

RESIDENCY PROGRAM GUIDE FOR BOARD CERTIFICATION



American Board of Veterinary Practitioners

618 Church St., Suite 220, Nashville, TN 37219

(p) 800-697-3583 (f) 615-254-7047 abvp@xmi-amc.com www.abvp.com

ABVP Residency Program

The residency program of the American Board of Veterinary Practitioners was established to provide a second path for fulfilling the requirements necessary to submit credentials and be accepted to sit for the certifying examination. Please refer to *the Applicant Handbook for Board Certification* for complete certification requirements.

For questions about becoming an ABVP resident or starting a residency program at your university or place of business, please contact Dr. Jennifer Graham, Residency Committee Chair, at 617-522-7282 or jennifervet@yahoo.com.

I. Objective

The objective of ABVP-approved residencies is to promote expertise and proficiency in species-specialty veterinary medicine by providing instruction and guidance through a structured residency program.

II. Summary of the ABVP Residency Program

An ABVP residency program shall consist of a minimum of two years of supervised training and clinical experience in the science and practice of all disciplines in a species specialty.

Each residency program must be supervised by at least one ABVP Diplomate or a Diplomate of another AVMA recognized specialty that has been approved by the ABVP Council of Regents.

Resident applicants will be required to have completed at least 12 months of training in clinical veterinary medicine and surgery in a rotating internship or clinical practice prior to the residency.

Graduate studies may be included in the residency program for achievement of an advanced degree; however, a total of 100 weeks (2 years minus 2 weeks of vacation per year) must be devoted specifically to clinical training in the species specialty area including case responsibility.

Evaluation of the resident shall be performed by the program advisor at 6 month intervals. Residents are also required to submit logs and other information (see *IV. Resident Responsibility*) to the ABVP Residency Committee every 6 months for evaluation of the progress of the resident.

Application for credentialing to sit for the appropriate species examination can be made during the second year of the training program.

The examinations are given in November each year and all residency requirements must be completed and approved prior to examination.

III. Description of the ABVP Residency Program

A. Scope of Training Program

Rotation of the resident through various disciplines in a species specialty must provide opportunity for the development of knowledge and skill by exposure to a wide variety of clinical diseases and problems of the species involved. If more than one species or subspecies is involved an attempt should be made to provide exposure to each.

1. The Canine/Feline or Feline residency training must involve all phases of practice i.e. medicine, anesthesiology, dermatology, surgery, radiology/diagnostic imaging, ophthalmology, theriogenology, population based preventative medicine, and clinical and gross pathology. Canine/Feline must provide significant exposure to both dogs and cats.
2. The Equine residency must involve all phases of equine practice, i.e. medicine, anesthesia, dermatology, surgery, radiology/diagnostic imaging, ophthalmology theriogenology, population based preventative medicine, and clinical and gross pathology.
3. The Food Animal residency must involve medicine, surgery, and theriogenology. There must be adequate exposure to diagnostic pathology, clinical pathology, clinical nutrition, epidemiology, preventative medicine, and microbiology. Herd data analysis including disease prevention and control must be included. The food animal residency is designed for multi-species in-house and field experiences. This program should include exposure to individual animal medicine and surgery as well as population medicine and management.
4. The Beef Cattle, Dairy, and Swine residency programs must include adequate exposure to economics, reproduction, nutrition, growth, mortality, epidemiology, herd records, statistics, facility design and evaluation, milking systems, milk quality (dairy) food safety and immunology, disease diagnosis/prevention/treatment, environmental studies, animal welfare, genetics, and regulatory issues. Herd data analysis is essential. Although the treatment of individual animals must be a part of this program, the major emphasis should be on herd or population-based medicine and management.
5. The Avian Practice residency must involve medicine, surgery, anesthesiology, radiology/diagnostic imaging, ophthalmology, clinical and gross pathology, clinical nutrition, epidemiology, preventive medicine, population-based preventive medicine and avicultural medicine. This experience should include exposure to a wide variety of avian species.
6. The residency in Exotic Companion Mammals must include medicine, surgery, anesthesiology, radiology/diagnostic imaging, ophthalmology, clinical and gross pathology, clinical nutrition, epidemiology, population-based preventive medicine and preventive medicine. The experience must include exposure to a wide variety of exotic companion mammals.

