

CHAPTER 3 – ACVS RESIDENCY PROGRAM

The policies and procedures outlined in this Information Brochure are in effect for residencies beginning July 1, 2006 to June 30, 2007.

VETERINARY SURGERY RESIDENCY PROGRAM

(Adopted 2/9/1989; Amended 2/2004)

To meet one of the criteria for admission regarding having devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery, the following sequence of training is to be used:

1. A rotating veterinary internship or its equivalent as defined by the ACVS.
2. A three-year Veterinary Surgery Residency, as defined below.

PROGRAM DESCRIPTION

I. **Definition:** A Veterinary Surgery Residency Program is a training program allowing a graduate veterinarian ("resident") to acquire in-depth knowledge of veterinary surgery and its supporting disciplines under the supervision and guidance of a Diplomate of the American College of Veterinary Surgeons ("Diplomate").

II. **Objectives of a Veterinary Surgery Residency Program:**

- A. To promote aptitude and clinical proficiency in the diagnosis, operative treatment, and postoperative management of animals with surgical disease(s).
- B. To instruct the resident in the science and practice of veterinary surgery and its supporting disciplines.
- C. To provide the resident with the opportunity to pursue career goals in teaching, research, clinical service and/or specialty practice.

III. **Program Requirements:** A Veterinary Surgery Residency Program ("Program") shall consist of a minimum of three (3) years (156 weeks) of supervised training, postgraduate education, and clinical experience in the science and practice of veterinary surgery and its supporting disciplines under the supervision of at least one (1) ACVS Diplomate who participates actively in that program; at least 12 weeks of training must be under an alternate ACVS Diplomate. *The ACVS Diplomate(s) acting as Program Director and Resident Advisor must be in the same institution as the resident for the majority of the program.* Residents must choose to follow either the Large Animal or Small Animal Curriculum. Residencies must be completed before August 1 of the year credentials are submitted. All residents must be officially registered with the ACVS at the start of their program and at any change of program location.

NEW in 2006: Second Diplomate supervisor required.

All residency requirements must be met within six (6) consecutive years of program initiation. Additionally, prospective candidates should be aware of the 5-year limit on the date of publication described under **CRITERIA FOR ACCEPTANCE OF A PUBLICATION, p. 10**. A brief outline of requirements to be completed during the residency program can be found in the **RESIDENCY PROGRAM OVERVIEW CHECKLIST, p. 13**. The policies and procedures outlined in this brochure are in effect for residencies that begin during the period July 1, 2006 – June 30, 2007.

- A. Prerequisite: Prospective residents will be required to have broad training and experience in clinical veterinary medicine and surgery and their supporting disciplines, which must be attained by participation in an internship of 12 months duration or its equivalent.
- B. Graduate degree studies: Graduate degree studies may be included in the Program.

- C. Continuing education programs: Continuing education programs, as the sole method of training, will not meet the requirements for certification as a Diplomate.

IV. Facilities, Services and Equipment Required for a Veterinary Surgery Residency Program:

- A. Medical library: A library containing recent textbooks and current journals relating to veterinary surgery and its supporting disciplines must be accessible.
- B. Medical records: A complete medical record must be maintained for each individual case and those records must be retrievable.
- C. Radiographic services: Appropriate equipment for comprehensive diagnostic imaging and image processing must be available.
- D. Pathology services:
 - 1. Clinical pathology: A clinical pathology laboratory for hematologic, clinical chemistry, microbiologic and cytologic diagnosis must be available. Clinical pathology reports must be retained and retrievable.
 - 2. Anatomic pathology: A separate room for gross pathologic examination must be available. Facilities for histopathologic examination of surgical and necropsy tissues must be available. Anatomic pathology reports must be retained and retrievable.
- E. Surgical facilities:
 - 1. Operating suite: The operative suite must be consistent with current concepts of aseptic surgery. The sterile surgery room(s) must be sized adequately for the patient, staff and associated equipment. The sterile surgery room(s) must be ventilated according to the current concepts of aseptic surgery. Emergency lighting must be available. Adjacent room(s) shall be provided for induction and postoperative recovery. It is recommended that dentistry and surgery of infected wounds should not be performed in the sterile surgery room.
 - 2. Anesthetic and critical care equipment: An anesthetic machine and medical gases, a positive-pressure ventilator, and a physiologic recorder, including blood pressure and electrocardiographic monitoring, are required.
 - 3. Surgical instrumentation: A full complement of general and special instrumentation for diagnostic and operative surgery of all body systems must be available.
 - 4. Photography: Photographic equipment for documentation of surgical disease is required.
 - 5. Sterilization: Steam and gas sterilization of surgical instrumentation and supplies must be available, and the sterilization capacity must be commensurate with the surgical caseload.

V. Specific Program Description:

- A. Surgical service rotations facilitate development of knowledge, skill and proficiency in veterinary surgery via exposure to a wide variety of surgical diseases with the guidance and collaboration of experienced veterinary medical specialists.
 - 1. At least 94 weeks of the 156-week Program must be spent on a surgical service under the direction of an ACVS Diplomate; of these 94 weeks, at least 12 must be under an alternate ACVS Diplomate. All 156 weeks are recorded on the Resident Activity Log (ACVS Form 8). For residents training at institutions where Diplomates of the ACVS do not perform neurosurgery, ophthalmology or dental/oral surgeries, rotations in these areas may be counted as supervised by an ACVS Diplomate if they take place at services headed by ACVIM Diplomates (Neurology), ACVO Diplomates or AVDC Diplomates, respectively.
 - 2. Resident Responsibilities: The degree of responsibility assumed by the resident shall be appropriate to the nature of the surgical procedure and training experience. The resident on a surgical service shall be responsible for:
 - a) Receiving clinic appointments and obtaining history and pertinent information from client
 - b) Supervising daily management of hospitalized animals

NEW in 2006: Second Diplomate supervisor required.

- c) Participating in clinical teaching
 - d) Providing optimal clinical service and prompt professional communications
3. A minimum of 400 surgical procedures will be required in the small animal curriculum (**ACVS FORM 2-SA, pp. 34-35**) and 300 procedures in the large animal curricula (**ACVS FORM 2-EQ, pp. 30-31; ACVS FORM 2-LA, pp. 32-33**). Each of these curricula is subdivided into Core Curriculum Categories. Residents must perform a minimum number of procedures within each of these categories. These procedures are tracked using the Surgery Case Log (ACVS Form 7) and summarized on the Resident's Log Summary (ACVS Form 4).
 4. The Resident Credentialing Committee recommends that first-year residents perform at least 50% of their procedures with a Diplomate at the operating table.
 5. At least 50% of each Core Curriculum Category (ACVS Form 2) must be directly supervised by a Diplomate of the ACVS or, when appropriate, by a Diplomate of ACVIM-Neurology, a Diplomate of ACVO or a Diplomate of AVDC. Direct supervision is defined as the Diplomate being present at the operating table or in the operating room.
- B. Specialty service training in anesthesiology, radiology, internal medicine/critical care and pathology (these hours are documented on ACVS Form 10):
1. Anesthesiology: The surgery resident anesthesiology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVA Diplomate, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVA Diplomates at the institution(s) involved in the surgery residency program and the anesthesiology training requirement.
 2. Radiology: The surgery resident radiology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVR Diplomate, which might include participation in patient care, special diagnostic procedures, radiology rounds, journal clubs, case discussions, seminars, various imaging modalities, therapeutic procedures and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVR Diplomates at the institution(s) involved in the surgery residency program and the radiology training requirement.
 3. Internal Medicine/Critical Care: The surgery resident internal medicine/critical care training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVIM or ACVECC Diplomate, which might include routine and emergency patient care, journal clubs, literature reviews, case discussions, seminars and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVIM/ ACVECC Diplomates at the institution(s) involved in the surgery residency program and the internal medicine and/or critical care training requirement. The internal medicine specialty service rotation should consist of general internal medicine, not a subspecialty (neurology, cardiology or oncology). Weeks counted toward special rotations in internal medicine should be exclusive of those counted as surgical rotations supervised by an ACVIM Diplomate (Neurology) as described in **Specific Program Description, A,1, p. 8**. The 80 hours may consist solely of internal medicine rotations, solely of critical care rotations or be split between these two specialties. Internal medicine rotations require an ACVIM Diplomate supervisor; critical care rotations require an ACVECC Diplomate supervisor.
- NEW in 2006: Choice or mixture of internal medicine and critical care rotations allowed.
4. Pathology: The surgery resident pathology training requirement includes a minimum of 80 hours, supervised directly or indirectly by an ACVP Diplomate, which might include microscopic and gross pathology, pathology rounds, journal clubs, case discussions, seminars, surgical biopsy service, clinical case data interpretation and graduate courses. This requirement must be fulfilled under a program mutually agreeable to the ACVS and ACVP Diplomates at the institution(s) involved in the surgery residency program and the pathology training requirement.
- C. Emergency Duty: The resident must perform emergency surgery and manage emergency surgical cases.

D. Residents must spend at least 31 weeks of their Program in any or all of the following Special Rotations:

1. Research or clinical investigation
2. Preparation of scientific manuscripts
3. Graduate degree studies
4. National or international level continuing education courses
5. Special veterinary rotation with the approval of the Resident Advisor
6. Special rotation at a human medical hospital
7. Anesthesiology, radiology, internal medicine/critical care and pathology ACVS requirements
8. Up to six (6) weeks of vacation time over the course of the program may be counted toward this requirement.

NEW in 2006: Vacation time optional as part of Special Rotations weeks.

E. The balance of the resident's program is left up to the discretion of the Program Director.

F. Conferences:

1. Required Attendance: During surgical service rotations, the resident is required to attend surgery residents' conferences and surgery ward rounds.
2. Optional Attendance: The following conferences are recommended for attendance:
 - a) veterinary specialty oriented conferences (e.g., ophthalmology, neurology, internal medicine)
 - b) scientific journal clubs
 - c) other scientific presentations, including human medical conferences

G. Residency Program Documentation: Residents are required to submit documentation of the progress of their programs to the ACVS annually for evaluation by the Resident Credentialing Committee. **(DOCUMENTATION OF TRAINING BY THE RESIDENT, p. 16.)** Submissions must be sent to the ACVS office to arrive no later than August 1. For residents whose programs start after July 25, an extension may be requested from the ACVS Board of Regents for the submission of their Credentials Application. This petition must be submitted prior to the end of the second program year to the Board of Regents. The petition must be made in writing and sent to the Board in care of the ACVS office.

H. Research and Publications:

1. Research Project: The resident must complete an investigative project that uses the scientific method. It is recommended that this project be initiated in Year 1 of the residency program.
2. Publications: In keeping with the Constitutional objectives of the ACVS, each credentials applicant must demonstrate willingness to contribute to the literature. In addition to contributing to the literature, manuscripts originating from basic or clinical research enhance a resident's education by the learning of scientific methodology, which may lead to the discovery of new concepts, or substantiate or refute established methods. Manuscripts should demonstrate intellectual curiosity and should further the state of surgical knowledge or other closely related biological sciences.
 - a) Criteria for Acceptance of a Publication.

