

AMERICAN COLLEGE OF
VETERINARY SURGEONS



RESIDENCY PROGRAM GUIDELINES

July 1, 2014 – December 31, 2014

ACVS RESIDENCY PROGRAM GUIDELINES

The policies and procedures outlined in this document are in effect for residencies beginning July 1-December 31, 2014.

All residents must use the web-based Resident Training Log system to document ACVS training requirements as outlined in these guidelines. Resident Advisors and Program Directors have responsibilities for using the online system. A description of the Resident Training Log can be found on page 26.

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 (see p. 4, **Prerequisite**).
2. A three-year Veterinary Surgery Residency, as defined below.

PROCESS FOR ACHIEVING BOARD CERTIFICATION

In order to achieve board certification residents must obtain each of the credentials outlined below:

- I. Successful completion and approval of all Residency Program Requirements. These requirements are outlined under Program Description, section III, **Program Requirements** (p. 3).
- II. Successful submission and acceptance of a scientific manuscript in an approved journal as outlined in the Program Description, section III, **Program Requirements** (p. 3).
- III. Submission and acceptance of a Credentials Application (p. 29).
- IV. Successful completion/passing of all components of the certification examination (p. 30).

For all residents beginning in 2014, the ACVS Certification Examination consists of two parts: Phase I Surgical Knowledge and Phase II Surgical Competency. It is highly recommended that Phase I be taken during year 2 of the residency. Phase II is taken after completion of residency program requirements and successful credentials application.

New: Two-part examination.

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 Diplomates 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 ACVS Diplomates.

A Veterinary Surgery Residency Program ("program") shall have at minimum 2 full-time ACVS Diplomates working in the same private practice or academic institution as the resident. For these purposes a practice is defined as the facility in which the resident performs the majority of his/her training. It is expected that a minimum of two of the ACVS Diplomates will be clinically active and possess appropriate expertise for species germane to the training of the resident. To ensure this is the case, a single resident can have *no more than 75% of their clinical activity weeks supervised by any one surgeon* (p. 6).

New: Two Diplomates required.

If, during the course of a residency, the residency program is reduced to employing only a single supervising, full-time ACVS Diplomate at the facility, the program will have a 6-month grace period during which time a resident's activity and case logs will continue to be reviewed. Following this period, no further reviews will be performed on cases and activity weeks until the program has re-established 2 full-time ACVS Diplomates. No new residents may begin a program at an institution or practice if fewer than 2 full-time ACVS Diplomates are present in the program facility. In addition to these requirements, the ratio of residents to full-time ACVS Diplomates in a program facility must be no more than 2:1. For example, an institution with the minimum 2 full-time ACVS Diplomates can have a maximum of 4 residents.

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 that final credentials are submitted. All residents must be officially registered with the ACVS at the start of their program and must re-register upon any change of program location. An

alternative training program* must meet the same criteria but may be done over a longer time period. *This alternative track allows a significant degree of flexibility for a candidate to satisfy requirements in twice the typical time.*

Time Limits:

- All residency requirements must be met within six (6) consecutive years of program initiation.
- Residents must apply for credentials within five years of the completion of their residency program. The applicant must meet all residency program requirements in effect at the start of the residency program.
- 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. 11.

*A brief outline of requirements to be completed during the residency program can be found in the **Residency Program Overview Checklist**, pp. 18-20.*

- 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 as determined by individual residency programs.
- 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.

*Examples of alternate training programs to meet ACVS requirements:

- Combined graduate degree program—specific weeks over the program period are designated for ACVS (clinical rotations, research/manuscript, etc.). Several academic institutions have already instituted 4-year residency programs that fall into this description.
- Private practice—an individual could function as a resident part-time in a particular practice with ACVS supervision for several weeks or months at a time. Yet the requirements must still be completed in 6 years. The time away from the practice where the part-time residency is being done could be spent practicing as a veterinarian in that practice or another practice. The Program Director and Resident Advisor must be present at the practice where the training is taking place. This scenario would also apply to all residents in private or academic programs that take leave of absence for medical or family problems.

