the RTP and obtain a residency certificate of completion.

A SAIM RTP, however, embodies more than simply meeting the requirements and standards established in this Manual. The SAIM RTC expects RTPs to be cohesive, integrated, stable, and ongoing programs that continually raise the standards in SAIM, training highly capable internists whose accomplishments build upon those of their mentors.

3.A ACCEPTABLE SAIM RTPS

A registry of current ACVIM-approved SAIM RTPs, as evaluated by the SAIM RTC, is available from the [ACVIM website](#), or upon request from the [ACVIM office](#).

3.B SAIM RTP REGISTRATION AND EVALUATION

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 [ACVIM Certification and Residency Training Manual](#) (4.C.4-6).

3.C SAIM CANDIDATE REGISTRATION

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 and Residency Training Manual](#) (4.C.3).

3.D GENERAL OBJECTIVES OF THE SAIM RTP

- When applicable, residents should participate in the emergency service on a rotating basis. The RTP will describe the nature of these rotations on the RTP description submission form.
- Where applicable, the RTP will encourage residents to participate in clinical teaching (e.g., case supervision, daily rounds, etc.) of interns, veterinary students, or veterinary technician students.
- Where applicable, residents will be involved in classroom and laboratory teaching.
- Where applicable, residents will prepare and deliver continuing education seminars and participate in scientific meetings.
- Where applicable, residents in conjunction with the SD will guide and oversee interns, veterinary students, or veterinary technician students in the operation of the specialty clinics. This will include supervising interns and students in the operation of the hospital emergency service.
- Residents will gain a comprehensive understanding of pathophysiology as it relates to SAIM.
- Residents will develop and promote interest in and understanding of the SAIM specialist's role as a clinician-scientist.
- Residents will receive instruction and experience in research, publication, communication, and education.

3.E SPECIFIC REQUIREMENTS OF A SAIM RTP

It is incumbent upon the SI, PD, RAs, SDs, SSSDs, residents and Candidates, as well as relevant ACVIM staff and committee members, to be aware of the common and SAIM-specific RTP policies, procedures, requirements and standards, and to collectively work toward ensuring they are being fulfilled.

3.E.1 DURATION OF A SAIM RTP

An ACVIM-approved SAIM RTP is a minimum of 3 years, or 156 weeks. A SAIM RTP must entail a minimum of 84 weeks of intensive clinical training, consisting of; 1) a minimum of 68 weeks of which must be intensive clinical training in SAIM, 2) a minimum of 16 weeks of which must consist of a combination of 8 weeks of intensive clinical training in cardiology, neurology, nutrition, oncology and/or additional SAIM, and 3) up to 8 weeks of intensive training in any ABVS or EBVS specialty(ies). The remaining weeks of the RTP will be spent undertaking research and creative scholarly activities, radiology, clinical pathology, study time, vacation, and likely additional weeks of intensive clinical training in SAIM and/or other ABVS and/or EBVS specialties.

3.E.2 INTENSIVE CLINICAL TRAINING IN SAIM

At least 68 of the 156 weeks of a SAIM RTP must consist of intensive clinical training in SAIM. During the time of intensive clinical training, the resident must be under the direct supervision of the equivalent of a minimum of 2 full-time ACVIM SAIM Diplomates and members in good standing, or under the direct supervision of a minimum of 1 full-time ACVIM SAIM Diplomate and member in good standing and 1 full-time ECVIM-CA Diplomate. Training with the SDs should be balanced so that substantially more scheduled training with 1 Diplomate and less scheduled training with another Diplomate does not occur.

During this time, SAIM residents must actively participate in patient management, including 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 SAIM SD must directly supervise and review case management.

Residents must maintain complete medical records for all patients in their care. The problem-oriented veterinary medical record system is strongly encouraged. Medical records must be retrievable and searchable.

During SAIM clinical training, residents must attend and participate in daily clinical rounds with at least one SAIM SD 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 present until the SD deems a resident capable of leading student rounds independently.

Additional weeks of intensive clinical training in SAIM, exceeding the required 68 weeks, are desirable. There is no maximum number of weeks a SAIM resident can spend receiving intensive clinical training in SAIM, provided that the resident meets the minimum requirements for intensive clinical training in SAIM, as well as the requirements for intensive clinical training in other ACVIM specialties, clinical training in other non-ACVIM specialties, research and creative scholarly activities.

3.E.3 INTENSIVE CLINICAL TRAINING IN SECONDARY ACVIM SPECIALTIES

At least 16 of the remaining 88 weeks of a SAIM RTP must consist of clinical training under the direct supervision of 1 or more SSSDs in other veterinary specialties registered by the ABVS or the EBVS. A maximum of 16 weeks of the 88 weeks may be spent in any single ACVIM specialty other than SAIM.

At least 8 of the required 16 weeks must be in at least 2 of the following 4 ACVIM specialties: cardiology, neurology, nutrition, and/or oncology. Moreover, residents must accrue the 8 weeks of intensive clinical training in these ACVIM specialties in a minimum

of 2-week blocks, and the resident must have primary case responsibility. For these 8 weeks, the residents must be under the direct supervision of the SSSD.