B. Duration and Distribution of Time

The ABVP Residency Program is based on the common clinical residency duration of 2 years (104 weeks), with 2 weeks of vacation per year. A minimum of 70% of the resident's time must be devoted to rotations crucial to advanced training in the particular species specialty (core rotations); the remaining 30% of time can consist of related rotations. Since the 104-week program includes a total of 4 weeks of vacation, the program must contain at least 70 weeks of core training and 30 weeks of related rotations for a total of 100 weeks of supervised clinical training and practice.

Residencies with advanced degree or concurrent residencies (minimum of 36 months) should likewise base calculations on a minimum of 100 weeks of clinical training even though various disciplines may be scheduled over the entire three year period. If graduate studies are included in a concurrent residency program, a minimum duration of 4 years (208 weeks) is required.

IV. Responsibilities of the Resident

A. Case Responsibility

The resident will be expected to participate in all aspects of case management including receiving, examination, diagnosing, daily management, client communication, discharging, and follow-up communications. Residents are expected to participate in emergency case management. Residents in some species categories are responsible for population-based case studies, client contact, investigation, diagnosis, follow-up communications and recommendations.

B. Continuing Education

Residents are required to obtain a minimum of 100 hours of continuing education in the candidate's species-specialty area during the course of their residency. This requirement may be met by attendance at local, academy, regional or national meetings. Any on-line CE requires pre-approval from the residency committee. Proof of attendance of CE events must be provided as part of the biannual review. Business and management CE is not applicable to his requirement. In-house lectures, rounds and journal clubs can help fulfill this requirement; however, greater than 50% of the requirement must be fulfilled by formal CE meetings. [See logs in Appendix B]

Formal rounds, case presentations, journal clubs and lectures are required and it is recommended that there be a minimum of one of the preceding per week during the residency. [See logs in Appendix B]

Residents must make a minimum of four presentations of at least 15 minutes duration in a formal setting during their residency. Presentation topics must be different from each other and directly relate to the species category. These presentations may be given to faculty or students in a teaching institution or to local, regional, national or international professional meetings. The

program advisor or designated substitute must be present to critique each presentation and provide a written evaluation for the semi-annual report.

C. Case Logs

A case log must be maintained by the resident [See case log in Appendix B] which must list the following:

1. Running total of the cases
2. Date assigned or examined
3. Case number
4. Signalment
5. Differential Diagnoses
6. Surgical and medical procedures performed
7. Responsibility of the resident as primary or secondary
8. Designation of the case as elective or emergency
9. Board certified Diplomate or advisor present (Y/N)
10. Disposition of the case (i.e. discharged or deceased)
11. Systems code (SC)

The case log for specialties in which population based medicine is a major portion may have an alternative log format. This log must list the following:

1. Running total of the number of herd visits
2. Date
3. Case number
4. Signalment
5. Differential Diagnosis
6. Analyses performed
7. Resident responsibility as primary or assistant
8. Supervisor or Diplomate present (Y/N)

Residents are considered primary when they have complete case management responsibility. Residents are considered secondary or assisting if the advisor or other practitioners are responsible for a significant portion of case management.

D. Procedures Log

The resident is required to maintain a separate procedures log which must list a running total of special procedures performed, case number when available, signalment, procedure performed, and results. [See Appendix B]

Procedures to be included in the log are those diagnostic or treatment procedures performed beyond routine physical examination and treatment, such as ultrasonography, endoscopy, scintigraphy, spinal tap, arthrocentesis, and surgeries other than routine ovariohysterectomy and castration.

Radiographic examinations need not be included unless obtaining radiographs of the species in question requires specialty skills (e.g. avian, ECM, equine).

Special imaging techniques should be included; such as contrast studies, CAT scans, MRI, myelograms, fluoroscopy, etc.

E. Mortality Log

The resident is responsible for maintaining a separate mortality log which must contain case number, signalment, date, diagnosis, complications/reason for mortality, and post mortem findings, if applicable. [See Appendix B]

F. Program Summary

The Program Summary form is a summary of the resident's activity over a 6 month period and includes time spent in various disciplines, presentations given, total number of cases by system, emergency cases, summary of resident's role in all cases, degree of supervision by advisor, and progress on case reports and manuscript. [See form in Appendix B]

G. Semi-annual Evaluation

Every 6 months residents must submit 4 copies of their semi-annual update, which includes the following:

1. Residency program summary form
2. Case log
3. Special procedures log
4. Mortality log
5. Listing and documentation of continuing education
6. Listing and evaluations of oral presentations
7. A letter from the residency supervisor indicating satisfactory or unsatisfactory progress over the last six months.