The minimum requirement is one publication fulfilling the following criteria:

 - i. The applicant must be first or sole author. The publication must have resulted from the applicant's research or clinical investigation.
 - ii. The date of publication cannot be more than five years old by the deadline for credentials submission. The manuscript must be accepted for publication prior to August 1 of the year of application.
 - iii. The manuscript must be accepted by a publication on the **Approved Journals List, p. 51**. A manuscript is considered accepted when the author receives a letter of acceptance from the editor and further review by a reviewer is not required. ACVS considers a reviewer to be an outside reviewer and not an employee (editor) of the

journal. Editorial notations or changes affecting sentence structure are acceptable. A copy of the accepted version of the manuscript (including all images, tables and figures) OR, if in print, a copy of the published manuscript showing the date of publication must be submitted in the Credentials Application.

An e-mailed letter of acceptance from the editor of any journal on the Approved Journals List can be submitted in lieu of a paper letter from the journal, provided that the following conditions are met:

- a. The e-mail must contain the date of acceptance in the body of the message (not simply in the header).
- b. The e-mail must indicate the name of the manuscript.
- c. The print out of the e-mail must show all routing information in the message header.

If a resident wants to publish in a journal not on the current Approved Journals List, a petition must be made to the Board of Regents, see **Item b, Petition to Add Publication to Approved Journals List**, below.

- iv. The manuscript must follow the scientific method, containing:
 - a. an introductory statement which summarizes the reason for the study,
 - b. a clearly stated hypothesis or objective,
 - c. an appropriate description of techniques used to satisfy the hypothesis or objective,
 - d. a report of the results appropriate to the study,
 - e. a discussion which interprets the results and their relation to the original hypothesis or objective, and
 - f. a conclusion which summarizes the importance of the study.

Items a-f above need not be set apart under separate headers (i.e., Introduction, Materials and Methods, etc.) within the manuscript; some journals do not have such headers. However, these items must be clearly identifiable by the reviewers to constitute an acceptable publication.

- v. Papers such as book chapters, proceedings, review articles and case reports are not acceptable.
- vi. The information in the publication must not have been published previously by the same author, other than in abstract or proceedings form.
- vii. Clinical studies, which fulfill the above criteria, are acceptable.
- viii. The publication must be written in or fully translated to the English language.

b) Petition to Add Publication to Approved Journals List

If a resident wants to publish in a journal not on the current **Approved Journals List (p. 51)**, and submit this publication as part of the Credentials Application, the resident should petition the Board of Regents to determine if the journal should be added to the Approved Journals List. The petition must include the journal title and relevant information (e.g., acceptance rate of manuscripts, summary of the review and editorial process, composition of the editorial board). In order for a journal to be considered, the journal must be listed on MEDLINE when submitted for approval by the RCC. The petition should be sent to the Resident Credentialing Committee c/o the ACVS office for receipt by August 1 prior to the year the resident intends to submit a Credentials Application.

NEW in 2006: MEDLINE listing required for new journals.
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The Resident Credentialing Committee will review the journal to see if it is acceptable with regard to being peer reviewed, having strenuous acceptance criteria and adhering to the scientific method and will submit a recommendation to the Board of Regents. The Board of Regents will review the Resident Credentialing Committee's recommendation at its February Board meeting and will make a final determination as to whether the journal will be added to the Approved Journals List. The resident will be notified in writing of the Board's decision. Any additions to the Approved Journals List will be published in the Spring ACVS *Newsletter* and the next *Information Brochure*.

c) **Optional Early Review of Publication Accepted in an Approved Journal**

Proof of having met the publication requirement must be submitted as part of the Credentials Application. Residents can request an optional early review of the publication from the Resident Credentialing Committee. Such a request needs to accompany the annual submission of Residency Training Documentation (i.e., mailed to the ACVS office at the same time as the Residency Training Documentation but not bound within the Residency Training Documentation packets).

To request early review, residents must submit four copies of the following items by the August 1 deadline: a letter requesting early review of the publication and either 1) a letter or e-mail (**Criteria for Acceptance of a Publication, iii, p. 10**) from the journal editor indicating acceptance of the manuscript with a copy of the accepted version of the manuscript or 2) a copy of the published manuscript. Instructions for preparation of an early review packet are detailed later in the *Information Brochure*. (**SUBMISSION OF RESIDENCY TRAINING DOCUMENTATION, Item II, Early Publication Review, p. 26.**)

Note: A candidate who is resubmitting a credentials application after three unsuccessful attempts at the examination is not required to resubmit a publication.

- I. **Seminar and Teaching Responsibilities:** A Resident Oral Presentation Log (ACVS Form 9) listing seminars and rounds presentations made by the resident must be maintained by the resident.
1. **Seminar Requirement:** The resident must present a minimum of 6 different seminars during the program.
 2. **Definition of Seminar:** An oral scientific presentation that is followed by a discussion period.
 - a) Program Directors need to be sure that their residents do in-depth presentations to peer audiences.
 - b) Lectures to students that are supervised, attended and critiqued by faculty can be counted toward this requirement.
 - c) Unsupervised lectures, case rounds presentations, presentations to audiences consisting solely of veterinary students or reviews of single journal articles will not count towards this requirement.
 3. **Surgery Residents' Rounds Presentations:** The resident must regularly present cases at surgery residents' rounds.
 4. **Clinical Teaching:** The resident is required to participate in the clinical education of graduate veterinarians and/or veterinary medical students assigned to the surgical service rotations.
- J. **Evaluation of the Resident:**
1. Residents must meet with their Resident Advisor at least twice a year for evaluation of performance and progress.
 2. The ACVS is responsible for:
 - a) Evaluation of each resident's progress annually based on Residency Program Documentation submitted by the resident, and
 - b) Communication of deficiencies to the Program Director and resident. If there are deficiencies deemed to be significant to the Resident Credentialing Committee's ability to evaluate thoroughly a Resident's progress, the resident may be required to correct and resubmit Residency Program Documentation outside of the regular annual documentation submission schedule.

VI. Program Questions or Concerns: Any resident who has a concern with his/her Residency Program should discuss the question or concern with his/her Program Director or appropriate local institutional official. If the question or concern cannot be satisfactorily addressed at the local level and the resident believes the ACVS can be of assistance, then a letter should be directed to the Chair of the Resident Credentialing Committee in care of the ACVS office. Issues that cannot be addressed by the Resident Credentialing Committee will be forwarded to the Board of Regents.

Additionally, the Residency Program Facilitator is available to assist with questions or concerns. This ACVS Diplomate serves as an advisor for Residency Programs to ensure that the programs can meet

the requirements set forth by the ACVS for residency programs.

Contact information for the Residency Program Facilitator, Chair of the Resident Credentialing Committee and Ombuds can be found in **Chapter 9 – College Activities**.

VII. Discontinuing a Residency Program: The Program Director is responsible for notifying the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution. Former residents should also contact the ACVS office to indicate intent to resume residency training in the near future or to discontinue permanently surgery residency training.

RESIDENCY PROGRAM OVERVIEW CHECKLIST

I. YEAR 1 (week 1 through last day of last full week in June)

- A. File Program Director's Statement (Form 1a) within first 30 days. Retain copy for Credentials Application.
- B. Develop Residency plan (see **PROGRAM DESCRIPTION, pp. 7-13**).
 - 1. Must include 94 weeks ACVS Diplomate supervised clinics, 31 weeks Specialty Rotations.
 - 2. Specialty service training – 80 hours in each required specialty (anesthesiology, radiology, pathology, internal medicine; Form 10).
 - 3. Identify Resident Advisor during first calendar quarter.
 - 4. Publication/research (Publication must be accepted by approved journal prior to August 1 of the year in which credentials are submitted.)
- C. Initiate documentation of training using the electronic ACVS Residency Program Documentation Excel workbook file and review Core Curriculum (Forms 2-EQ, 2-LA, 2-SA).
 - 1. Residency Training Documentation (Form 3) – **IMPORTANT: Complete this form FIRST.**
 - 2. Surgery Case Log (Form 7)
 - 3. Resident Activity Log (Form 8)
 - 4. Resident Oral Presentation Log (Form 9)
- D. File Registration of Resident Advisor (Form 1b) within first calendar quarter. Retain copy.
- E. Hold performance and progress review with Resident Advisor (RA) twice yearly.
- F. Submit Year 1 documentation prior to August 1 of Year 2 to ACVS office. Include a copy of the electronic ACVS Residency Program Documentation Excel workbook file on CD-RW (PC compatible, MS Excel) and a paper copy of the required documentation. If desired, include publication for early review (**Optional Early Review, p. 12**).

II. YEAR 2 (Day following last day of Year 1 through last day of last full week in June)

- A. Reconcile discrepancies in Year 1 documentation based on Resident Credentialing Committee (RCC) evaluation.
- B. Continue to maintain all residency program documentation. Review progress toward satisfactory completion of core curriculum requirements.
- C. Continue specialty training requirement. Submit cumulative documentation each year with annual submission.
- D. Continue with research project and publication preparation.
- E. Assess performance and progress in residency every 6 months with RA.
- F. Submit program documentation for Year 2 by August 1 of Year 3.
 - 1. Do not resubmit the printout of Year 1 Surgery Case Log unless requested by the RCC.

2. Include RCC evaluation(s) of Year 1 documentation and any additional correspondence.
 3. Include a copy of the electronic ACVS Residency Program Documentation Excel workbook file on CD-RW (PC compatible, MS Excel).
 4. If desired, include publication for early review.
- G. Submit request for journal approval by August 1 if targeted journal is not on the Approved Journals List.
- H. For residency programs that start after July 25, submit petition to Board of Regents for extension of the Credentials Application deadline from August 1 to August 10. Petition must be submitted in advance of the third year. Petitions must be made in writing and sent to the Board in care of the ACVS office.

III. YEAR 3 (Day following last day of Year 2 through last full day of week 156*)

- A. Read Credentials Application Instructions.
- B. Reconcile discrepancies in Year 2 documentation based on RCC evaluation.
- C. Continue to maintain all documentation. Review progress in core curriculum, 94 weeks of supervised clinics and 31 weeks Special Rotations.
- D. Continue specialty training requirement. Submit cumulative documentation each year.
- E. Publication must be accepted before credentials application submission.
- F. Review performance and progress in residency every 6 months with RA.
- G. Submit program documentation for Year 3 by August 1.
 1. If submitting Year 3 documentation only:
 - a. Do not resubmit the printout of Year 1 or 2 Surgery Case Log unless requested by the RCC.
 - b. Include all RCC evaluations of Years 1 and 2 documentation and any pertinent correspondence.
 - c. Include a copy of the ACVS Residency Program Documentation Excel workbook file on CD-RW (PC compatible, MS Excel) along with print outs of all forms.
 2. If submitting Year 3 documentation and Credentials Application:
 - a. Do not resubmit the printout of Year 1 or 2 Surgery Case Log unless requested by the RCC.
 - b. Include all RCC evaluations of Year 1 and Year 2 documentation and any pertinent correspondence.
 - c. Include Activity Log, the cumulative Oral Presentation Log, all signed Specialty Training Form(s) and copies of all Annual Resident Advisor's Statements.
 - d. Include a copy of the electronic ACVS Residency Program Documentation Excel workbook file on CD-RW (PC compatible, MS Excel).
 - e. Include Year 3 Residency Program Documentation within Credentials Application packet.
 - f. Include all other required Credentials Application materials (**Chapter 4, CREDENTIALS APPLICATION**)

**Residents who have not completed their 156 weeks before August 1 must submit Year 4 Residency Program Documentation.*

PARTICIPATION OF THE DIPLOMATE, AMERICAN COLLEGE OF VETERINARY SURGEONS, IN THE VETERINARY SURGERY RESIDENCY PROGRAM:

- I. **Director of the Veterinary Surgery Residency Program (“Program Director”)**: The Program Director shall be responsible for the administration and continuity of the Program.
 - A. The Program Director must be a Diplomate of the ACVS in good standing (**Chapter 2, MEMBERSHIP CATEGORIES**).
 - B. The Program Director must be in the same institution as the resident for the majority of the program.
 - C. One Program Director may administer small and large animal programs.
 - D. The Program Director is responsible for verification of pre-residency training, presence of suitable surgical facilities and equipment and access to specialists in other disciplines required for the entire duration (156 weeks) of an ACVS Residency Program.
 - E. The Program Director must register each resident with the ACVS office within 30 days of program initiation by sending a Program Director's Statement (ACVS Form 1a) to the ACVS office. A copy of the Program Director's Statement can be printed from the electronic ACVS Residency Program Documentation Excel workbook file, or copied from the form found at the end of this chapter. (**ACVS FORM 1a, p. 28**) The Program Director should give a copy of this completed form to the resident, which should be retained by the resident. The resident will be required to submit a copy of the original signed Program Director's Statement in the Credentials Application.
 1. The resident is not considered to be in an officially sanctioned ACVS Residency Program until this form is filed and the resident and Program Director have received a written confirmation of receipt of the Program Director's Statement from the ACVS office. Requests for retroactive approval of programs lacking such sanction will be denied.
 2. Program Directors must file a form for each resident under their supervision including transfers from other programs.
 3. A Program Director's Statement must be filed for each resident when a Program Director changes. It is the responsibility of the new Program Director to file a new Program Director's Statement for each resident to signify the change in responsibilities.
 - F. The Program Director is responsible for assigning a Resident Advisor to each resident within the first calendar quarter after initiation of the residency program.
 - G. The Program Director is responsible for developing a residency training plan in conjunction with the Resident Advisor and resident that meets all ACVS veterinary surgery residency program requirements. Questions regarding this plan should be addressed to the Residency Program Facilitator or Chair of the Resident Credentialing Committee.
 - H. The Program Director is responsible for notifying the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution.
- II. **Resident Advisor**: The Resident Advisor shall be responsible for the administration and evaluation of the general and specific program requirements for a resident.
 - A. The Resident Advisor must be a Diplomate of the ACVS in good standing (**Chapter 2, MEMBERSHIP CATEGORIES**).
 - B. The Resident Advisor must be in the same institution as the resident for the majority of the program.
 - C. The Resident Advisor must file a Registration of Resident Advisor (ACVS Form 1b) for each resident with the ACVS office within the first calendar quarter of initiation of the program. A copy of the Registration of Resident Advisor form can be printed from the electronic ACVS Residency Program Documentation Excel workbook file, or copied from the form at the end of this chapter. (**ACVS FORM 1b, p. 29**) The Resident Advisor should give a copy of this completed form to the resident, which should be retained by the resident. The resident will be required to submit a copy of the original signed Registration of Resident Advisor form in the Credentials Application.

- D. A Registration of Resident Advisor form must be filed for each resident when a Resident Advisor changes. It is the responsibility of the new Resident Advisor to file the Registration of Resident Advisor form to signify the change in responsibilities. The ACVS office will send a written confirmation of receipt of this form.
- E. The Resident Advisor must possess appropriate expertise for species germane to the training of the resident.
- F. The Resident Advisor is responsible for:
 1. Verification of semiannual progress and performance evaluations.
 2. Verification of the Surgery Case Log.
 3. Verification of the Resident Activity Log.
 4. Verification of the Resident Oral Presentation Log.
 5. Completion of an Annual Resident Advisor's Statement and giving a copy to the resident. **(ACVS FORM 11, p. 49)**

III. Diplomate Supervisor: Diplomate supervisors are responsible for day-to-day training of the resident.

- A. The Diplomate Supervisor must possess appropriate expertise for species germane to the training of the resident and procedure.
- B. Diplomate supervisors must provide appropriate in-house supervision to train the resident. A Diplomate must provide the following supervision (defined on the Resident Activity Log as a "C" week, **ACVS Form 8, p. 45**):
 1. Appropriate case consultation and presence on the clinic floor on a daily basis.
 2. Be in-house while the resident is performing non-emergency surgery.
 3. Be available for consultation when the resident is performing emergency surgery.
- C. At least 50% of each Core Curriculum (**ACVS Forms 2-EQ, 2-LA and 2-SA, pp. 30-35**) Category must be directly supervised by a Diplomate of the ACVS or, when appropriate, by a Diplomate of ACVIM-Neurology, a Diplomate of ACVO, or a Diplomate of AVDC. Direct supervision is defined as the Diplomate being present at the operating table or in the operating room.
- D. One Diplomate may supervise up to two (2) residents concurrently while he or she is active on the clinic floor.

The Program Director, Resident Advisor and Diplomate Supervisor may be the same individual.

DOCUMENTATION OF TRAINING BY THE RESIDENT

The resident is responsible for:

- I. Completion of all veterinary surgery residency program requirements as defined in this *Information Brochure*, effective July 1, 2006 – June 30, 2007.
- II. Maintenance of all required program data using the electronic ACVS Residency Program Documentation file. This Microsoft Excel workbook file is available from the ACVS web site (www.acvs.org/residents) or from the ACVS office. Forms required for submission are contained in this Excel workbook file as individual worksheets. Residents must have access to Microsoft Excel in order to use this file.
- III. Submission on an annual basis of all Residency Program Documentation for each Program Year.
 - A. Year 1 submission is defined as the start date (week 1) through the last day of the last full week in June of the current year. Residents with less than 26 weeks in training as of July 1 of the year in which they began need not submit logs until August 1 of the following year.

- B. Year 2 submission is defined as the day following the last day of the last full week in June through the last full day of the last full week in June.
- C. Year 3 submission is defined as the day following the last day of the last full week in June through the last full day of week 156. (Week 156 must end prior to August 1.)
- D. Residents who do not complete their 156 weeks before August 1 must include the remaining weeks in a Year 4 submission.

Note: This schedule (A-D) may result in fewer than 52 weeks in Program Year 1, 52 weeks in Year 2 and more than 52 weeks in Year 3.

- IV. Review of the Evaluation form provided by the Resident Credentialing Committee with the Program Director and Resident Advisor. All changes suggested by the Committee should be incorporated into the following year's submission. In certain circumstances, the Committee may ask that revised paperwork be submitted immediately. In such a case, the resident should make necessary adjustments to their documentation and resubmit the paperwork to the ACVS office by the indicated deadline.

LIST OF FORMS AND DOCUMENTS USED IN ACVS RESIDENCY PROGRAMS

These forms will be used by the resident, Resident Advisor and Program Director, and are part of the electronic ACVS Residency Program Documentation Excel workbook file. This Excel file can be downloaded from the ACVS web site (www.acvs.org/residents) or obtained through the ACVS office. Examples of the electronic forms to be used by residents beginning their programs between July 1, 2006 and June 30, 2007, are found on **pp. 28-51**.

<u>Document Code</u>	<u>Document or Form Title</u>
ACVS Form 1a	Program Director's Statement
ACVS Form 1b	Registration of Resident Advisor
ACVS Form 2-EQ*	Large Animal Curriculum (Equine Emphasis)
ACVS Form 2-LA*	Large Animal Curriculum (General)
ACVS Form 2-SA*	Small Animal Curriculum
ACVS Form 3	Residency Training Documentation
ACVS Form 4-LA	ACVS Resident's Log Summary-Large Animal
ACVS Form 4-SA	ACVS Resident's Log Summary-Small Animal
ACVS Form 5	Index of Supervisors
ACVS Form 6	Cover Sheet for Surgery Case Log
ACVS Form 7	Surgery Case Log
ACVS Form 8	Resident Activity Log
ACVS Form 9	Resident Oral Presentation Log
ACVS Form 10	Documentation of Specialty Service Training: Veterinary Anesthesiology, Veterinary Radiology, Veterinary Internal Medicine/Critical Care and Veterinary Pathology
ACVS Form 11	Annual Resident Advisor's Statement
	Abbreviations Worksheet
	Approved Journals List*

<p>NEW in 2006: Research log will no longer be utilized.</p>

**Not included in Excel workbook file.*

INSTRUCTIONS FOR COMPLETING FORMS USED IN ACVS RESIDENCY PROGRAMS BEGINNING BETWEEN JULY 1, 2006 AND JUNE 30, 2007

General Instructions: The Program Director, the Resident Advisor, the Diplomate Supervisor, the resident and the ACVS have responsibilities for documentation and verification of satisfactory training for each resident. It is strongly recommended that every participant in a Residency Program review the entire description of an ACVS Veterinary Surgery Residency Program, which can be found in the current ACVS *Information Brochure*.

An electronic version of these forms is available and **MUST** be used to submit annual residency program documentation. **The electronic ACVS Residency Program Documentation Excel file must be downloaded from the ACVS web site at www.acvs.org/residents**, under the Residency Program Documentation menu option. You must have Microsoft Excel in order to use the electronic forms. Because of the need for signatures from supervisors and the Resident Advisor, you must print out all forms, as well as submit the Excel workbook file.

If you have a question, please first consult the ACVS *Information Brochure* from the year you began your program and your Program Director for clarification. If the question still cannot be resolved, do not hesitate to contact directly the Chair of the Resident Credentialing Committee, the Residency Program Facilitator or the Ombuds (**Chapter 9, COLLEGE ACTIVITIES**).

I. General Information for Working with the Excel File:

- A. When you open the Excel workbook, if asked whether you want macros enabled, respond affirmatively.
- B. Due to the formatting requirements and calculations included in the document, the worksheets are locked. You will not be able to change font sizes, adjust row heights or columns widths, insert rows or make similar changes.
- C. **Complete Form 3 first.** This form will populate information such as your name, institutional affiliation and program type into almost all of the other forms.
- D. Once you have opened the Excel workbook file, the various forms (i.e., Excel worksheets) can be accessed by clicking on the tabs at the bottom of the Excel screen. Use the arrow keys to the left of the tabs to move through the forms one by one or to see the forms that are hidden.
- E. All areas shaded in yellow are fields in which you will need to enter information, either directly into the worksheets or by hand (when a signature is required) after you've printed the paperwork.
- F. Many of the forms have fields that pull information from elsewhere in the workbook, limiting the number of times you will need to enter the information, as well as calculating totals (number of surgeries, weeks in program, etc.).
- G. The "tab" key will allow you to move from field to field to enter information. Note, however, that the tab key will not take you to any field where you would enter a checkmark; you must click on the corresponding box to fill in the checkmark. Be sure to scroll down to the bottom of each page to verify that you've completed all fields.
- H. Specific instructions for entering information in the forms can be obtained from the Instructions tab or by clicking on the "i" button at the top of each worksheet.
- I. The "ab" button provides a link to the abbreviations page so that you can include descriptions of the abbreviations in your Surgery Case Log.
- J. If a field has a small red triangle in the upper right corner, more information about the field will pop up by resting your cursor on the field.
- K. Disregard the "Evaluation" and "Formulas" tabs. They are for ACVS and RCC use only.
- L. Should you experience problems with Excel file, review the Frequently Asked Questions on the ACVS web site (www.acvs.org/residents) or contact the Program Coordinator at the ACVS office with any questions about the functioning of this form.