The remaining 8 of the required 16 weeks, may also be in the aforementioned 4 ACVIM specialties, or may be in other veterinary specialties registered by the ABVS or EBVS. Once again, residents must accrue these 8 additional weeks in a minimum of 2-week blocks, and the resident must have primary case responsibility.

A maximum of two secondary training site rotations is allowable for meeting the intensive clinical training in other ACVIM specialties requirement.

3.E.4 INTENSIVE CLINICAL TRAINING IN SECONDARY NON-ACVIM SPECIALTIES

3.E.4.a RADIOLOGY

During the remaining 72 weeks of a SAIM RTP, the resident must spend at least 2 weeks (80 hours) under the supervision of an ACVR Diplomate or EVDI Diplomate.

At least 1 week (40 hours) must be spent interpreting radiographs, learning and evaluating the results of special imaging techniques (other than ultrasonography), and attending radiology rounds and/or seminars. The majority of this time must be spent under the direct supervision of the SSSD; however, didactic portions of this training may include remote supervision (i.e., interactive) with the SSSD. For this training requirement specifically, the specialty of SAIM allow for non-continuous training, in which the required 40 hours may be accumulated over 2 weeks (2 x 20 hours).

At least 1 week of (40 hours) must be spent training in ultrasonography, under the direct supervision of an ACVR Diplomate or EVDI Diplomate. The training should emphasize abdominal ultrasonography. It must include the hands-on performance of abdominal ultrasonography on clinical cases, and theoretical training in the principles and application of ultrasonography. The majority of this time must be spent under the direct supervision of the SSSD; however, didactic portions of this training may include remote supervision (i.e., interactive) with the SSSD. This is the minimum requirement for training in ultrasonography. It is recognized that true proficiency in this diagnostic technique requires more than this minimum training standard. For this requirement, specifically, the specialty of SAIM allows for non-continuous training, in which the required 40 hours may be accumulated over two 2 weeks (2 x 20 hours).

3.E.4.b CLINICAL PATHOLOGY

Additionally, during the remaining 72 weeks, at least 1 week (40 hours) must be spent evaluating clinical pathologic findings and reviewing cytologic and/or

histologic specimens under the direct or remote supervision of SSSD certified by the American College of Veterinary Pathology (ACVP) and/or the European College of Veterinary Pathology (ECVP). For this requirement specifically, the specialty of SAIM allows for non-continuous training, in which the required 40 hours may be accumulated over 2 weeks (2 x 20 hours).

Once again, a maximum of 16 weeks may be spent in any single secondary specialty other than SAIM.

3.E.5 RESEARCH AND CREATIVE SCHOLARLY ACTIVITY

At least 12 weeks of a SAIM RTP must be allocated for research and creative scholarly activity, ideally in the pursuit of a publication. Time allocated to research or to attend/participate in scientific meetings should be taken during the remaining 72-week period, not during the initial 68 weeks allocated to intensive clinical training in SAIM, or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

A week may be acquired over a contiguous 14-day period and may also be combined with other training segments (e.g., study/research days interspersed with clinical training.). Remote supervision is acceptable when necessary.

Proof of completion of this research and creative scholarly activity requirement can take the form of 1 or more 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 an unconditional letter of acceptance for a first-author research paper from a peer-reviewed journal, documenting the same.
- Evidence of presentation of an abstract (e.g., proceedings), oral or poster, at a scientific meeting, documenting original work undertaken predominantly during the RTP.
- Undersigned letter from the RA documenting completion of a prospective, or retrospective, research project, undertaken predominantly during the RTP, that is unpublished (e.g., thesis).
- Undersigned letter from the RA documenting submission of a prospective research grant/project, formulated predominantly during the RTP, pertinent to the specialty of SAIM.
- Academic transcript, or undersigned letter from the RA, documenting completion of 3 credits, or the equivalent, graduate course work in research methods, biostatistics, and/or research ethics.
- Certificate, or undersigned letter from the RA, documenting completion of a minimum of 6 hours of research-focused seminars and/or classes at an

appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. Prior approval by the SAIM RTC and SAIM CC is recommended. These seminars or classes will cover subjects such as the following:

- Critical evaluation of the veterinary medical/biomedical literature.
- Grant writing.
- Study design, including clinical trials.
- Biostatistics.
- Research ethics.

A form documenting scholarly activity must be submitted by the resident, signed by the PD or RA, for credentials, although some requirements may remain pending at that time. If this is the case, an updated form, documenting completion of the required scholarly activities, is required to achieve Diplomate status.

3.E.6 PUBLICATION REQUIREMENT

A publication is a credentialing requirement for Board-Certification in SAIM (i.e., to become a Diplomate of the ACVIM in SAIM ([section 7](#))). However, a publication is not a mandatory requirement of an ACVIM-approved SAIM RTP. Despite this clarification, the ACVIM expects the SI, PD, RA, SDs and SSSDs to provide adequate support in the SAIM Candidate's work towards a publication. Moreover, if an ACVIM-approved SAIM RTP decides to specifically require a publication, a certificate of RTP completion cannot be presented to the Candidate until the publication requirement is fulfilled. The research and creative scholarly activity requirement of an ACVIM-approved SAIM RTP may be fulfilled by an approved publication, or alternative means ([section 3.E.5](#)).