H. Case Report and Refereed Publication

Residents are required to submit one ABVP-style case report (see Applicant handbook for details) and proof of acceptance for publication of one first author paper in a referred veterinary journal (see below for details).

Residents are required to prepare and submit a manuscript for publication in an approved, peer-reviewed veterinary journal. The journal must be included in the Reading List for the species category. Any journal not on the Recommended Reading List must be approved by the Residency Committee.

1. The format and approximate length of the publication must be approved by the Residency Committee.
2. Acceptable publications in a refereed veterinary journal will include:
 - a) Original research
 - b) Comprehensive retrospective studies
 - c) Case Reports similar in depth and content to those submitted to ABVP for credentialing.
 - d) Comprehensive Review Article

The manuscript topic must be in the species specialty for which the resident is seeking certification. The manuscript format will depend on the journal to which it will be submitted.

Proof of publication or official acceptance for publication must be received by the Residency Committee chairperson by October 1st in order to sit the examination in November of that year. Official acceptance for publication consists of a letter from the journal indicating that the manuscript has been accepted for publication.

The subject/topic of the publication and that of the case report must be distinct.

I. Independent Study/Special Projects

Development of one or more research projects related to the species category is encouraged. However, the time required to complete such a project should not reduce the time spent in the necessary core disciplines. Advanced degree programs require a minimum of three years (36 months).

J. Credentials

Residents are required to submit all credentialing materials listed in the Applicant Handbook.

Credentialing materials and requirements, except where otherwise noted, are the same for a residency candidate as for a practice track candidate.

Only one case report is required of residency applicants:

1. Residents must prepare one case report in their species specialty area of certification.
2. Case reports must adhere to ABVP format as set forth in the Applicant Handbook.

As described in (H) above, one publication is required of each residency candidate.

Applications and all other materials (excepting proof of publication as noted below) must be in the hands of the Credentials Committee by January 15th of the year in which the candidate desires to sit for the examination. The examination for all practice categories is given in November, except for Swine Health Management, which conducts its examination the following March.

Candidates whose residency programs will be completed by July 31st may submit their credentials application packet by the January 15th immediately prior to the completion of the program. (example: A residency candidate whose residency program will be completed on or before July 31st of 2020 may submit their completed credentials packet on or before January 15th of 2020, in anticipation of sitting the examination in November of 2020).

Those whose program will end after July 30th must wait to credential and sit for the exam the following year.

Residents enrolled in programs of three years or longer (e.g. concurrent residencies, residencies with graduate studies, etc.) may submit credentials by the January 15th immediately prior to the completion of their second year of the program, providing they will have met all residency requirements by the end of that second year (including 100 weeks of clinical training, 100 hours of CE, 4 oral presentations, and advisor approval of progress). Publication requirements must be met as listed in (H) above.

Residents in concurrent programs can submit credentials for only one of the species examinations per year.

V. Responsibilities of the Program Advisor

A. Direct Supervision

Direct supervision of the candidate is required by a Diplomate of ABVP or a Diplomate of another specialty group approved by the AVMA and approved by the Council of Regents of the ABVP. Supervision includes consultation, discussion, assistance in case management, and evaluation and critique of the resident's knowledge, clinical proficiency, and progress over time. Daily supervision does permit the intermittent absence of the supervising Diplomate when other supervising faculty members are present. (Other faculty that will be in direct supervision of the resident and their credentials should be supplied when requesting or renewing residency program approval)

The advisor must verify case logs, procedure logs, mortality logs, and continuing education.

The advisor or a designated substitute must attend and evaluate the resident's presentations. (please see evaluation form available in the ABVP Residency Program Guide - Appendix B) and submit these evaluations to the Chair of the Residency Committee along with the semi-annual evaluations (see below).

B. Semiannual Reporting

The advisor must submit semiannual evaluation letters and a final letter indicating satisfactory completion of the residency program.