II. Instructions for Completing Each Form:

A. ACVS Form 1a – Program Director’s Statement:

The Program Director is responsible for verification of pre-residency training and presence of suitable surgical facilities, equipment and supplies within 30 days of program initiation by sending a Program Director’s Statement to the ACVS office. The resident is not considered to be in an official, sanctioned ACVS Residency Program until this form is filed. Requests for retroactive approval of programs lacking such sanction will be denied. Program Directors must file a form for each resident under their supervision including transfers from other programs. A Program Director’s Statement must be filed for each resident when a Program Director changes. The Program Director’s Statement can be printed from the electronic Excel file or downloaded from the ACVS web site.

B. ACVS Form 1b – Registration of Resident Advisor:

The Program Director must assign a Resident Advisor to each resident within the first calendar quarter of the resident’s program. The Resident Advisor is responsible for the administration and evaluation of the general and specific program requirements for each resident. A Registration of Resident Advisor form must be filed with the ACVS office within the first calendar quarter of initiating the program. A new form must be filed for each resident when a Resident Advisor changes. The Registration of Resident Advisor form can be printed from the electronic Excel file or downloaded from the ACVS web site..

C. ACVS Form 2 – Large and Small Animal Curricula:

These documents describe the specific requirements for the Large Animal Curriculum (Equine Emphasis) (Form 2-EQ), Large Animal Curriculum (General) (Form 2-LA) and Small Animal Curriculum (Form 2-SA). Form 2 is not part of the Excel file.

1. For the Large Animal Curricula: There are two Large Animal Curricula, one for residents with an Equine Emphasis and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the Residency Program and indicate such on the Program Director’s Statement.
2. For the Small Animal Curriculum: For residents training at institutions where neurosurgery is not performed by Diplomates of the ACVS, rotations on neurosurgical services headed by individuals who are not ACVIM Diplomates (Neurology) must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on neurosurgical services headed by ACVIM Diplomates (Neurology) may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.
3. For Large and Small Animal Curricula: For residents training at institutions where ophthalmology surgeries are not performed by Diplomates of the ACVS, rotations on ophthalmology services headed by individuals who are not ACVO Diplomates must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on ophthalmology services headed by ACVO Diplomates may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.
4. For Large and Small Animal Curricula: For residents training at institutions where dental surgeries are not performed by Diplomates of the ACVS, rotations on dentistry services headed by individuals who are not AVDC Diplomates must be counted as “Surgical Rotations Not Supervised By an ACVS Diplomate.” Rotations on dentistry services headed by AVDC Diplomates may be counted toward any of the Residency Program’s 156 weeks including supervised surgery rotations.

D. ACVS Form 3 – Residency Training Documentation:

The Excel version of Form 3 must be completed first when beginning to enter data in to the electronic ACVS Residency Program Documentation Excel workbook file.

This form will be the first page to appear in the annual submission packet containing the Surgery Case Log, Resident Activity Log, Resident Oral Presentation Log and related forms. Please note that each packet must have all of the sheets organized in a specific order (see the last portion of

ACVS Form 3). The start date for the first program year must match the date the program began on the Program Director's Statement submitted to the ACVS office.

E. ACVS Form 4 – ACVS Resident's Log Summary:

In Excel, this form automatically summarizes all components of the Surgery Case Log, Resident Activity Log and Resident Oral Presentation Log. There are variations of this form depending on whether the resident is in a Large Animal (Equine), Large Animal (General) or Small Animal program. While most of the information is automatically calculated as information is entered into the worksheets, there are fields on this form in which information will need to be entered directly.

When a resident meets or exceeds the required minimum number of cases in each Core Curriculum category, in the Excel file the calculated numbers on Form 4 will appear in red type.

F. ACVS Form 5 – Index of Supervisors:

Identify all persons whose initials are listed as supervisors elsewhere in the log (Forms 7, 8, 9 & 10). ACVS Diplomates should be listed in the top half of the form. Include Diplomate supervisors for Neurology, Ophthalmology, Dentistry, Internal Medicine, Pathology, Radiology and Anesthesia, as well as non-Diplomate supervisors in the bottom half of the form. Indicate the date all specialist supervisors received board certification. This form should be cumulative for supervisors throughout the program.

G. ACVS Form 6 – Cover Sheet for Surgery Case Log:

The resident's and Resident Advisor's signatures are REQUIRED on the Cover Sheet for Surgery Case Log each time the logs are submitted to the ACVS office. The Resident Advisor needs to sign the Cover Sheet for the surgery log, but not each sheet.

NEW in 2006:
Form 6 revised to include only signature from Resident Advisor, see changes to Form 11.

H. ACVS Form 7 – Surgery Case Log:

A Surgery Case Log listing the core curriculum code, date of procedure, case number, species, diagnosis, surgical procedure, supervisor and presence of an ACVS Diplomate in the surgery room must be maintained by the resident.

1. The Surgery Case Log format must be used for your surgical log. Hospital computer printouts and other formats will not be accepted.
2. Residents should submit one Surgery Case Log that lists all cases chronologically. All surgical procedures listed in the surgery log must be classified using the Core Curriculum category codes.
3. Only one procedure per patient per anesthetic episode may be used in fulfillment of the Core Curriculum; multiple procedures done on the same patient during the same anesthetic period may NOT be entered into multiple Core Curriculum categories. Effective July 1, 1999, animals undergoing bilateral procedures may be counted only once per anesthetic episode in the Surgery Case Log.
4. Research surgeries can be counted toward core curriculum requirements only if the surgical procedure performed was for treatment of spontaneously occurring disease.
5. Record all surgical cases except diagnostic work-ups without surgery. Do not include non-operative or minor procedures, such as:

NEW in 2006:
Research log will no longer be utilized.

- Closed reduction of coxofemoral luxation
- Cast changes/application/removal
- Diagnostic endoscopy
- Drain abscess
- Chest tube placement
- Feline DDF tenectomy
- Simple implant removal (e.g., transphyseal bridge removal – equine)
- Changing dental packing
- Routine dental extraction
- PEG tube placement (endoscopic)
- External Fixator removal
- Incisional biopsy
- Aural hematoma drainage
- Minor lumpectomies
- Castration – Small animal
- Elective ovariohysterectomy – Small animal
- Declaw – Small animal
- Dental prophylaxis

- IV antibiotic or distal limb perfusion
 - Arthrocentesis
 - Joint/tendon sheath lavage
 - Flushes
 - Intraosseous infusion
 - Rectal prolapse (unless surgical)
 - Floating teeth
6. Each year residents must submit the entire Surgery Case Log document on CD-RW along with the paper copy of the log for the current year under review.
7. Specific instructions for completing each column of the Surgery Case Log (Form 7):
- a) *Year*: The Excel program will automatically complete this column (e.g., 1, 2, 3) based on the program year start and end dates entered on Form 3 and the date of each procedure.
 - b) *CC Code*: Classify all cases by appropriate Core Curriculum code. The Excel Surgery Case Log worksheet contains a drop-down list of codes in this column. Click on the arrow to the right of the field and select the desired code. An explanation of the code abbreviations can be found in the Abbreviations Worksheet. A more detailed explanation of these classifications can be found on Form 2 in this *Information Brochure*.
 - c) *Date*: List date of surgery. Use the month/day/year numerical format (e.g., 08/12/2002).
 - d) *Case Number*: List the case number assigned by your practice/institution.
 - e) *Species*: Please type full name.
 - f) *Diagnosis and Surgical Procedure*: For ease of evaluation, it is recommended that Diagnosis and Surgical Procedures be written out as concisely as possible. The use of abbreviations should be minimized. Any abbreviations used must be defined on the Abbreviations Worksheet in the Excel file.
 - g) *Supervisor*: List the initials of the supervisor in the operating room at the time of the surgery. Initials should correspond to those listed in your Index of Supervisors (Form 5). An asterisk should be placed next to the initials if the supervisor was a Diplomate (ACVS, ACVO, AVDC or ACVIM-Neurology) at the time of the surgery. Leave blank if no supervisor was present at the time of surgery. List only the supervisors who were actually at the table or if ACVS Diplomates, at the table or in the operating room. (Do not include supervisors located elsewhere in the facility.)
 - h) *D/N*: List whether the case was Directly Supervised (D) or Not Directly Supervised (N). Direct supervision is defined as an ACVS, ACVO, AVDC or ACVIM-Neurology Diplomate at the operating table or in the operating room. If a case was directly supervised, enter a "D" in this column. An "N" should be placed in the cell if there was no supervisor at the table or in the room or the supervisor was not a Diplomate at the time of the surgery. ACVS requires direct supervision of at least 50% of cases required in each Core Curriculum category (**Specific Program Description, pp. 8-12.**). For example, in the Small Animal Curriculum, an ACVS Diplomate must directly supervise 10 of the 20 thoracic surgery cases. Recently board certified veterinary surgeons can be counted as Diplomate supervisors beginning with the final date of the ACVS Certification Examination.

Note: Certain changes to this form may result in formulas being lost or altered and incorrect counting of cases on Form 4. Please review the Frequently Asked Questions page on the ACVS web site for assistance, www.acvs.org/residents.

I. ACVS Form 8 – Resident Activity Log

On the Activity Log, the resident should list each week of the current year individually, the primary activity for the week, the activity category toward which the week counts and the initials of the primary supervisor for the week. The resident must obtain the primary supervisor's signature for each separate week.

The resident should indicate for each week of the year the predominant activity that occurred during that time period. The weeks must be numbered consecutively beginning with 1. Each week should have a code assigned to it. By the end of the 156-week Program, each resident must have a minimum of 94 weeks of surgical rotations supervised by an ACVS Diplomate and a

minimum of 31 weeks of special rotations. All weeks including Supervised and non-supervised surgical rotations, special rotations and vacation must have a signature of the supervisor for that particular week. For example, if the resident spent the majority of a week in radiology, the ACVR Diplomate should sign for the week in radiology. The Diplomate's signature indicates compliance with supervision requirements.

1. Rotations may be counted as "Supervised by an ACVS Diplomate" ("C" weeks, see 2. d. below) in the following situations:
 - a) Rotations supervised by an ACVS Diplomate (**PARTICIPATION OF THE DIPLOMATE, III. Diplomate Supervisor, p. 15**).
 - b) Neurosurgery: For residents training at institutions where neurosurgery is not performed by Diplomates of the ACVS, rotations on neurosurgical services headed by ACVIM Diplomates (Neurology) may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Note: weeks counted as "C" weeks must be exclusive of those counted as special rotations in internal medicine, "S" weeks. (**Specific Program Description, Item A, 1, p 8; B, 3, p. 9.**) Rotations on neurological services headed by individuals who are not ACVS or ACVIM (Neurology) Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
 - c) Ophthalmology: For residents training at institutions where ophthalmology surgeries are not performed by Diplomates of the ACVS, rotations on ophthalmology services headed by ACVO Diplomates may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Rotations on ophthalmology services headed by individuals who are not ACVS or ACVO Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
 - d) Dentistry & Oral Surgery: For residents training at institutions where dental surgeries are not performed by Diplomates of the ACVS, rotations on dentistry services headed by AVDC Diplomates may be counted toward any of the Residency Program's 156 weeks including supervised surgery rotations. Rotations on dentistry services headed by individuals who are not ACVS or AVDC Diplomates must be counted as "Surgical Rotations Not Supervised by an ACVS Diplomate."
2. Specific instructions for completing each column of the Resident Activity Log (Form 8):
 - a) *Week No.:* This has already been completed on the Excel worksheet (i.e., there is a separate row for each week, beginning with number 1 for each program year).
 - b) *Week Start Date:* Use the month/day/year numerical format (e.g., 08/12/2002). **Each week must correspond with a 7-day period. Include only full weeks on this form.** Partial weeks will not be counted. Note: the date of the first week for Year 1 must match the date on Form 3 and the date submitted to the ACVS office on the Program Director's Statement as the official program start date. However, if the resident starts mid-week and surgical rotations typically change starting on a Sunday or Monday, the resident can opt to report full weeks starting with the first date of the rotation schedule. The first few days would not be reported on Form 8, but could be applied at the end of Year 3 if needed to make 156 full program weeks. For example, a resident starting Thursday, July 13, 2006, would list that as the start date on all Form 3, but on Form 8, week 1 would begin on Monday, July 17.