3.E.7 JOURNAL CLUB

Small animal internal medicine residents must participate in at least 80 hours of journal club throughout the RTP. Participation via teleconferencing and programs having a joint journal club with other programs are acceptable when necessary. At least 1 specialist recognized by the ABVS, or a Diplomate of ACVIM or the ECVIM-CA, must attend each journal club, either in person or remotely.

Residents must keep a log of journal club activities that includes the date, article titles, and the identity of the specialist in attendance. The log is to be submitted as part of credentials that are reviewed by the SAIM CC. Journal club logs will be randomly audited by the SAIM CC when a resident's credentials are submitted.

3.E.8 DIDACTIC LEARNING OPPORTUNITIES

Small animal internal medicine residents must participate in the following didactic learning opportunities, facilitated by the SI: SAIM topic review sessions, formal conferences, continuing education conferences, and formal examination review sessions. This Manual allows for remote participation (primarily RACE acceptable) where relevant, and when necessary.

A SAIM RTP must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and SAIM Specialty Examinations. This Manual allows for remote participation (primarily RACE acceptable) when necessary.

A SAIM RTP must provide documentation of these formal reviews to the SAIM CC in the RTP application and annual renewal. Attending daily clinical rounds does not meet this requirement, although structured courses and seminars may. If adequate formal review sessions are not available on-site, a resident may meet this requirement in part by attending or participating remotely in an [ACVIM advanced continuing education \(ACE\) course](#), an [ACVIM Forum](#), or another high-quality continuing education meeting (with prior approval by the SAIM CC).

Residents must also attend weekly formal conferences in SAIM and related disciplines. Examples of these are clinicopathologic conferences or seminars. These may include remotely presented training. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. The resident must give a formal presentation at such a conference or seminar series at least once per residency year. Documentation of these presentations must be included in the Candidate's credentials packet.

As a substitute for the aforementioned formal presentation, the resident may present at a regional, state, or national meeting once per residency year. A copy of the program must be included in the Candidate's credentials packet.

Residents must participate in, or attend, at least one state, national, international veterinary medical or human medical continuing education conference or meeting during their residency. Examples might include the annual ACVIM Forum or an ACVIM-moderated ACE conference. This Manual allows for remote participation when necessary. Intensive endoscopy or ultrasound training courses do not fulfill the continuing education conference or meeting requirement. Documentation of attendance, or participation in, the conference or meeting must be included in the Candidate's credentials packet.

3.E.9 STUDY TIME

In addition to the 12 weeks of required research and scholarly time, an additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and Candidate to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the General Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise. If the resident does not take the General Examination during the second year of their RTP, some or all of this study time may be “banked” and transferred to the third year. That banked time does not have to be scheduled in continuous weeks; it may be provided as individual week-long blocks of time.

A further additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and Candidate to prepare for the SAIM Specialty Examination. Study time should be scheduled to immediately precede the SAIM Specialty Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

Study time allocated for General and Specialty Examination preparation should be taken during the 72-week period, not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

3.E.10 UNSUPERVISED, VACATION AND PERSONAL TIME

3.E.10.a UNSUPERVISED TIME

Please refer to section 4.C.17. b of the [ACVIM Certification and Residency Training Manual](#).

The SAIM specialty currently has no stipulations or allowances regarding unsupervised time, other than residents must participate in, or attend, at least one state, national, or international veterinary medical or human medical continuing education conference or meeting during their residency.

3.E.10.b VACATION

Please refer to section 4.C.17. b of the [ACVIM Certification and Residency Training Manual](#).

A SAIM resident should take vacation during the RTP that is totally separate from other activities and requirements. Total vacation time must be a minimum of 6 weeks during a 3-year RTP and is best allocated in 2 continuous weeks each year. However, at the request of the resident, vacation time may be arranged differently. Vacation time should be scheduled within the remaining 72 weeks (3.F.4), not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

Vacation must never be required to be used as a release from clinical obligations to prepare for the General Examination or the SAIM Specialty Examination.

3.E.10.c PERSONAL LEAVE

Please refer to section 4.C.17.c of the [ACVIM Certification and Residency Training Manual](#).

The SAIM RTP is expected to provide reasonable and practicable accommodation for a resident's medical and personal needs (e.g., healthcare appointments, medical leave, carer's leave, jury duty, etc.).

3.E.11 RTP INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from one RTP to another to fulfill all RTP, credentials and certification requirements. In such cases, the following steps must be taken:

- A new training program must be identified.
- The SAIM RTC must approve the new RTP before clinical training begins.
- The resident must re-register with the ACVIM in the new RTP.
- The resident must complete training in continuous blocks of time once training resumes.

In some circumstances, a resident may need to take a leave of absence that would prevent them from completing the RTP in 3 years. The PD and resident must petition the RTC. Written approval of leave must be granted and documentation included with credentials packet.

When a leave of absence is necessary and approved by the SAIM RTC, the resident has a maximum of 5 years from the end of the RTP to achieve board-certification in SAIM.

However, when actively engaged in the RTP, the resident must attend full time. The residency must be completed in contiguous 2-week blocks amounting to at least 20 weeks of training in any residency year (a residency year is the 12-month period beginning on the date when the RTP is resumed).