An alternative track for an ACVS residency must be agreed upon by the individual and their Diplomate supervisors, even if it satisfies the description listed by ACVS. All the specialty service rotations, manuscript requirements and documentation of the residency apply to the candidate in an alternate training program.

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 of appropriate size for the patient, staff and associated equipment. The sterile surgery room(s) must be ventilated according to 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 that delivers anesthetic 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:

NOTE: A week is defined as 5 days of training during a 7-day period. All requirements defined in these guidelines as “weeks” must meet this criterion. Accumulating single days of training over a longer time period and counting those as a week is not acceptable.

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 110 weeks of the 156-week program must be spent on a surgical service under the direction of an ACVS Diplomate; of these 110 weeks, a single resident can have no more than 75% of their clinical activity weeks supervised by any one surgeon (85 weeks). The remaining 25 weeks must be supervised by an alternate ACVS Diplomate. All 156 weeks are recorded in the Activity section of the Resident Training Log indicating the *predominant activity* for the week as the Assignment.

New: No more than 75% of weeks can be supervised by a single Diplomate.

Rotations may be counted as “Supervised by an ACVS Diplomate” in the following situations:

- a) Rotations supervised by an ACVS Diplomate (***Participation of the Diplomate, III. Diplomate Supervisor***, p. 24).
 - 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 as supervised surgery rotations. Note: Neurology weeks counted as Diplomate supervised surgical rotation weeks must be exclusive of those counted as specialty service rotations in internal medicine. (***Specialty Service Training***, B, 3, p. 8-9.) Rotations on neurological services headed by individuals who are not ACVS or ACVIM (Neurology) Diplomates must be counted as “Surgical Rotations Supervised by a non-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 as supervised surgery rotations. Rotations on ophthalmology services headed by individuals who are not ACVS or ACVO Diplomates must be counted as “Surgical Rotations Supervised by a non-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 as supervised surgery rotations. Rotations on dentistry services headed by individuals who are not ACVS or AVDC Diplomates must be counted as “Surgical Rotations Supervised by a non-Diplomate.”
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

- 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. 42-43) and 300 procedures in the large animal curricula (**ACVS Form 2-EQ**, pp. 38-38; **ACVS Form 2-LA**, pp. 40-41). 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 Cases section of the Resident Training Log. *Cases will only count toward core requirements if they are species appropriate.*
- a) 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. Animals undergoing bilateral procedures may be counted only once per anesthetic episode in the Surgery Case Log.
- b) Research surgeries can be counted toward core curriculum requirements only if the surgical procedure was performed for treatment of spontaneously occurring disease.
- c) All surgical cases should be recorded except diagnostic work-ups without surgery. In addition, non-operative or minor procedures should not be included in the case log. Such procedures include:
- 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)
 - Simple TPLO plate removal
 - Simple screw removal
 - Changing dental packing
 - Routine dental extraction
 - PEG tube placement (endoscopic)
 - External fixator removal
 - Incisional biopsy
 - Aural hematoma drainage
 - Minor lumpectomies
 - Castration – Small animal
 - Routine castration – Large 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
 - Intratracheal stents
 - Peripheral lymph node excision

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. The resident should progress from heavy direct supervision in year 1 to being the primary surgeon as often as is deemed appropriate by the end of their residency program. The **primary surgeon** is defined as: The surgeon clinician having primary responsibility for the particular case, including preoperative planning, client communication, performance of the majority of the surgical procedure, and postoperative management of the surgical case. The role of primary surgeon should be documented for each case, when performed, in the Resident Training Log.
6. 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, and must be noted for each case in the Resident Training Log. Specific case number requirements can be found on the Core Curriculum forms (**ACVS FORM 2-EQ**, pp. 38-39; **ACVS FORM 2-LA**, pp. 40-41, **ACVS FORM 2-SA**, pp. 42-43).
7. External Surgical Rotations: If a resident fulfills part of their surgical requirements in a different institution from their primary institution/hospital, an External Surgical Rotation Form must be submitted by the resident. The **External Surgical Rotation Form** (p. 44) must be signed by the veterinarian supervising the case for each case which the resident scrubs in on during the out-rotation. This form is to be submitted with the Credentials Application as part of the residency documentation. It must be signed by both the resident and Resident Advisor. Note, the resident must also include all of these cases in their online log as well. If a resident performs cases at multiple external sites, a separate form must be submitted for each location.