Clarification: Activity log may start on the first rotation switch day.
 - c) *Assignment:* Indicate the primary activity for the specified week. Examples: Research, Meeting, Equine Orthopedics, Neurosurgery, Ophthalmology, Combined Soft/Ortho, Anesthesia, Vacation, (**SPECIFIC PROGRAM DESCRIPTION, D, p. 10**). Do not split weeks.
 - d) *C/N/S/V:*
 - C = Surgical rotation supervised by an ACVS Diplomate, an ACVIM Diplomate (Neurology), an ACVO Diplomate or an AVDC Diplomate. At least 12 of the 94 weeks must be under an alternate ACVS Diplomate.
 - N = Surgical rotation NOT supervised by an ACVS Diplomate, an ACVIM Diplomate (Neurology), an ACVO Diplomate or an AVDC Diplomate.

- S = Special rotation (Research, Graduate, Meeting, Manuscript, Specialty Rotation, Specialty Service training, etc.). Up to six (6) weeks of vacation time over the course of the program may be counted as Special Rotations weeks.
- V = Vacation (e.g., vacation, sick leave, maternity leave, bereavement leave)

A week may be classified as C if (see **Diplomate Supervisor, p. 16**):

- The Diplomate can provide appropriate case consultation and is on the clinic floor on a daily basis.
- The Diplomate must be in house while the resident is performing non-emergency surgery.
- The Diplomate must be available for consultation when the resident is performing emergency surgery.

Any week that does not meet the above criteria and is not an S or V week should be counted as an N week.

- Supervisor*: Initials of supervisor. The name and initials of all supervisors must be on Form 5. If the resident should have more than one supervisor during the 7-day program week, include the name of the supervisor for the majority of the week as recorded on Form 8.
- Each week must have a signature, including vacation weeks. If, for any reason, the resident cannot obtain the signature of the primary supervisor for the week, the Resident Advisor may sign in his or her place. However, a letter of explanation must be included in and bound into the packets submitted to the ACVS office. This letter must be signed by both the resident and the Resident Advisor.

J. ACVS Form 9 – Resident Oral Presentation Log:

On the Seminar Log, the resident should list ONLY the seminars he/she wishes to count toward the requirement of 6 seminars. Program Directors need to be sure that their residents do in-depth presentations to peer audiences. Lectures to students that are supervised, attended and critiqued by faculty can be counted toward this requirement. Indicate the supervisor for the student lecture. Include this person on Form 5. Lectures, case rounds presentations, presentations to audiences consisting solely of veterinary students or reviews of single journal articles will not count toward this requirement. Oral seminars may not include multiple presentations of the same topic or lecture. This form is cumulative and should contain all seminars claimed throughout the program.

On the Rounds Summary, the resident should indicate the type of rounds and the scheduling of those rounds for the year. Summarize the typical daily or weekly formal interactions with Diplomates, residents, students, etc. These activities may include morning rounds, evening rounds, weekly discussion groups, etc.

K. ACVS Form 10 – Documentation of Specialty Service Training: Veterinary Anesthesiology, Veterinary Radiology, Veterinary Internal Medicine/Critical Care and Veterinary Pathology:

These requirements must be fulfilled under a program mutually agreeable to the ACVS and ACVA, ACVR, ACVIM/ACVECC, ACVP Diplomates at the institution(s) involved in the surgery residency program and the required specialty rotations.

- When submitting logs for annual evaluation, the resident should submit verification form(s) for anesthesiology, radiology, internal medicine and pathology as each of the 80-hour rotations are completed throughout the residency program. Do not submit documentation for less than 80 hours. The resident should include all signed Documentation of Specialty Service Training forms, not just the current year's form. When submitting logs at the completion of the residency program, residents should include copies of all verification forms, certifying that each of the 80-hour training experiences has been completed.

2. Supervisors for these rotations must sign Form 10. Alternate documentation of the 80-hour rotations is not permitted.
3. A Diplomate of the appropriate respective specialty college must verify this training. Only the Diplomate specialist supervising the 80 hours of training in pathology, radiology, internal medicine/critical care or anesthesiology should sign the verification form.
4. Under no circumstances should the verification form be modified to reflect some period of training less than the 80 hours required for completion of that requirement, except as indicated for the internal medicine/critical care requirement.
5. Residents must include the names, specialty colleges and date board certification was received for each specialty training supervisor on the Index of Supervisors (Form 5).

L. ACVS Form 11 – Annual Resident Advisor’s Statement:

A current Annual Resident Advisor’s Statement must be included with each yearly log submission.

The Annual Resident Advisor’s Statement verifies that the semi-annual progress and performance evaluations were completed; and the Surgery Case Log, Resident Activity Log and Resident Oral Presentation Log were verified. The Resident Advisor must indicate the level of the resident’s performance toward meeting the requirements of the ACVS Veterinary Surgery Residency Program. One of three options must be chosen: the resident’s performance was satisfactory, the performance was unsatisfactory and continuation in the program is dependent upon responding meaningfully to criticism, or performance was unsatisfactory and the current year’s training should not be counted. The second and third options must be accompanied by a letter of explanation signed by both the Resident Advisor and Program Director.

NEW in 2006:
Expanded options for indicating resident’s level of performance.

This form may not be signed before the resident has completed the program year and assembled all of the residency documentation forms for submission to the ACVS.

If a resident transfers programs in mid-year, a Statement must be completed by each Resident Advisor for the period supervised.

Copies of all Annual Resident Advisor’s Statements must be submitted to the ACVS office in the resident’s bound documentation at the completion of the Residency Program.

M. Abbreviations Worksheet

This worksheet should be used to record and explain all abbreviations that are used in the Surgery Case Log in the Diagnosis and Surgical Procedure column. It is recommended that diagnoses and surgical procedures be written out. The use of abbreviations should be minimized. Any abbreviations used must be defined on the Abbreviations Worksheet.

Some common abbreviations have been used in the Excel workbook. They are listed at the top of the Abbreviations Worksheet along with their descriptions. **Residents should add their own abbreviations and descriptions in the yellow fields below this list.**

N. Evaluation Form

This form is included for the members of the Resident Credentialing Committee. Residents should not print out/include this form in their submission of annual documentation.

III. Instructions for Printing & Preparing Documentation for Submission:

These instructions are meant to augment the requirements detailed in the subsequent section, **Submission of Residency Training Documentation for Annual Evaluation and Optional Publication Review, p. 25-26.**

- A. Upon completion of your first year, verify that you have entered all of the necessary information in the Excel workbook.

- B. Use of the Print Preview function is recommended before printing. Be sure that all necessary information is visible. If a row of pound signs (#####) appears in a cell, the data entered in that cell is longer than the column width and therefore you need to widen the column.
- C. Print Forms 3, 4, 5, 6, 8, 9, 10, 11 and the Abbreviations Worksheet. Select the tab at the bottom of the screen for the form, then choose File, Print or click on the printer icon. **Print each form individually.** Choosing the “entire workbook” option on the Print dialog box will result in approximately 200 pages printing due to the Formulas worksheet.
- D. Print the Surgery Case Log (Form 7) for the past year. Choose the Form 7 tab, go to File, Page Setup, and select the “Sheet” tab. In Print Area enter A#:K##, where, # = Row Number of the first line of data and ## = Row Number of the last line of data. For example, if the surgery cases start at Row 11 and continue to Row 157, enter A11:K157. If this range is not set, all rows containing formulas will print (approx. 100 pages). Be sure to choose “Landscape” orientation in Page Set Up.
- E. Obtain signatures for forms 4, 6, 8, 9, 10 and 11.
- F. Save your workbook to a CD-RW. Make three copies of the CD; label each copy with your name & program year. One CD must be bound into each copy of the documentation.
- G. Assemble forms in the order listed on Form 3. Include the previous year’s Evaluation Form(s) and any relevant documentation, such as correspondence with the Resident Credentialing Committee, ACVS office or Board of Regents. Each packet must have a front cover page with your name and the program year (e.g., 1st year) in the upper right-hand corner.
- H. Have copies made and properly bound. Be sure to maintain a copy for your own records.*

IV. Instructions for Use of Excel File in Subsequent Years:

- A. Once you have completed Year 1 and prepared the packets, you can now update Form 3 to reflect the dates of your second program year. Certain fields will not be completed until you have added this information, e.g., “year” field in the Surgery Case Log. *It is advisable to keep a version of the workbook file as you submitted it to the RCC pending the evaluation of your documentation.*
- B. Be sure to enter data in the correct section of Form 8 – Click on the links at the top of the worksheet for Year 2, Year 3 or Year 4.
- C. When you receive your evaluation from the Resident Credentialing Committee, be sure to make any changes requested by the committee. Surgery re-classifications indicated on the evaluation form should be made to the Form 7 (Surgery Case Log) worksheet. You must make these changes so that calculated numbers on Form 4 match what the committee has verified.

*Note: Certain forms will be rewritten with new data for each year, e.g., Annual Resident Advisor’s Statement, Form 11. Therefore, you must keep the original, signed version for eventual inclusion in your Credentials Application. See the *Information Brochure*, Instructions for Submitting Credentials to the ACVS, Section V., for details.