3.E.12 RTP VARIANCES

Variances to SAIM RTPs may be permitted by the SAIM RTC, but a request for a variance will require a detailed explanation from the PD to the SAIM RTC, and written permission from the SAIM RTC must be granted. In general, such approval will relate to combined residency-graduate degree programs or RTPs that include significant resident research commitments. Variances must be approved by the SAIM RTC before the resident includes them as part of the RTP. Documentation relating to approved variances must be included with the Candidate's credentials packet.

3.E.13 ONLINE EXIT INTERVIEW SURVEY

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

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, will be published as the 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 programs.

4 ROLES AND RESPONSIBILITIES ASSOCIATED WITH SAIM CANDIDACY AND RTPS

These descriptions and criteria expand upon those provided in the [ACVIM Certification and Residency Training Manual](#), as they pertain specifically to the specialty of SAIM.

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

The SI for a SAIM RTP, in partnership with the PD, RA, SDs and SSSDs, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI and the PD must ensure the availability of all necessary professional, technical, and clerical personnel to best support the SAIM RTP.

4.A.1 SAIM SUPERVISION

In order to host an ACVIM-approved SAIM RTP, the SI must have a minimum of the equivalent on-site presence of the equivalent of a minimum of 2 full-time ACVIM SAIM Diplomates, or the presence of the equivalent of a minimum of 1 full-time ACVIM SAIM Diplomate and 1 full-time ECVIM-CA Diplomate. No SAIM RTP may be deliberately designed without the SI having the equivalent on-site presence of the equivalent of 2 full-time ACVIM SAIM Diplomates, or the presence of the equivalent of a minimum of 1 full-time ACVIM SAIM Diplomate and 1 full-time ECVIM-CA Diplomate. It is not necessary that the 2 full-time Diplomates be simultaneously present at the SI at all times, although there should be some overlap in schedules. It is acceptable, and often beneficial, that multiple on-site ACVIM SAIM or ECVIM-CA Diplomates contribute to a combined training time that is equivalent to a minimum of 2 full-time SAIM Diplomates.

4.A.2 SECONDARY SPECIALTIES SUPERVISION

The SI must ensure residents have daily access to consultation with Board-Certified specialists in clinical pathology, imaging, and surgery.

The SI must also ensure residents can receive the required instruction in cardiology, neurology and/or oncology, as well as radiography, ultrasonography, echocardiography, and endoscopy, by appropriate and qualified SDs and/or SSSDs.

4.A.3 FACILITIES AND EQUIPMENT

In addition to the facilities and equipment outlined in the [ACVIM Certification and Residency Training Manual \(3.C.16\)](#), the specialty of SAIM stipulates that the SI for a SAIM RTP must have the following facilities and equipment:

- State-of-the-art ultrasonographic, radiographic, electrocardiographic, and endoscopic equipment.
- Laboratory facilities for performing CBCs, serum chemistry profiles, blood gas analysis, urinalysis, cytology, parasitology, microbiology, and endocrinology. If these facilities and capabilities are not available at the SI, then the SI must make arrangements with local and/or regional laboratories.
- Access to CT.
- Access to MRI and nuclear medicine is highly recommended but is not required.

4.A.4 DIDACTIC LEARNING OPPORTUNITIES

The SI for a SAIM RTP must commit to providing the resident with the required didactic learning opportunities as described in section [3.F.8](#).

4.B ROLES AND RESPONSIBILITIES OF SECONDARY TRAINING SITES

A secondary training site may not supplant SI requirement for the equivalent of a minimum of at least 2 full-time ACVIM SAIM Diplomates, or the presence of a minimum of 1 full-time ACVIM SAIM Diplomate and 1 full-time ECVIM-CA Diplomate.

If adequate personnel or facilities to fulfill requirements involving clinical pathology, basic imaging, ultrasonography, or direct supervision in other ACVIM specialties are unavailable on-site at the SI, the PD must make special arrangements at other facilities for a resident to fulfill all requirements. The SAIM RTC must approve such arrangements in advance of the resident's training at that secondary site, which includes permission to travel. Training agreement forms for the provision of off-site training must be submitted when requesting approval of a new program. Updated forms must be submitted at the time of the annual renewal of an existing program.

If the RTP schedules training at secondary training sites during the residency, the provider(s) of this training must complete training agreement form(s) with the SAIM RTP registration form for each new program request and at each annual renewal of registration.

4.C ROLES AND RESPONSIBILITIES OF THE SAIM PROGRAM DIRECTOR (PD)

The SAIM 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 SAIM requires that a SAIM PD must be an ACVIM Diplomate in the specialty of SAIM and must be Board-certified for at least 4 years. A SAIM PD must also have at least 3 years of experience training residents, although this specific requirement of 3 years of experience training residents will be waived for the first 3 years of a new RTP. A SAIM PD may not simultaneously serve as a PD for an RTP in a different specialty. If a qualified PD leaves the SI, or withdraws from the position of PD, the RTP will be placed on probation until another qualified PD is identified and/or employed by the SI.

The PD must submit a completed [RTP Registration Form](#) online to the ACVIM office for review by the SAIM RTC. The SAIM RTC either approves the program or provides details of those deficiencies that must be corrected before the RTP can be approved. The SAIM RTC must approve a RTP before the RTP accepts residents for training.