The External Surgical Rotation Form can be downloaded in Excel file format from the ACVS website: www.acvs.org/residents/documentation.

- B. Specialty service training in anesthesiology, diagnostic imaging, internal medicine/critical care and pathology: These rotations must be filled as weeks or hours as noted below and are reported in the Specialty Services section of the Resident Training Log. Specialty service rotations recorded as Activity Weeks in the Resident Training Logs will use the "Other Specialty Training" designation.
 1. Anesthesiology: The surgery resident's anesthesiology training requirement includes a minimum of two full weeks, 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. Anesthesia specialty service weeks do not have to be consecutive.

2. Diagnostic Imaging: The surgery resident's diagnostic imaging training requirement includes a minimum of two weeks or 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. The diagnostic imaging specialty service rotation should consist of general diagnostic imaging.
3. Internal Medicine/Critical Care: The surgery resident's internal medicine/critical care training requirement includes a minimum of **3 full weeks of training for small animal residents** and **2 full weeks of training for large animal residents**, 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 or an approved ACVIM subspecialty (neurology, cardiology or oncology). Weeks counted toward specialty service 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. 6. The training 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. Internal Medicine/Critical Care specialty service weeks do not have to be consecutive.

4. Pathology (Anatomic or Clinical): The surgery resident pathology training requirement includes a minimum of 1 week or 40 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.
5. Large Animal residents must complete one additional week of either Diagnostic Imaging, Anesthesia, Internal Medicine, Emergency Critical Care, or Sports Medicine to be chosen by the resident. Sports Medicine rotations must be supervised by a Diplomate of the American College of Veterinary Sports Medicine and Rehabilitation.

**If Pathology and/or Diagnostic Imaging training is undertaken on a piecemeal hourly basis (i.e., in evenings or in rounds during other clinical duty), rather than as entire weeks, the resident will have up to 3 activity weeks "open" for the program to use as they see fit. (See item E.)

- C. Emergency Duty: The resident must perform emergency surgery and manage emergency surgical cases.
- D. Residents must spend at least 18 weeks of their program in pursuit of the research project or in scientific manuscript preparation. These weeks are tracked in the Resident Training Log using the “Research/Manuscript” classification.
- E. The balance of the resident's program (20+ weeks) is left up to the discretion of the Program Director. The resident may spend additional time on clinics, specialty service rotations, CE, vacation, other non-surgical training.

Surgery weeks beyond the required minimum should be classified in the Resident Training Log as “Surgical Rotation Supervised by an ACVS Diplomate” or “Surgical Rotation Supervised by a non-Diplomate”.

The following types of activity should be classified in the log using the “CE/Vacation/Other” week designation.

- 1. Graduate degree studies
 - 2. National or international level continuing education courses
 - 3. Non-surgical veterinary rotation with the approval of the Resident Advisor
 - 4. Rotation at a human medical hospital
 - 5. Vacation
- 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 document the progress of their programs through use of the web-based Resident Training Log (**Documentation of Training by the Resident**, p. 24-25). The ACVS Resident Credentialing Committee will evaluate training two times per year; the official review periods begin February 1 and August 1. No more than 60 weeks of training will be reviewed by the RCC at one time. Failure to submit training in a timely manner may delay the submission of credentials at the end of the residency program, thus delaying examination and board certification. .