SUBMISSION OF RESIDENCY TRAINING DOCUMENTATION FOR ANNUAL EVALUATION AND OPTIONAL PUBLICATION REVIEW

The deadline for submission of residency training documentation and publication (optional) is receipt at the ACVS office on or before August 1. Residents whose program began July 25 or later may request an extension of the Credentials Application deadline (see **Year 2, Item H, p. 14** or **Chapter 4, CREDENTIALS APPLICATION, Application Deadline**). All materials should be sent to the resident Credentialing Committee (RCC) at the ACVS office. Mail packets to:

Resident Credentialing Committee
 c/o ACVS
 11 N Washington St, Suite 720
 Rockville, MD 20850

I. Residency Training Documentation

- A. The Residency Training Documentation submission will consist of 3 bound (see item B) copies containing the following information in the order presented:
1. Front cover on each packet with the resident's name and year of residency documented by the logs (e.g., 1st year, 2nd year, 3rd year) in the upper right corner
 2. Residency Training Documentation (Form 3)
 3. Copies of all correspondence from the Resident Credentialing Committee or the ACVS office on all previously submitted documentation and **all** previous year(s) evaluations (all pages, front and back) from the Resident Credentialing Committee. If the Resident Advisor has signed the Resident Activity Log in place of the weekly supervisor, a letter of explanation signed by the resident and the Resident Advisor must be submitted and bound within each copy. Such a letter should be included in the Correspondence section.
 4. ACVS Resident's Log Summary (ACVS Form 4)
 5. Index of Supervisors (Form 5), cumulative throughout program
 6. Cover Sheet for Surgery Case Log (Form 6)
 7. Surgery Case Log (Form 7) for current year only (unless otherwise requested by the RCC)
 8. CD-RW containing the electronic ACVS Residency Program Documentation Excel workbook file, PC compatible, labeled with resident's name and program year and secured in an envelope in each bound copy. The envelope (approximately 7½" x 10½") should be **bound in each packet** with the CD placed inside. Please do not submit jewel (hard plastic) cases.
 9. Resident Activity Log (Form 8) for current year only (unless otherwise requested by the RCC)
 10. Resident Oral Presentation Log (Form 9), cumulative throughout program
 11. Documentation of Specialty Service Training in Veterinary Anesthesiology, Veterinary Radiology, Veterinary Internal Medicine and Veterinary Pathology (Form 10)
 12. Annual Resident Advisor's Statement (Form 11)
 13. Abbreviations Worksheet
- B. The required method for binding will allow the pages to lie flat as turned (e.g., plastic, spiral, 19-pin PVC binding). Heavy, three-ring notebooks, paper clips and binder clips are not acceptable.
- C. When submitting program documentation to the ACVS office, residents wishing to receive confirmation of receipt by the ACVS office should enclose a self-addressed, stamped, blank postcard for providing confirmation of receipt of the documentation by the ACVS. The postcard will be return mailed by the ACVS staff to the resident, acknowledging that the documentation arrived at the ACVS office. Return of the postcard neither implies nor certifies that the documentation is complete, acceptable or approved.

II. Early Publication Review (optional)

- A. A resident wishing to have the RCC review their publication prior to credentials submission must request such a review at the time of the annual residency training documentation submission.
- The Early Publication Review request will consist of four (4), stapled packets including:
1. A letter addressed to the RCC requesting early review of the manuscript AND either option 2a or 2b below
 2. Manuscript, choose option a or b
 - a. A letter or e-mail (**Criteria for Acceptance of a Publication, iii, p. 10**) from the journal editor indicating acceptance of the manuscript and the accepted version of the manuscript
 - b. A copy of the published manuscript, indicating the date of publication
- B. Mail packets with the residency training documentation for receipt at the ACVS office on or before August 1.

LIST OF SUGGESTIONS FOR RESIDENCY DOCUMENTATION AND CREDENTIALS SUBMISSION

1. Complete Form 3 in the electronic ACVS Residency Program Documentation Excel workbook file before attempting to enter information into any other form in the file.
2. Keep a back-up copy of your ACVS Residency Program Documentation Excel workbook file.
3. When submitting residency program documentation and/or credentials, include all previous evaluation forms from the Resident Credentialing Committee.
4. DO NOT include a print out of previous year's Surgery Case Log or Resident Activity Log. All years should be submitted on the Excel file.
5. DO include a cumulative Oral Presentation Log (Seminar Log and Rounds Summary).
6. Make the corrections noted by the Resident Credentialing Committee (RCC) on the previous year's evaluation form. Be sure that the numbers on your Form 4 match the "verified" numbers on the Resident Credentialing Committee's evaluation(s). If you do not make these changes, you must include a letter of explanation bound into each copy of your documentation.
7. Include ALL communications from the Resident Credentialing Committee and the ACVS office.
8. Include ALL signed Documentation of Specialty Service Training forms, not just the current year's forms.
9. If submitting credentials, submit your Year 3 (i.e., final) documentation bound within your credentials packet. Do not submit your credentials packet and a separate set of 3rd year documentation. Follow the credentials submission instructions and use the application form published in the year you submit your credentials.
10. Do not include non-operative or minor procedures. See Surgery Case Log instructions, p. 20.
11. Accurately record weeks as "S," "N," "V," and "C" on the Resident Activity Log. Read the instructions carefully.
12. When recording surgery cases, be aware that, as of 1998, research/experimental surgeries or teaching surgeries cannot be included in the Surgery Case Log unless the animals have naturally occurring disease.
13. On Form 5, Index of Supervisors, identify all persons whose initials are listed as supervisors elsewhere in the log (Forms 7, 8 & 10). ACVS Diplomates should be listed in the top half of the form. Include Diplomat supervisors for Neurology, Ophthalmology, Dentistry, Internal Medicine/Critical Care, Pathology, Radiology and Anesthesia, as well as non-Diplomat supervisors in the bottom half of the form.
14. Include a completed Annual Resident Advisor's Statement (ACVS Form 11) with each annual documentation submission.
15. Attach a cover page to each documentation packet. In the upper right corner of the cover page, include resident's name and year of residency (e.g., 1st year).
16. Be sure that all pages of your paperwork have been photocopied – verify that all pages of the previous year's evaluation form (e.g., front and back) are included.
17. Do not include any loose correspondence. All letters to the RCC, including cover letters, should be bound into each packet.

PROGRAM DIRECTOR'S STATEMENT

This form must be submitted to the ACVS office within 30 days after program initiation and within 30 days of a change in Program Director. The Program Director should give a copy of this completed form to the resident, which should be retained by the resident. The Program Director must notify the ACVS office within 60 days of a resident discontinuing a residency program at his/her institution.

To be completed by the Program Director:

I have read the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons, and (resident's name) _____ has fulfilled the prerequisite requirements for admission to the Program and has initiated a (check one)

- Large Animal – Equine Emphasis Program Large Animal – General Program
 Small Animal Program

at (institution/practice) _____ beginning on (date: month/day/year) _____. I have read the current ACVS *Information Brochure* and attest that I can provide access to all facilities, equipment and specialists in other disciplines required for the entire duration (156 weeks) of an ACVS Residency Program.

Diplomate (print): _____

Signature: _____

Date: ____/____/____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Resident (print): _____

Degree: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Internship Site: _____

Check if applicable: ____ This form indicates a change in Program Director for an existing resident.

Previous Program Director (Print Name): _____

Date change becomes effective: _____

For Office Use Only

Received at ACVS Office:

Official Start Date: _____

(Form 1a, 6/29/04)

REGISTRATION OF RESIDENT ADVISOR

This form must be submitted to the ACVS office within the first calendar quarter of the initiation of the program and of the date that a change of Resident Advisor becomes effective. The Resident Advisor should give a copy of this completed form to the resident, which should be retained by the resident.

To be completed by the Resident Advisor:

I have read the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons. Effective _____ (date: month/day/year), I have begun supervising _____ (resident's name) at _____ (institution/practice).

Diplomate (print): _____

Signature: _____

Date: _____/_____/_____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Resident (print): _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

(Check if applicable) _____ This form indicates a change in Resident Advisor.

Previous Resident Advisor (Print Name): _____

Date change becomes effective: _____

LARGE ANIMAL CURRICULUM (Equine Emphasis)

The Large Animal Core Curriculum (Equine Emphasis) consists of a minimum of 300 procedures. These procedures can be completed on any large animal species.* These numbers refer to numbers of animals undergoing surgical procedures. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are not allowed. Effective July 1, 1999, animals undergoing bilateral procedures may be counted only once per anesthetic period in the Core Curriculum log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. These requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation. Effective July 1, 2006, please note that there are no longer subcategory requirements for Arthroscopic Surgery.

Category and (code)	Number	
Abdominal Surgery (AB) Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	45	
Surgical Treatment of Angular Limb Deformities (ALD) Such as periosteal strippings and transphyseal bridging.	6	
Arthroscopic Surgery (AR): Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	30	NEW in 2006: Subcategories no longer required for arthroscopic surgery.
Fracture Fixation (FRX) Such as lag screw fixation and plated long bone fixation. Do not include orthopedic implant removal or jaw wiring.	7	
Surgery of the Foot (FT) Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	
Ophthalmic Surgery (OPH) Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	
Tendon/Ligament Injuries and Deformities (TEN) Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	

LARGE ANIMAL CURRICULUM (Equine Emphasis) continuation

Category and (code)	Number
Urogenital Surgery (UG) Such as routine castration/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	15
Upper Respiratory Surgery (UR) Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	30
Wounds, Reconstructions and Debridements (WRD) Including abdominal and inguinal hernia repair (excluding strangulating).	25
Subtotal of specified procedures:	175
Minimum of an additional 125 surgeries of any type, excluding routine castration. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the code (O). Surgeries such as jaw wiring and mandibular tooth extraction should be classified as (O).	125
TOTAL PROCEDURES:	300

Only the core curriculum codes given in parentheses are acceptable. Use of these codes on the surgery logs for all cases is mandatory.

* There are two Large Animal Curricula, one for residents with an Equine Emphasis and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the Residency Program and indicate such on the Program Director's Statement.

(Form 2 EQ, 07/01/2006)

LARGE ANIMAL CURRICULUM (General)

The Large Animal Core Curriculum (General) consists of the following minimum 300 procedures. These procedures can be completed on any large animal species.* These numbers refer to numbers of animals undergoing surgical procedures. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are not allowed. Effective July 1, 1999, animals undergoing bilateral procedures may be counted only once per anesthetic period in the Core Curriculum log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. These requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation. Effective July 1, 2006, please note that there are no longer subcategory requirements for Arthroscopic Surgery.

Category and (code)	Number	
Abdominal Surgery (AB) Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	52	
Surgical Treatment of Angular Limb Deformities (ALD) Such as periosteal strippings and transphyseal bridging.	6	
Arthroscopic Surgery (AR) Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	15	NEW in 2006: Subcategories no longer required for arthroscopic surgery.
Surgery of the Foot (FT) Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	
Fracture Fixation (FRX) Such as lag screw fixation and plated long bone fixation. Do not include orthopedic implant removal or jaw wiring.	5	
Ophthalmic Surgery (OPH) Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	
Tendon/Ligament Injuries and Deformities (TEN) Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	

LARGE ANIMAL CURRICULUM (General) continuation

Category and (code)	Number
Urogenital Surgery (UG) Such as routine castration/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	20
Upper Respiratory Surgery (UR) Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	25
Wounds, Reconstructions and Debridements (WRD) Including abdominal and inguinal hernia repair (excluding strangulating).	25
Subtotal of specified procedures:	165
Minimum of an additional 135 surgeries of any type, excluding routine castration. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the code (O). Surgeries such as jaw wiring and mandibular tooth extraction should be classified as (O).	135
TOTAL PROCEDURES: 300	

Only the core curriculum codes given in parentheses are acceptable. Use of these codes on the surgery logs for all cases is mandatory.

* There are two Large Animal Curricula, one for residents with an Equine Emphasis, and one that is more general. The resident must select either the Large Animal Curriculum (Equine Emphasis) or the Large Animal Curriculum (General) at the initiation of the Residency Program and indicate such on the Program Director's Statement.

(FORM 2-LA, 07/01/2006)

SMALL ANIMAL CURRICULUM

The Small Animal Core Curriculum consists of the following minimum number of surgical procedures. These procedures can be completed on any small animal species. Cases listed in the Surgery Logs to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals are disallowed. Effective July 1, 1999, only one procedure per animal per anesthetic period may be counted in the Core Curriculum log. Core curriculum requirements need to be completed prior to applying to take the ACVS Certifying Examination. All residency requirements must be met within six (6) consecutive years of program initiation.