The PD is also responsible for submitting the RTP Registration form each year for annual renewal, by the date specified on the [ACVIM website](#), and ensures that signed letters of commitment for the required time for secondary site training are submitted annually with the application for program renewal. Specialists with whom the resident has trained must provide the PD or the RA with documentation of this interaction.

At the time of annual program reapproval, PDs and RAs may be asked to verify resident activities. Activities include, but are not limited to, satisfactory clinical training, interaction with consultants, documentation of training in diagnostic imaging and clinical pathology, and documentation of study and education participation.

The PD is responsible for ensuring that the details described in the RTP registration form/renewal are fulfilled, and that they meet the minimum requirements for SAIM RTPs as described in this Manual.

The PD ensures that substantive changes within a SAIM RTP affecting compliance with SAIM specialty requirements must be reported to the chair of the SAIM RTC within 14 days of such a change. Substantive changes include the following:

- Change of SDs.
- Change of RA.
- Addition or removal of a resident (e.g., dismissal, withdrawal, or relocation of a resident between programs); relocation between programs requires review and approval of the proposed relocation by both the SAIM RTC and SAIM CC before the relocation occurs.
- Alteration of program duration.
- A resident switching to or from a dual specialty training program.
- A resident enrolling in an institutional graduate program.
- Addition or removal of any secondary site training experience; the addition of secondary sites must be accompanied by letters of commitment from the experience providers.

The PD is also responsible for verifying some of the resident's credentials paperwork, such as the SAIM Scholarly Activity form.

The SAIM RTC can request further information or documentation from the PD, RA, and/or an SD at any time, if such information is deemed necessary to verify that residency training is

occurring as described in the [SAIM program description form](#). Reporting inaccuracy may result in SAIM RTP probation or termination.

If a PD plans to leave the RTP, the SI must notify the SAIM RTC chair of the proposed change in directors at least 7 days before the change occurs. Failure to do so may result in the RTP being placed on probation. Failure to respond to SAIM RTC requests for information will result in program suspension or termination. Time served by residents in an unapproved or suspended RTP cannot count toward the completion of a SAIM RTP.

4.D ROLES AND RESPONSIBILITIES OF THE SAIM RESIDENT ADVISOR (RA)

The SAIM RA is the primary individual who monitors the SAIM resident's progress during residency training. A SAIM RA must be an ACVIM in the specialty of SAIM. Additionally, a SAIM RA must be Board-certified for at least 2 years and must have at least 1 year of experience training residents, although the requirement for 1 year of experience training residents will be waived for the first 3 years of a new RTP. Each SAIM RA may not advise more than 2 residents at any one time. A SAIM RA must also be actively involved as an SD and be substantially involved in the clinical supervision of assigned residents.

The RA is responsible for meeting with the resident semiannually to provide performance evaluations, ensure satisfactory progress in the RTP, and provide general mentorship and support for the resident.

The RA must document that the resident's training has occurred as specified. RAs ensure that residents submit documentation to the SAIM CC by the date specified on the [ACVIM website](#) and upon completion of the RTP.

4.E ROLES AND RESPONSIBILITIES OF THE SAIM SUPERVISING DIPLOMATE (SD)

The SAIM SD must be a Board-Certified specialist in the specialty of SAIM. Here, for SAIM SDs, Board-Certified specifically refers to both ACVIM SAIM Diplomates and ECVIM-CA Diplomates. A SAIM SD must be actively involved in the practice of SAIM, maintain clinical competency in the field, and be substantially involved in the clinical supervision of assigned residents.

Daily review and oversight of the resident's patient care performance is the responsibility of the SD and should be conducted directly between the SD and the resident. Provided that one of the two SAIM diplomates assigned to the primary location is physically present on-site, the second SAIM diplomate may co-participate in training via remote training when necessary.

4.F ROLES AND RESPONSIBILITIES OF THE SAIM RESIDENT

It is the responsibility of the SAIM resident to reasonably work towards fulfilling the requirements of the SAIM RTP in which they are registered, participating in and contributing to

their own education, clinical training and professional development, as well as psychological, emotional, and physical well-being, while also demonstrating the highest professional and ethical behavior, adhering to the [ACVIM's Code of Conduct](#), and upholding the [vision, mission and values](#) of the ACVIM.

The ACVIM's policies, procedures, criteria and specific responsibilities for residents are standardised across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.16.g), and are elaborated upon throughout this specialty-specific Manual as they pertain to SAIM residents.

4.G ROLES AND RESPONSIBILITIES OF THE SAIM CANDIDATE

The ACVIM's policies, procedures, criteria and specific responsibilities for Candidates are standardised across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.16.h), and are elaborated upon throughout this specialty-specific Manual as they pertain to SAIM Candidates.

It is the responsibility of the neurology Candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the [ACVIM's Code of Conduct](#), in order to become a Diplomate of the ACVIM in the specialty of neurology. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#), or request said information from the [ACVIM office](#).

5 CLINICAL MILESTONES FOR SAIM RESIDENTS

5.A CLINICAL MILESTONES FOR FIRST-YEAR SAIM RESIDENTS

5.A.1 EXPECTATIONS REGARDING PATIENT CARE

- Residents must provide patient care that is compassionate, appropriate, and effective.
- Residents must develop comprehensive history taking and physical exam skills.
- Residents must demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with some supervision.
- Residents must be able to assess daily patient progress accurately and perform appropriate and timely follow-up of diagnostics tests and interventions.