H. Examination Preparation. Residents who have completed the appropriate requirements will be eligible to take the Phase I Surgical Knowledge examination (***Certification Examination***, p. 30) during the second year of the residency program. Program Directors and Resident Advisors are encouraged to incorporate the suggested reading into the training of the resident during the first year and a half of the residency and to allow residents to take the examination if eligible.

I. 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. 45. 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 the title page with author information and 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 emailed 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 email must contain the date of acceptance in the body of the message (not simply in the header).
- b. The email must indicate the name of the manuscript.

- c. The print out of the email 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**, p. 12.

- iv. The manuscript must follow a scientific approach, 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 Resident Credentialing Committee 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.

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

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. 39), 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 addressed to the Resident Credentialing Committee and emailed to residency@acvs.org for receipt by August 1 of the year prior to the year the resident intends to submit a Credentials Application.

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 next *Residency Program Guidelines*.

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. These requests will be reviewed annually by the Resident Credentialing Committee. Requests must arrive at the ACVS office on or before August 1. Only one publication may be submitted per year for early approval. Residents will be notified of the outcome following the annual RCC meeting at the ACVS Surgery Summit (typically held in October).

The Early Publication Review request will consist of the following items:

- i. A letter addressed to the RCC requesting early review of the manuscript AND either option ii,a or ii,b below
- ii. Manuscript (must include the title page with author information and all images, tables and figures), choose option a or b:
 - a. A letter or email (***Criteria for Acceptance of a Publication***, iii, p. 11) 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

Requests should be emailed to residency@acvs.org on or before August 1.

I. Seminar and Teaching Responsibilities:

1. Seminar Requirement: The resident must present a minimum of 6 distinctly different seminars during the program. The purpose of the seminar requirement is twofold: 1) to provide the resident exposure to a broad variety of surgically related subjects, and 2) to allow the resident to gain experience giving a formal presentation followed by a discussion period in a public forum. Seminars may not include multiple presentations of the same topic or lecture. The title should accurately reflect the contents of the seminar. These seminars must be documented in the Resident Training Log. Once the resident has 6 seminars on distinctly different topics approved by the RCC, new seminars do not have to be documented in the Resident Training Log.
2. Definition of Seminar: An oral scientific presentation that is followed by a discussion period in a public forum.
 - 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/case reports, 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. The Resident Advisor must attest to the resident's attendance at rounds on a weekly or bi-weekly (every two weeks) basis.
 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. The Resident Advisor must document this evaluation as part of the Semi-Annual Review section of the Resident Training Log (**Resident Advisor**, F, d, p. 22). The Program Director must verify the contents of the Semi-Annual Review. Sample performance evaluation forms can be found on the website at www.acvs.org/residents/resource-documents.

Denied Training: At each Semi-Annual Review, the Resident Advisor and Program Director have the option to either approve or deny any portion of a resident's training *for the current evaluation period* as noted on the review form. The portion of training denied may range from a single case or week of training to the entire period of activity. The RCC strongly suggests that the resident be advised that their performance is inadequate prior to the rejection of any training.

The designation given by the Resident Advisor at the time of review is final: i.e., once training is approved or denied at the Semi-Annual Review, it cannot be changed at a subsequent time. In the case of a gross ethical violation by the resident, the Resident Advisor and Program Director may appeal to the Resident Credentialing Committee in order to deny previously approved elements of training.

- a) If a resident is deemed **minimally acceptable** and continues their program on probation the following steps need to be taken:
 - i. The Resident Advisor should note any denied training during completion of the Semi-Annual Review.
 - ii. The Program Director is responsible for notification to the ACVS office within 30 days of a resident being on probation during a residency program at his/her institution. This letter/document should include the reason and effective date of probation of the resident.
 - ii. A letter from the ACVS office will be mailed to the resident in question acknowledging the notification of their probation in their program.