Category and (code)	Number
Abdominal Surgery (AB) Abdominal surgery not associated with the gastrointestinal or urogenital tract, such as adrenalectomy, splenectomy, inguinal hernia and diaphragmatic hernia.	10
Gastrointestinal Surgery (GI) Such as exploratory with biopsies of liver or intestines, intestinal resection/anastomosis, partial gastrectomy, liver lobe excision, partial colectomy, portosystemic shunt ligation, gastropexy, cholecystectomy, cholecystoenterostomy, and perineal hernia.	50
Head/Neck Surgery (HN) Such as ear canal ablation, salivary gland removal, bulla osteotomy, rhinotomy, mandibular fractures, partial maxillectomy or mandibulectomy, thyroidectomy, arytenoid lateralization for laryngeal paralysis, ophthalmic procedures, and staphylectomy.	25
Neurologic Surgery (NE) Such as intervertebral disc decompression/fenestration, thoracolumbar spinal fracture stabilization, atlantoaxial stabilization and lumbosacral disease.	40
Orthopedic Surgery (OR) Such as cruciate ligament repair, arthrodesis, limb amputation, fracture repair with external or internal fixation, total hip replacement, femoral head and neck ostectomy, triple pelvic osteotomy and joint exploration. Do not include cast placement or external fixator removal.	130
Skin/Reconstructive Surgery (SR) Such as skin graft, pedicle flap, axial pattern flap, degloving injuries, perianal fistulas, removal of major superficial tumors, mastectomy and anal sacculectomy. Do not include simple "lumpectomies."	35

SMALL ANIMAL CURRICULUM continuation

Category and (code)	Number
Thoracic Surgery (TH) Such as exploratory thoracotomy, including sternotomy, ligation of patent ductus arteriosus, lung lobectomy, esophagotomy, and pericardiectomy. Do not include thoracostomy tube placement.	20
Urogenital Surgery (UG) Such as cystotomy, ectopic ureter repair, perineal or scrotal urethrostomy, prescrotal urethrotomy, nephrectomy, ovariectomy for pyometra, and prostatic surgery.	35
Subtotal of specified procedures:	345
Minimum of an additional 55 surgeries of any type (to exclude routine ovariectomies, castration, declaws, dental prophylaxis and other minor procedures). Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use (O).	55
TOTAL PROCEDURES:	400

Only the core curriculum codes given in parentheses are acceptable. Use of these codes on the surgery logs for all cases is mandatory.

(Form 2-SA,07/01/2006)

RESIDENCY TRAINING DOCUMENTATION

(To be completed by the resident. Logs must be mailed - no faxes or e-mailed documentation accepted.)

Date: _____ Name: _____ Degree: _____

Institution: _____

Address I wish to be contacted at: _____

Work phone: _____ Home phone: _____ Fax number: _____

E-mail address: _____

Resident Advisor: _____

(must be an ACVS Diplomate-See *Information Brochure*)

Program Director: _____

(must be an ACVS Diplomate-See *Information Brochure*)Program Director's Statement filed: yes noProgram type: Large Animal (Equine Emphasis) Large Animal (General) Small Animal

Program initiated on: _____ Program year of these logs (mm/yy to mm/yy): _____

These logs cover my: 1st yr 2nd yr 3rd yr other (specify) _____I will submit my complete credentials for review this year: yes noI have previously received evaluation(s) for my: 1st yr 2nd yr 3rd yr 4th yr

Pre-residency training and experience:

a. Veterinary School: where: _____

Is this veterinary school AVMA accredited: no yesb. Internship: no yes, where: _____c. Private practice: no yes, where: _____

Concurrent graduate degree training:

a. Formal graduate courses (alone): no yesb. Formal graduate courses leading to degree: no yes, degree attained/to be attained: _____**CONTENTS:** Make 3 bound packets and check that each packet has all materials organized in the following order: Cover page with resident's name and year of program in upper right corner Residency Training Documentation form All previous year(s) evaluation(s) from the Resident Credentialing Committee and correspondence, including any letters of explanation that accompany the submission ACVS Resident's Log Summary Index of Supervisors Cover Sheet for Surgery Case Log Surgery Case Log CD-RW containing the Residency Program Documentation Excel file (PC compatible, MS Excel), secured in an envelope Resident Activity Log Resident Oral Presentation Log Documentation of Specialty Service Training in: _____ Anesthesiology _____ Internal Medicine

(List date completed)

_____ Pathology

_____ Radiology

 Annual Resident Advisor's Statement (s) for previous 12 months

(Form 3, 1/11/2005)

ACVS RESIDENT’S LOG SUMMARY – LARGE ANIMAL

Name:

Institution/Practice:

Time Period covered by this log: _____ (month/day/year) to _____ (month/day/year)

FILL IN NUMBERS FOR ALL YEARS YOU HAVE COMPLETED.*

<u>Resident Activity Log</u>	<u>Yr 1</u>	<u>Yr 2</u>	<u>Yr 3</u>	<u>Yr 4</u>	<u>Cumulative</u>	<u>Required Minimum</u>
# Weeks Surgical Rotations Supervised by an ACVS Diplomate	_____	_____	_____	_____	_____	94 weeks
# Weeks Surgical Rotations NOT Supervised by an ACVS Diplomate	_____	_____	_____	_____	_____	
# Weeks Special Rotations (including research, meetings)	_____	_____	_____	_____	_____	31 weeks
# Weeks Vacation	_____	_____	_____	_____	_____	
TOTAL WEEKS IN PROGRAM	_____	_____	_____	_____	_____	156 weeks

Specialty Service Training

# Hours Anesthesia	_____	_____	_____	_____	_____	80 hrs
# Hours Pathology	_____	_____	_____	_____	_____	80 hrs
# Hours Radiology	_____	_____	_____	_____	_____	80 hrs
# Hours Internal Medicine/ Critical Care	_____	_____	_____	_____	_____	80 hrs

Resident Oral Presentation Log

# Seminars Presented	_____	_____	_____	_____	_____	6 seminars
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Resident Surgery Case Log

Total # of Surgeries	_____	_____	_____	_____	_____	300 cases
# of Directly Supervised Cases (ACVS Diplomate scrubbed in or present in the room)	_____	_____	_____	_____	_____	

Manuscript Preparation (Please circle appropriate stage)

Work in progress Work completed Draft Submitted Accepted

*Numbers listed should reflect those verified on any previous log evaluations from the Resident Credentialing Committee.

For residents submitting program documentation for Year 1 revisions (if applicable) and beyond:

I have read the Resident Credentialing Committee’s Evaluations from my prior year(s) and have corrected my logs to match the numbers verified by the Committee. If I did not change my Log Summary Form, then I have included written documentation to justify why the discrepancies were not corrected.

Signed: _____ Date: _____

(continued on next page)

ACVS RESIDENT’S LOG SUMMARY – LARGE ANIMAL

Name:

Institution/Practice:

Time Period covered by this log: _____ (month/day/year) to _____ (month/day/year)

FILL IN NUMBERS FOR ALL YEARS YOU HAVE COMPLETED.*

Resident Surgery Case Log	Yr 1	Yr 2	Yr 3	Yr 4	Cumulative	LA Equine Required Minimum	LA General Required Minimum
Abdominal (AB) <i>Total</i>	_____	_____	_____	_____	_____	45	52
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	23	26
Angular Limb Deformities (ALD) <i>Total</i>	_____	_____	_____	_____	_____	6	6
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	3	3
Arthroscopic (AR) <i>Total</i>	_____	_____	_____	_____	_____	30	15
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	15	8
Fracture Fixation (FRX) <i>Total</i>	_____	_____	_____	_____	_____	7	5
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	4	3
Foot (FT) <i>Total</i>	_____	_____	_____	_____	_____	5	5
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	3	3
Ophthalmic (OPH) <i>Total</i>	_____	_____	_____	_____	_____	2	2
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	1	1
Tendon/Lig. Inj. Deform. (TEN) <i>Total</i>	_____	_____	_____	_____	_____	10	10
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	5	5
Urogenital (UG) <i>Total</i>	_____	_____	_____	_____	_____	15	20
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	8	10
Upper Respiratory (UR) <i>Total</i>	_____	_____	_____	_____	_____	30	25
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	15	13
Wounds, Recon., Debride. (WRD) <i>Total</i>	_____	_____	_____	_____	_____	25	25
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	13	13
Other Surgeries (O)	_____	_____	_____	_____	_____		
Total Number of Cases	_____	_____	_____	_____	_____	300	300

Example

*Numbers listed should reflect those verified on any previous log evaluations from the Resident Credentialing Committee.

ACVS RESIDENT’S LOG SUMMARY – SMALL ANIMAL

Name: _____

Institution/Practice: _____

Time Period covered by this log: _____ (month/day/year) to _____ (month/day/year)

FILL IN NUMBERS FOR ALL YEARS YOU HAVE COMPLETED.*

<u>Resident Activity Log</u>	<u>Yr 1</u>	<u>Yr 2</u>	<u>Yr 3</u>	<u>Yr 4</u>	<u>Cumulative</u>	<u>Required Minimum</u>
# Weeks Surgical Rotations Supervised by an ACVS Diplomate	_____	_____	_____	_____	_____	94 weeks
# Weeks Surgical Rotations NOT Supervised by an ACVS Diplomate	_____	_____	_____	_____	_____	
# Weeks Special Rotations (including research, meetings)	_____	_____	_____	_____	_____	31 weeks
# Weeks Vacation	_____	_____	_____	_____	_____	
TOTAL WEEKS IN PROGRAM	_____	_____	_____	_____	_____	156 weeks
<u>Specialty Service Training</u>						
# Hours Anesthesia	_____	_____	_____	_____	_____	80 hrs
# Hours Pathology	_____	_____	_____	_____	_____	80 hrs
# Hours Radiology	_____	_____	_____	_____	_____	80 hrs
# Hours Internal Medicine/ Critical Care	_____	_____	_____	_____	_____	80 hrs
<u>Resident Oral Presentation Log</u>						
# Seminars Presented	_____	_____	_____	_____	_____	6 seminars
<u>Resident Surgery Case Log</u>						
Total # of Surgeries	_____	_____	_____	_____	_____	400 cases
# of Directly Supervised Cases (ACVS Diplomate scrubbed in or present in the room)	_____	_____	_____	_____	_____	

Example

Manuscript Preparation (Please circle appropriate stage)

Work in progress Work completed Draft Submitted Accepted

*Numbers listed should reflect those verified on any previous log evaluations from the Resident Credentialing Committee.

For residents submitting program documentation for Year 1 revisions (if applicable) and beyond:

I have read the Resident Credentialing Committee’s Evaluations from my prior year(s) and have corrected my logs to match the numbers verified by the Committee. If I did not change my Log Summary Form, then I have included written documentation to justify why the discrepancies were not corrected.