VI. Approval of ABVP Residency Programs

A. New Residency Programs

Institutions and private practices wishing to establish an ABVP species specialty residency program must submit a letter of intent to the Chair of the ABVP Residency Committee. This letter of intent should include the following:

1. A description of the physical facilities (size, location, usage)
2. A list of available diagnostic and therapeutic equipment. For more specific requirements, please see the individual sections on species specialties (Appendix A).
3. A list of professional and paraprofessional personnel involved in the residency training, along with credentials for each person (complete CVs required only of those who will be in direct supervision of the resident).
4. A list of ancillary and supportive staff and service, such as diagnostic laboratories, mobile or visiting specialists, computer and Internet access, etc.
5. An estimate of the resident's anticipated caseload per week. The number should reflect cases in which the resident has direct involvement.
 - a) In addition to total cases/week, the description should include a breakdown into the percentage of cases/week that constitute:
 - i. Primarily wellness/outpatient
 - ii. Primarily medical
 - iii. Primarily surgical
 - iv. Emergency
 - v. Diagnostic procedures other than blood work
 - vi. Other if applicable (describe)

(Note: total percentage may be greater than 100%)

- b) The caseload of the institution or practice must be large enough to afford the candidate adequate exposure to all phases of practice within the specialty. The minimum acceptable number of accessions will depend upon the difficulty of the problem and the extent of the treatment provided.
 - c) The self-evaluation form for each species should be utilized to assure that the residency experience is sufficient in breadth and depth to qualify an applicant for ABVP Diplomate status.
 - d) While a minimum caseload is necessary to develop clinical experiences, the candidate must also be provided with sufficient time to evaluate patients properly, study, and participate in rounds and lectures.
6. A specific outline or schedule of the resident's activity for the entire program, including the number of weeks in each discipline, the total length of the residency program, and identification and description if concurrent residencies or graduate studies are included. If time is scheduled at another facility, a description of this facility and the resident's activities there should be included in the proposal.
 7. Identification of the residency advisor and inclusion of that person's current curriculum vitae.
 8. Identification of any other advisors who will be in a direct supervisory position for the residency program and inclusion of their curriculum vitas.

When a residency candidate for the program has been identified, a letter introducing the residency candidate along with a copy of the candidate's current curriculum vitae must be sent to the Chair of the Residency Committee prior to the commencement of the residency program.

B. Continuation of Existing ABVP Residency Programs

If no changes, or if only enhancements have occurred in the facilities, staff, schedule and scope of a residency program, upon acceptance of a new resident, an existing program may state that the program description remains unchanged (or note the enhancements), identify the new resident and supply the incoming resident's C.V. to the Residency Committee Chair.

If changes have occurred in the facilities, caseload, schedule, program length, advisor or any other aspect of the residency program that may decrease the depth or scope of a resident's training, these changes should be submitted to the Chair of the Residency Committee prior to acceptance of a new resident.

Without this notification, a residency program is not considered officially continued by ABVP.

C. Retroactive Approval of Residency Programs

The Residency Committee does not encourage the submission of existing non-ABVP residency programs for retroactive approval. Requests for conversion of non-approved residencies to ABVP must be made by a formal letter to the Residency Committee. Conversion may be

allowed in limited situations if there is sufficient time remaining to fulfill all ABVP residency requirements.

VII. Concurrent Residencies

A. Concurrent Residency Programs

It is generally not possible to combine an ABVP residency with another specialty (such as surgery, internal medicine, etc.) since ABVP approved species residency programs consist of training across many disciplines.

Concurrent residency programs in related ABVP species categories may be permitted but are subject to approval by the Residency Committee and include the following criteria.

1. Concurrent residencies are a minimum of 3 years (36 months) duration.
2. All requirements for both residency programs must be satisfied, to include the following: (See *IV. Resident Responsibilities* for details)
 - a) Separate set of semi-annual case logs for each species
 - b) 100 hours of CE for each species
 - c) 4 formal presentations for each species
 - d) One published manuscript and an ABVP-style case report for each species
3. Only one species category examination may be taken per year.
4. Existing residency programs for one species category may apply for a concurrent residency program, but application to and approval by the Residency Committee must be made prior to the beginning of the residency.
5. Residents in concurrent residency programs may submit credentials in January immediately prior to the completion of the second year of the program, to sit for the examination in November for either species (but not both), assuming the requirements have been met for that species group by the time of the examination.