- iii. The resident's log will be updated to reflect any training denied in the Semi-Annual Review.
 - iv. If at the subsequent review, the resident is deemed satisfactory, the Program Director is responsible for notification to the ACVS office within 30 days of the second review of the continuation of the resident in question at his/her institution. The ACVS office will mail a document to the resident acknowledging their continuation of the program at the institution.
 - v. If at the subsequent review, the resident is deemed unsatisfactory, the steps below for discontinuation of the program are followed.
 - vi. All documentation relating to this matter must be included in the credentials application should the resident submit such an application at the completion of their program.
- b) If a resident is deemed **unsatisfactory** and is fired from their program or **voluntarily discontinues** the program, follow the steps outlined in ***Discontinuing a Residency Program***, p. 17.

2. The ACVS is responsible for:

- a) Evaluation of each resident's progress twice a year as documented in the Resident Training Log, and
- b) Communication of deficiencies to the Program Director, Resident Advisor and resident. If there are deficiencies deemed to be significant to the Resident Credentialing Committee's (RCC) ability to evaluate thoroughly a Resident's progress, the resident may be required to correct and resubmit training items.

VI. Filing of Residency Paperwork. Paperwork may be submitted to the ACVS office via:

- Email: residency@acvs.org
- Fax: 301-916-2287
- Mail: ACVS, 19785 Crystal Rock Drive Suite 305, Germantown, MD 20874

- A. Program Director's Statement: must be submitted within 30 days of the resident's start date.
- B. Statement of Compliance: must be submitted within 30 days of the resident's start date.
- C. Registration of Resident Advisor: must be submitted within the first calendar quarter of the start date.

VII. Residency Fees:

- A. Matriculation Fee: A matriculation fee of \$385 is assessed per resident. The fee must be received at the ACVS office within 30 days of the resident's program start date.* The matriculation fee is payable by check in U.S. funds or by MasterCard or Visa.

Residents will not receive confirmation of their programs and are not considered to be in a sanctioned program until the Program Director's Statement, Statement of Compliance, and the matriculation fee have been received by ACVS. After these items have been received, ACVS will confirm the program and grant the resident access to the Resident Training Log.

B. Transfer Fee: Residents switching from one program location to another program location during the course of their program will be charged a transfer fee of \$50. The fee must be received at the ACVS office within 30 days of the resident's program start date at the new location.

C. Payment of Fees

1. If paying fee by check, mail check and Matriculation/Transfer Fee Payment Authorization form to:

American College of Veterinary Surgeons
19785 Crystal Rock Drive, Suite 305
Germantown, MD 20874

The form can be downloaded from www.acvs.org/residents/documentation/.

2. If paying by MasterCard or Visa, choose one of the following options:

- Residents paying the fee themselves can submit payment online at www.acvs.org/residents/documentation/payments/. Note: the payment will be tied to the record of the person who is logged in to the website.
- fax the Matriculation/Transfer Fee Payment Authorization form to 301-916-2287
- mail to American College of Veterinary Surgeons, 19785 Crystal Rock Drive, Suite 305, Germantown, MD 20874 with Matriculation/Transfer Fee Payment Authorization form.

D. Refunds:

1. The matriculation fee is fully refundable if the Program Director's Statement and matriculation fee are received by ACVS prior to the resident's start date and ACVS receives written notification prior to the start date that the resident will not actually start.
2. The matriculation fee is refundable (less \$50 processing fee) if the resident leaves the program within the first 30 days after the residency program has started. The refund request must be sent in writing to ACVS within two weeks of program discontinuation.
3. The matriculation fee is not refundable in cases where the resident leaves the program after the first 30 days.
4. Transfer fees are not refundable.

VIII. **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, the resident can contact the Chair of the

Resident Credentialing Committee or the ACVS Ombuds. Issues that cannot be addressed by the Resident Credentialing Committee will be forwarded to the Board of Regents.

The Ombuds who can help facilitate issues that have not been resolved through traditional channels. The Ombuds serves as a neutral party during these negotiations.