- Residents must have daily communication with the SD, including attending daily service and house officer rounds.
- Residents must develop effective communication skills accompanied by respectful and professional behavior in all interactions with owners, referring veterinarians, staff, and colleagues.

5.A.2 EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Residents must demonstrate acceptable knowledge about established and evolving biomedical and clinical sciences and be able to apply this knowledge to patient care.
- Residents must have a basic knowledge of pathophysiology, pharmacology, and clinical disease states.
- Residents must demonstrate a compassionate and analytical approach to clinical situations.
- 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 the following:
 - Attending daily clinical service and house officer rounds when on SAIM clinical service.
 - Attending scheduled journal club and structured learning activities such as departmental seminars, morbidity and mortality rounds, and other related sessions.
 - Participating in clinical service and house officer rounds when rotating through SAIM or other specialty services (E.g., cardiology, neurology, oncology, critical care, etc.).
 - Participating 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 SAIM training program).

5.A.3 EXPECTATIONS REGARDING LEARNING AND IMPROVEMENT

- 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.
- Residents should demonstrate a willingness to acknowledge and to learn from errors.

- Residents must participate in didactic lectures, daily house officer rounds, journal club, and other performance improvement activities (see expectations regarding medical knowledge), including presentation of ACVIM review topics in journal club at least 5 times per year.
- Residents must use available medical databases or evidence-based medicine resources to support clinical decision-making.
- Residents must demonstrate an interest in and ability to participate in a variety of didactic learning opportunities.
- 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.

5.A.4 EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Residents should demonstrate strong interpersonal and communication skills that result in effective information exchange and engagement with owners and professional associates.
- 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.
- Residents should provide efficient but comprehensive information exchange with colleagues, healthcare professionals, and owners.
- Residents should develop effective listening skills.
- Residents should establish professional and ethically sound relationships with owners and referring veterinarians.

5.A.5 EXPECTATIONS REGARDING PROFESSIONALISM

- Residents must demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing sensitivity to cultural differences and preferences.
- Residents must demonstrate respect, compassion, and integrity in all interactions with patients, owners, colleagues, and other healthcare professionals.
- Residents must maintain a professional appearance.
- Residents must demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.

- Residents must demonstrate commitment to professional responsibility in completing all medical records in a timely fashion.
- Residents must begin to develop skills in conflict resolution.

5.A.6 EXPECTATIONS REGARDING CLINICAL RESEARCH AND PUBLICATION PRODUCTIVITY

- Residents must demonstrate an initiative to identify, participate, and complete a clinical research study for publication under the supervision of their RA or SD.
- Residents should select a clinical research project of interest (preferably a prospective project) in collaboration with at least one SAIM mentor. Project selection should be made during the first 6 months of the residency program. Preparation of a detailed research proposal (written in grant format if applicable) is expected by the end of that time.
- 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.
- Residents must comply with the ethical principles of research and actively participate in writing an animal care and use protocol (if applicable).

5.B CLINICAL MILESTONES FOR SECOND- AND THIRD-YEAR SAIM RESIDENTS

5.B.1 EXPECTATIONS REGARDING PATIENT CARE

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
- Second- and third-year residents must coordinate patient care among all members of the healthcare team.
- Second- and third-year residents must counsel and educate owners and referring veterinarians.
- Second- and third-year residents must develop competence in performing the core procedural skills essential to the practice of SAIM.

5.B.2 EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must develop a deeper understanding of disease states and their management.
- Second- and third-year residents must further develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
- Second- and third-year residents must apply knowledge of study design and statistical methods to the appraisal of clinical studies (i.e., skills emphasized in clinical rotations and rounds discussions).

5.B.3 EXPECTATIONS REGARDING PRACTICE-BASED LEARNING AND IMPROVEMENT

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must continue developing competence in educating owners.
- Second- and third-year residents must facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.

5.B.4 EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Second- and third-year residents should continue interpersonal and communication skills developed as first-year residents.
- Second- and third-year residents should develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.

5.B.5 EXPECTATIONS REGARDING PROFESSIONALISM

- Second- and third-year residents should continue to refine and demonstrate professionalism skills developed as first-year residents.

5.B.6 EXPECTATIONS REGARDING CLINICAL RESEARCH AND PUBLICATION

- Second- and third-year residents must fulfill all requirements expected of first-year residents.

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

6 RESIDENT EVALUATION

Residents must be evaluated by the RA, at least every 6 months. The clinical milestones ([section 5](#)) may be utilized as the basis for the evaluations. A standardized resident evaluation form is available on the [ACVIM website](#), if an RA desires to use it, but it is not mandatory to use this form. The RA should have the resident sign the RA's copy of the written evaluation to document that the resident received a copy of the evaluation and had the opportunity to discuss the evaluation with the RA. If there are questions during a program's annual review, copies of these evaluations may be requested by the SAIM RTC.

6.A RESIDENT CASE LOGS

Residents are required to keep a log of their cases for presentation to their RAs and to other SDs during a progress review.

6.B RESIDENT PROCEDURE LOGS

Residents are required to keep a log of all procedures they completed for presentation to their RAs and other SDs during a progress review.