Signed: _____ Date: _____

(continued on next page)

ACVS RESIDENT’S LOG SUMMARY – SMALL ANIMAL

Name:

Institution/Practice:

Time Period covered by this log: _____ (month/day/year) to _____ (month/day/year)

FILL IN NUMBERS FOR ALL YEARS YOU HAVE COMPLETED.*

<u>Resident Surgery Case Log</u>	<u>Yr 1</u>	<u>Yr 2</u>	<u>Yr 3</u>	<u>Yr 4</u>	<u>Cumulative</u>	Small Animal Required Minimum
Abdominal Surgery (AB) <i>Total</i>	_____	_____	_____	_____	_____	10
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	5
Gastrointestinal Surgery (GI) <i>Total</i>	_____	_____	_____	_____	_____	50
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	25
Head/Neck Surgery (HN) <i>Total</i>	_____	_____	_____	_____	_____	25
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	13
Neurologic Surgery (NE) <i>Total</i>	_____	_____	_____	_____	_____	40
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	20
Orthopedic Surgery (OR) <i>Total</i>	_____	_____	_____	_____	_____	130
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	65
Skin/Reconstructive Surgery (SR) <i>Total</i>	_____	_____	_____	_____	_____	35
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	18
Thoracic Surgery (TH) <i>Total</i>	_____	_____	_____	_____	_____	20
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	10
Urogenital Surgery (UG) <i>Total</i>	_____	_____	_____	_____	_____	35
<i>Directly Supervised</i>	_____	_____	_____	_____	_____	18
Other (O)	_____	_____	_____	_____	_____	
Total Number of Cases	_____	_____	_____	_____	_____	400

Example

*Numbers listed should reflect those verified on any previous log evaluations from the Resident Credentialing Committee.

INDEX OF SUPERVISORS

Type the names and initials of the Diplomates of the American College of Veterinary Surgeons included in the Resident Activity Log and Surgery Case Log and the year that Diplomate status was granted for each individual.

<u>Name</u>	<u>Initials</u>	<u>Year Diplomate status was granted</u>
-------------	-----------------	--

Example

Type the names and initials of all supervisors included in the Resident Activity Log, Surgery Case Log and Documentation of Specialty Service Training forms who are not Diplomates of the American College of Veterinary Surgeons. Include any residents or clinical instructors. If the individual has received board certification in other areas, list the specialty board and the year that Diplomate status was granted.

<u>Name</u>	<u>Initials</u>	<u>Specialty Board(s)</u>	<u>Year Diplomate status was granted</u>
-------------	-----------------	---------------------------	--

(Form 5, 06/29/2004)

COVER SHEET FOR SURGERY CASE LOG

1. The information for surgical cases from ____/____/____ to ____/____/____ is true and accurate.
(start date) (end date)

Resident's Signature _____

Name (Print or Type) _____

Date ____/____/____

Resident Advisor's Signature _____

Name (Print or Type) _____

Date ____/____/____

Example

Note: This form may not be signed prior to the end date for the surgery cases as listed above.

EXAMPLE: The following is an example of a second year resident's small animal Surgery Case Log. Make sure to provide definitions for all abbreviations used within the Log.

SURGERY CASE LOG

ACVS Form 7

Name:
 Institution:
 Program:

Year	CC Code	Date	Case Number	Species	Diagnosis	Surgical Procedure	Supervisor	D/N
1	GI	6/23/02	36461	Canine	Extracranial portosystemic shunt	Ameroid constrictor placement	KMT*	D
1	NE	6/25/02	25643	Feline	Traumatic luxation L1-2	Fracture fixation, IM pins and methylmethacrylate	BRT*	D
2	GI	7/05/03	36471	Canine	Gastric dilatation and volvulus	Incisional gastropexy and splenectomy		N
2	TH	7/06/03	36478	Canine	Pericardial effusion	Pericardectomy	ATL	N
2	UG	7/6/03	28941	Feline	Urethral tear	Tube cystostomy	DHT*	D

RESIDENT ACTIVITY LOG

Name:

Program: LA SA

Institution/Practice:

Week No.	Week Start Date	Assignment	C/N/S/V	Supervisor	Supervisor's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Example

(Form 8, 6/20/03)

RESIDENT ACTIVITY LOG

Name:

Program: LA SA

Institution/Practice:

Week No.	Week Start Date	Assignment	C/N/S/V	Supervisor	Supervisor's Signature
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					

Example

Resident's Name

Resident Advisor's Name

Resident's Signature

Resident Advisor's Signature

Signatures certify that information is true and accurate. All weeks must be signed.

RESIDENT ORAL PRESENTATION LOG

(Please type)

Name:

Program: LA SA

Institution/Practice:

SEMINAR LOG

Year	Number ¹	Date	Title	Type of Audience ²	Supervisor ²	Number in Attendance

Example

¹ List a maximum of six different seminar topics.

² Residents (R), Faculty (F), Continuing Education (CE), or Students (S) – lectures attended, critiqued and supervised by faculty. Indicate supervisor for Student lectures.

RESIDENT ROUNDS SUMMARY

Year	Type of Rounds	Routine Schedule Of Rounds	Rotations During Which You Attend Rounds

Resident's Signature _____

Resident Advisor's Signature _____

Signatures certify that information is true and accurate.

**DOCUMENTATION OF SPECIALTY SERVICE TRAINING:
VETERINARY ANESTHESIOLOGY, VETERINARY RADIOLOGY, VETERINARY INTERNAL
MEDICINE / CRITICAL CARE AND VETERINARY PATHOLOGY**

Resident (print name): _____

ANESTHESIOLOGY

The resident must obtain at least 80 hours of training under the supervision of a Diplomate, American College of Veterinary Anesthesiologists. I have read the requirements and, to the best of my knowledge, _____ has accomplished at least 80 hours of training in anesthesiology under my supervision.

Date: _____ Signed: _____
Address: _____ Name (print): _____
_____ Specialty Board: _____

RADIOLOGY

The resident must obtain at least 80 hours of training under the supervision of a Diplomate, American College of Veterinary Radiology. I have read the above requirements and, to the best of my knowledge, _____ has accomplished at least 80 hours of training in radiology under my supervision.

Date: _____ Signed: _____
Address: _____ Name (print): _____
_____ Specialty Board: _____

INTERNAL MEDICINE / CRITICAL CARE

The resident must obtain at least 80 hours of training under the supervision of a Diplomate, American College of Veterinary Internal Medicine or a Diplomate, American College of Veterinary Emergency and Critical Care or a combination of the two specialties. Please complete the appropriate section and indicate number of hours completed.

I have read the requirements and understand that the internal medicine specialty service rotation is to consist of general internal medicine and not a subspecialty (Neurology, Cardiology, or Oncology). To the best of my knowledge, _____ has accomplished at least 40 80 hours of training in general internal medicine under my supervision.

Date: _____ Signed: _____
Address: _____ Name (print): _____
_____ Specialty Board: _____

I have read the requirements and to the best of my knowledge, _____ has accomplished at least 40 80 hours of training in critical care under my supervision.

Date: _____ Signed: _____
Address: _____ Name (print): _____
_____ Specialty Board: _____

PATHOLOGY

The resident must obtain at least 80 hours of training under the supervision of a Diplomate, American College of Veterinary Pathology (specialty in Veterinary Pathology or Veterinary Clinical Pathology). I have read the requirements and, to the best of my knowledge, _____ has accomplished at least 80 hours of training in pathology under my supervision.

Date: _____ Signed: _____
Address: _____ Name (print): _____
_____ Specialty Board: _____

ANNUAL RESIDENT ADVISOR'S STATEMENT

A current Annual Resident Advisor's Statement must be included with each yearly Residency Program Documentation submission. Copies of all Annual Resident Advisor's Statements must be submitted to the ACVS office in the Credentials Application.

For the Resident Advisor to complete:

I have read the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons and have supervised (resident's name) _____ during the period beginning (date: month/day/year) _____ and ending (date: month/day/year) _____. I completed semiannual progress and performance evaluations with the resident and verified the Surgery Case Log, Resident Activity Log and Resident Oral Presentation Log.

I can attest that (choose one option):

1. The resident's performance is satisfactory and he/she is proceeding with satisfying the requirements of the ACVS Veterinary Surgery Residency Program.
2. The resident's performance was not satisfactory, but he/she is promoted to the next year providing meaningful response to criticism. Note: A letter of explanation signed by both the Program Director and Resident Advisor must accompany this form.
3. The resident's performance was not satisfactory and this year's clinical work will not be applied toward satisfaction of core curricular requirements. Note: A letter of explanation signed by both the Program Director and Resident Advisor must accompany this form.

For Resident Advisors of residents who have completed their programs: (check if applicable)

- I can attest that the resident has satisfied the requirements of the American College of Veterinary Surgeons Veterinary Surgery Residency Program.

Example

Diplomate (print): _____

Signature: _____

Date:* _____ / _____ / _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

*Note: This form cannot be signed prior to the ending date listed above.

(Form 11, 07/01/2006)

ABBREVIATIONS WORKSHEET

<u>Abbreviation</u>	<u>Description</u>
AB	Abdominal Surgery
ALD	Angular Limb Deformities
AR	Arthroscopy
C	Surgical rotation supervised by an ACVS Diplomate, an ACVIM Diplomate (Neurology), an ACVO Diplomate, or an AVDC Diplomate
D	Directly Supervised - Diplomate at table or in room
FRX	Fracture Fixation
FT	Foot Surgery
N (Form 7)	Not Directly Supervised - Diplomate not at table or in room
N (Form 8)	Surgical rotation NOT supervised by an ACVS Diplomate.
O	Other Surgeries
OPH	Ophthalmic Surgery
P	Primary Surgeon
<i>Etc.</i>	<i>Et cetera.</i>

Example for Large Animal

<u>Abbreviation</u>	<u>Description</u>
AB	Abdominal Surgery
C	Surgical rotation supervised by an ACVS Diplomate, an ACVIM Diplomate (Neurology), an ACVO Diplomate, or an AVDC Diplomate
D	Directly Supervised - Diplomate at table or in room
GI	Gastrointestinal Surgery
HN	Head/Neck Surgery
N (Form 7)	Not Directly Supervised - Diplomate not at table or in room
N (Form 8)	Surgical rotation NOT supervised by an ACVS Diplomate.
NE	Neurologic Surgery
O	Other Surgeries
OR	Orthopedic Surgery
P	Primary Surgeon
<i>Etc.</i>	<i>Etc.</i>

Example for Small Animal

APPROVED JOURNALS LIST

VETERINARY JOURNALS

American Journal of Veterinary Research
Australian Veterinary Journal
Canadian Journal of Veterinary Research
Canadian Veterinary Journal
Equine Veterinary Journal
Journal of Small Animal Practice
Journal of the American Animal Hospital Association
Journal of the American Veterinary Medical Association
Journal of Veterinary Emergency and Critical Care
Journal of Veterinary Internal Medicine
Journal of Veterinary Pharmacology and Therapeutics
New Zealand Veterinary Journal
The Veterinary Journal
Veterinary Anesthesia and Analgesia
Veterinary Comparative Orthopedics and Traumatology
Veterinary Pathology
Veterinary Radiology and Ultrasound
Veterinary Record
Veterinary Surgery
Veterinary Therapeutics: Research in Applied Veterinary Medicine

*Journals added to the list in 2006

NON-VETERINARY JOURNALS

American Heart Journal
American Journal of Pathology
American Journal of Physiology
American Journal of Surgery
American Journal of Sports Medicine, The Anatomical Record
Anesthesiology
Arthritis and Rheumatism
Arthroscopy: The Journal of Arthroscopic and Related Surgery
Bone
Cancer
Clinical Orthopaedics and Related Research
Journal of Applied Physiology
Journal of Bone and Joint Surgery
Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Investigative Surgery
Journal of Orthopaedic Research
Journal of Rheumatology
Journal of Surgical Research
Osteoarthritis and Cartilage
Plastic and Reconstructive Surgery*

If a resident wants to publish in a journal not on the current Approved Journals List, a petition must be made to the Board of Regents, "**Petition to Add Publication to Approved Journals List,**" p. 11.

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