Contact information for the Chair of the Resident Credentialing Committee and Ombuds can be obtained from the ACVS office.

- IX. **DISCONTINUING A RESIDENCY PROGRAM:** If a resident is deemed unsatisfactory and is fired from their program or voluntarily discontinues the program, the following steps need to be taken:
- A. The resident must finalize the Resident Training Log and submit for review.
 - B. The Resident Advisor must approve all outstanding items and submit a final Semi-Annual Review.
 - C. The Program Director must approve the final Semi-Annual Review.
 - D. The Program Director is responsible for notification to the ACVS office within 30 days of a resident discontinuing a residency program at his/her institution. This letter/document should include the reason and effective date of discontinuation of the program. If any part of the training does not count towards their residency training (as noted in the final Semi-Annual Review by the Resident Advisor), this should be made clear in this document.
 - E. A letter from the ACVS office will be mailed to the resident in question acknowledging the notification of discontinuation of the program.
 - F. The resident in question is responsible for notification to the ACVS office to indicate their intent to resume their residency training at another institution or to discontinue permanently their surgery residency training. If they resume their residency training at another institution, all documentation relating to this matter must be included in the credentials application should the resident submit such an application at the completion of their program.
 - G. If the resident does not notify the ACVS office about their intent within 60 days of receiving the letter from the ACVS office, a second certified letter will be mailed to the resident by the ACVS office stating permanent discontinuation of their program.

RESIDENCY PROGRAM OVERVIEW CHECKLIST

This list includes responsibilities of the Program Director, Resident Advisor and resident.

YEAR 1

- A. File Program Director's Statement (Form 1a) within first 30 days. The resident should retain a copy for the Credentials Application.
- B. File the Statement of Compliance (Form 1c) within first 30 days. The resident should retain a copy for the Credentials Application.
- C. Submit the matriculation fee to the ACVS office within the first 30 days of the program. The resident should retain a copy for the Credentials Application.
- D. Develop Residency plan (see ***Program Description***, pp. 3-17).
 - 1. Must include 110 weeks ACVS Diplomate supervised clinics, 18 weeks of Research/Manuscript time and appropriate weeks of Specialty Rotations.
 - 2. Specialty service training—appropriate number of weeks or hours in each required specialty (anesthesiology, diagnostic imaging, pathology, internal medicine/critical care).
 - 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.)
 - 5. Review Core Curriculum (Forms 2-EQ, 2-LA, 2-SA, p. 38-43)
- E. Initiate documentation of training using the web-based Resident Training Log. Submit items for verification by the Resident Advisor or approval by the appropriate specialty board Diplomate.
 - 1. Surgery cases
 - 2. Activity weeks
 - 3. Seminars
 - 4. Specialty service rotations
 - 5. Supervisors
- F. File Registration of Resident Advisor (Form 1b) within first calendar quarter. Retain copy.
- G. Review Examination Reading List (www.acvs.org/residents/examination) and plan study schedule to complete appropriate portions prior to spring of year two, when Phase I exam is offered.

- H. Hold performance and progress review with Resident Advisor (RA) twice yearly. The Resident Advisor should approve log items and complete a Semi-Annual Performance Review online. The Program Director needs to verify the review online.
- I. **Submit training for Resident Credentialing Committee review on or before February 1 and August 1.** The resident should complete entry of all log items in the Resident Training Log prior to each Semi-Annual Review and submit all items (weeks, seminars and cases) for Resident Advisor verification. All Year 1 training needs to be entered online and verified by the Resident Advisor on or before February 1 and August 1. The Program Director must verify the Semi-Annual reviews for the year before February 1 and August 1. The resident must acknowledge the Semi-Annual Review on or before February 1 and August 1. (***Resident Training Log***, p. 26)

Residents with less than 8 weeks of training completed prior to either February 1 or August 1 do not need to submit items for that review period. Residents with more than 8 weeks of training must submit items for review by the Resident Credentialing Committee. The RCC will only review up to 60 weeks of training at one time. Failure to submit items for RCC review in a timely manner may delay the submission of the credentials application at the end of Year 3.