6.C RESIDENT DIDACTIC EDUCATION AND JOURNAL CLUB LOGS

Residents are required to keep a log of all seminars and didactic lectures they attended for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter.

7 PUBLICATION REQUIREMENT

The specialty of SAIM requires Candidates to produce a publication as part of credentialing for Board-Certification in SAIM (i.e., to become a Diplomate of the ACVIM in SAIM). The purpose of the publication requirement in SAIM is to ensure that Candidates develop adequate skills in written scientific medical communication. In particular, the publication requirement's objective is to ensure that Candidates display the ability to organize scientific data, accurately communicate the data in writing, and discuss scientific findings in a way that promotes the generation and dissemination of knowledge that advances animal and human health. This objective is achieved through education, discovery, and contributing to scientific medical literature.

7.A SPECIFIC REQUIREMENTS FOR SAIM PUBLICATIONS

1. The resident or Candidate must be the first author.
2. The manuscript is published in English.
3. The topic is relevant to the topic of SAIM. Specifically, the manuscript meaningfully impacts the scientific understanding of a subject relevant to SAIM or is relevant to the diagnosis or management of a clinical condition by a specialist in SAIM. Candidates are encouraged to submit the topic to the SAIM CC in advance if there is any question about the relevance or the specific journal so that these questions can be assessed before starting the study.
4. The manuscript must be published in a journal that is MEDLINE® indexed.
5. The journal's peer-review process must meet or exceed the definition of a refereed journal. Specifically, a refereed journal is one governed by policies and procedures established and maintained by an active editorial board that requires critical review and approval of articles submitted by at least one recognized authority on the article's subject.

7.B ACCEPTABLE TYPES OF PUBLICATIONS

Original research publications, retrospective studies, case reports and case series, and review articles are examples of acceptable publications provided they meet the requirements. The SAIM CC will not accept a manuscript that was submitted to the journal as a brief communication. If the journal reclassifies the manuscript as such, the SAIM CC might accept this change and will request proof of the change on behalf of 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 SAIM publication requirement.

7.C SUBMISSION OF THE PUBLICATION TO THE SAIM CC

A Candidate may submit their accepted publication at any time during the RTP, or within 5 years of completing the RTP. Provided they meet the requirements outlined above, manuscripts that were published up to 3 years prior to the start date of the RTP may also be submitted to the SAIM CC for consideration toward fulfillment of this requirement, providing the publication has not been used to contribute to another qualification (e.g., Masters, PhD, ABVS or EBVS specialization).

The Candidate must meet the publication requirement before being granted Diplomate status in the specialty of SAIM. If the Candidate fails to complete the publication requirement within the stated time, that individual's status changes from active to inactive. In addition, the resident is no longer eligible to become Board-Certified.

At the time of credentials submission, Candidates must submit a "letter of understanding" (form available online) if the publication has not yet been accepted for credentials requirement or already submitted to the SAIM credentials chair for review. The "letter of understanding" states that the Candidate understands that the publication requirement must be met prior to being granted ACVIM Diplomate status in the specialty of SAIM.

Whether it is submitted alone, with the other elements of the credentials application, or following credentials submission, the Candidate should electronically send 1 of the following to the ACVIM, so the SAIM CC can assess whether the manuscript is acceptable for the purposes of certification, according to the ACVIM standard definition approved by the BOR, and meets with the aforementioned purpose of the SAIM publication requirement.

1. A copy of the manuscript published in its final form (i.e., no galley proofs, Word documents, etc.).
2. A copy of the accepted manuscript in its most advanced form (galley proof, corrected proof, etc.) and either the final acceptance letter on letterhead from the journal or a final acceptance email from the official email address of the journal. Any letter or email from an editor that states there are reviewer comments to be addressed, no matter how minor the comments, will be considered unacceptable for certification purposes, as it implies final review by the reviewers has not been completed.

Candidates may proactively write a brief letter justifying how their manuscript meets the aforementioned purpose of the publication requirement and the criteria outlined above. In some cases, after submission, the chair of the SAIM CC may request such a letter from the Candidate.

8 THE ACVIM GENERAL EXAMINATION

All ACVIM SAIM Candidates must pass the ACVIM General Examination(s), in order to be eligible to attain Diplomate status. Information about the ACVIM General Examination(s) is outlined in the [ACVIM Certification and Residency Training Manual](#) (4.F.6).

9 SAIM CREDENTIALS

Credentials approval, or conditional approval of credentials, is a prerequisite for taking the SAIM Specialty Examination(s).

Credentials approval is a requirement, in order to be eligible to attain ACVIM Diplomate status in the specialty of SAIM.

9.A SAIM CREDENTIALS ELIGIBILITY, REQUIREMENTS AND SUBMISSION

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

SAIM Candidates may submit their complete SAIM credentials packet and pay the associated fee online to the [ACVIM office](#), to the attention of the SAIM CC chair, following the completion of 22 months of their SAIM RTP. If an individual is ACVIM Board-certified in a different specialty and is participating in a SAIM RTP, that individual may submit credentials during the final 12 months of their SAIM RTP.

A Candidate who intends to take the SAIM Specialty Examination must submit credentials for the SAIM Specialty Examination so that the [ACVIM office](#) receives the credentials packet no later than the deadline date specified on the [ACVIM website](#) in the year preceding the planned examination date.