- J. If desired, resident should send request for early publication review to the ACVS for arrival on or before August 1. (***Optional Early Review***, p. 12)
- K. Check Approved Journals List for current publications. If desired, submit petition to ACVS by August 1 to add journal to the list.
- L. 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.
- M. Residents who had items declined by the Resident Credentialing Committee should make changes and submit for review during the next RCC evaluation period (by August 1 or February 1.).

YEAR 2

- A. Continue to maintain the Resident Training Log. Review progress toward satisfactory completion of core curriculum and activity week requirements.
- B. Continue specialty training requirement. Training should be entered online and submitted for approval by the appropriate specialty board Diplomate.
- C. Continue with research project and publication preparation.
- D. Continue reading Phase I examination materials. Verify that minimum requirements have been met for Phase I examination. If eligible, apply for and take Phase I examination in spring of year 2. (***Certification Examination***, p. 30)
- E. Assess performance and progress in residency every 6 months with RA.

- F. All training items must be entered online by the resident and verified by the Resident Advisor for Year 2 before February 1 and August 1. The Program Director must verify the Semi-Annual Review before February 1 and August 1. The resident must acknowledge the Semi-Annual Review on or before February 1 and August 1.
- G. If desired, submit publication for early review by the Resident Credentialing Committee (must be received on or before August 1 at the ACVS office).
- H. If desired, submit request to the RCC for journal approval to the ACVS office on or before August 1 if targeted journal is not on the Approved Journals List.
- I. If not submitted in year 1, 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.
- J. Residents who had items declined by the Resident Credentialing Committee should make changes and submit for review during the next RCC evaluation period (by August 1 or February 1).

YEAR 3*

- A. Read the *Credentials Application Guidelines*. New guidelines are typically available in April.
- B. Continue to maintain all online documentation. Review progress in core curriculum and activity week requirements.
- C. Continue specialty training requirement. Submit rotations for approval by the specialty Diplomate as they are completed.
- D. Publication must be accepted before credentials application submission.
- E. Review proposed material for Phase II examination.
- F. Review performance and progress in residency every 6 months with RA.
- G. All training items must be entered online by the resident and verified by the Resident Advisor before February 1 and August 1. The Program Director must verify the Semi-Annual Review before February 1 and August 1. The resident must acknowledge the Semi-Annual Review on or before February 1 and August 1.
- H. Residents who had items declined by the Resident Credentialing Committee should make changes and submit for review during the next RCC evaluation period (by August 1 or February 1.)
- I. The Program Director must initiate Program Completion in the web-based log after verifying all training, completing the final Semi-Annual Review and approval by the Program Director of the final review.
- J. If submitting a Credentials Application at the end of the third year :

1. Print out a copy of the Requirements Summary and Core Curriculum Summary pages of the online logs.
 2. Print out a copy of the email notification of Program Completion.
 3. Include all other required materials as outlined in the *Credentials Application Guidelines*.
- K. Residents who wish to keep access to their case log data should export the cases from the Resident Training Log. Residents will lose access to the logs after a period of time.

**Residents who have not completed their 156 weeks before August 1 will need to continue into the fourth year.*

PARTICIPATION OF THE DIPLOMATE, AMERICAN COLLEGE OF VETERINARY SURGEONS:

- 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.
 - B. The Program Director must be present at 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**, p. 34-35) to the ACVS office. A copy of the Program Director's Statement can be obtained from the ACVS website (www.acvs.org/residents/documentation). Questions on page 2 of the form must be completed by the Program Director for all residents. 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’s training is not recognized by ACVS until this form is filed and the resident and Program Director have received confirmation of receipt of the Program Director’s Statement from the ACVS office via email. Requests for retroactive approval of programs will be denied.
 2. Program Directors must file a form for each resident under their supervision including transfers from other programs.