Payment of the credentials fee is also required at the time of credentials packet submission. Please maintain the record and receipt associated with payment.

THERE ARE NO EXCEPTIONS TO THE CREDENTIALS DEADLINE. LATE SUBMISSIONS WILL NOT BE REVIEWED. CREDENTIALS PACKETS MUST BE SUBMITTED ON, OR BEFORE, THE DEADLINE DATE, TO ALLOW ADEQUATE TIME FOR REVIEW BY THE SAIM CC.

CREDENTIALS PACKETS WILL NOT BE REVIEWED IF THE CREDENTIALS FEE HAS NOT BEEN PAID BEFORE OR AT THE TIME OF CREDENTIALS PACKET SUBMISSION.

Applicant instructions for meeting the credentials requirements are available on the [ACVIM website](#), or by request in writing from the [ACVIM office](#). If a Candidate has any questions regarding the credentials process, the Candidate should request clarification in writing from the Credentials Committee Chair well before the credentials submission deadline.

Documentation of receipt of the Candidate's SAIM credentials application, receipt of the paid fee, and documentation of SAIM CC 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.

9.B CREDENTIAL ITEMS TO BE SUBMITTED

*****Always check the ACVIM website for the most up-to-date information before submission; this is only a partial list and is also subject to change.*****

Candidates must include the following credential items in their SAIM specialty credentials application:

- The completed credentials application packet as described in the [SAIM Credentials Information Packet and Online Submission Instructions](#).
- The letter of understanding (which documents awareness of the publication requirement) or a copy of an approved publication with a copy of the acceptance email from the SAIM CC.
- A letter from the RA verifying satisfactory progress in the RTP.
- Payment of the credentials fee online.

All Candidates must submit online the current standard SAIM application form along with the other required documents. Inadequate attention to detail may cause the entire application to be rejected.

Although acceptance of a manuscript for publication is not required before taking the SAIM Specialty Examination(s), Candidates are strongly encouraged to meet this SAIM requirement before taking the SAIM Specialty Examination.

9.C EVALUATION OF CREDENTIALS

The [ACVIM office](#) evaluates the credentials packets for completeness. Complete credentials packets are forwarded to the SAIM CC for further review. Credentials will be evaluated and rated as approved, conditionally approved or unacceptable by the SAIM CC. The [ACVIM office](#) will notify the Candidate of the approval or denial of their credentials within 60 days of the deadline for submission of credentials.

10 THE SAIM SPECIALTY EXAMINATION

All ACVIM SAIM Candidates must pass the SAIM Specialty Examination(s), in order to be eligible to attain Diplomate status. Common information regarding the ACVIM Specialty Examination(s) is outlined in the [ACVIM Certification and Residency Training Manual](#) (4.F.7). Further specialty-specific information is outlined below.

10.A SAIM SPECIALTY EXAMINATION REGISTRATION AND FEE

Once credentials are approved or conditionally approved, Candidates may register to take the SAIM Specialty Examination. An additional fee is required. Candidates must register and pay the associated fee online by the deadline date specified on the [ACVIM website](#) in the year before they intend to take the SAIM Specialty Examination.

Documentation of receipt of the Candidate's SAIM Specialty Examination application, receipt of the paid fee, and documentation of SAIM CC 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.

10.B SAIM SPECIALTY EXAMINATION CONTENT AND FORMAT

*****Always check the Candidates' examination 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. *****

An updated blueprint for the SAIM Specialty Examination(s), reading list and relevant examination preparation documents are posted on the [ACVIM website](#) a minimum of 60 days prior to the SAIM Specialty Examination date each year.

11 MAINTENANCE OF CREDENTIALS (MOC)

As discussed in the [ACVIM Certification and Residency Training Manual](#), every ACVIM 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 SAIM Diplomates are subject to MOC. The MOC policies, procedures, requirements and standards are posted on the [ACVIM website](#). The [SAIM maintenance of credentials committee \(SAIM MOC\)](#) maintains a [list of acceptable continuing education experiences](#) and their associated points that count toward renewal of SAIM 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 SAIM Diplomate to maintain a record of these activities and submit documentation as required to meet MOC requirements and standards.

12 CORRESPONDANCE, INQUIRIES, ISSUES AND COMPLAINTS

Residents, Candidates, SI(s), training site(s), PD(s), RA(s), SD(s), SSSD(s), other institutional officials and personnel involved in the certification processes of the SAIM specialty and members of the public with comments, queries, issues and/or complaints regarding the ACVIM certification process and/or SAIM residency training programs, especially issues of SAIM RTP noncompliance not sufficiently resolved by the RTP's PD, should direct communication in writing to the SAIM ombudsperson and/or to the relevant committee chair and/or the [ACVIM office](#). Interested parties can obtain the names and contact information for these representatives from the [ACVIM office](#) or [ACVIM website](#). A response to the communication can be expected within 4 weeks.

The ACVIM, and representatives thereof, can only address matters related to policies, procedures, requirements and standards established in the [ACVIM Certification and Residency Training Manual](#), specialty-specific manuals, and guiding documents of the organization. Personnel matters are unique to each SI and training site and their Human Resources policies and procedures and are not subject to ACVIM review.