3. A current Program Director's Statement must be filed for each resident when the 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.
 4. The Program Director must provide individual email addresses for both the Program Director and the resident. All communication regarding the residency training program will be via email.
- F. The Program Director should ensure that the matriculation fee has been paid to the ACVS office within 30 days of each resident's program start date. In cases where a resident transfers to a program during their residency, the new Program Director should ensure that the transfer fee has been paid within 30 days of the date of transfer.
- G. The Program Director is responsible for assigning a Resident Advisor to each resident within the first calendar quarter after initiation of the residency program.
- H. 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 ACVS office or Chair of the Resident Credentialing Committee.
- I. The Program Director is encouraged to review the proposed Phase I examination reading material and plan for the resident to be trained on these materials during the first year and a half of the residency.
- New:** Incorporate Phase I exam reading into residency.
- J. The Program Director is responsible for evaluating the web-based Semi-Annual Reviews submitted by the Resident Advisor for each resident. All Semi-Annual Reviews must be verified within a timely manner. These reviews should be completed in conjunction with the twice-yearly evaluation of the resident. The first review must be completed and verified before **February 1** each year. The second review must be completed and verified before **August 1** each year (See p. 26-28 for a detailed explanation of process for using the Resident Training Log.)
- K. The Program Director is responsible for initiating Program Completion in the Resident Training Log system when a resident has completed all training requirements and all items have been input by the resident and verified by the Resident Advisor in the RTL.
- L. The Program Director is responsible for notifying the ACVS office within 30 days of a resident discontinuing a residency program at his/her institution, see ***Discontinuation of a Residency Program***, p. 17. This information should be included in the final Semi-Annual review completed for the resident by the Resident Advisor.
- II. **RESIDENT ADVISOR:** The Resident Advisor shall be responsible for administration and evaluation of the general and specific program requirements for the resident.
- A. The Resident Advisor must be a Diplomate of the ACVS in good standing.
 - 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**, p. 30) 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 downloaded from the ACVS website (www.acvs.org/residents/documentation). 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 the 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 confirmation of receipt of this form via email.
- 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. Conducting semi-annual progress and performance evaluations with the resident.
 - 2. Verification of all elements of the web-based Resident Training Log (pp. 26-28):
 - a) Verification of all surgery cases.
 - b) Verification of all activity weeks. Note: all supervisors must still be listed for the Activity Log, but only the Resident Advisor “signs off” on the weekly activity.
 - c) Verification of all seminars.
 - d) Completion of online Semi-Annual Reviews that document the resident’s attendance at rounds and the results of the semi-annual progress and performance evaluation and indicate whether the resident is continuing in the program. These reviews should be completed in conjunction with the twice-yearly evaluation of the resident. Denied training or probationary status must be noted at time of review. (**Evaluation of the Resident**, 1, p. 14).

All elements of the resident’s log (cases, weeks, seminars and Semi-Annual Reviews must be verified and submitted for RCC review together (**Resident Training Log**, pp. 26-28). The first six months of training review must be completed and verified before **February 1** each year. The second six months of training must be completed and verified before **August 1** each year.

Note: documentation of specific components of the resident’s training will not be submitted to the RCC until a Semi-Annual Review has been submitted by the Resident Advisor and approved by the Program Director for the six-month period during which those training items were completed.

- G. The Resident Advisor is encouraged to coordinate with the Program Director a plan for the resident to be trained in the material covered by the Phase I examination during the first year and a half of the residency.

New: Incorporate Phase I exam reading into residency.

- H. The Resident Advisor must provide an individual email address to the ACVS. All communication regarding the residency training program will be conducted via email.
- I. In the event a resident is not continuing in the program, the Resident Advisor will need to finalize the log, see *Discontinuing a Residency Program*, p. 17.

III. **DIPLOMATE SUPERVISOR:** Diplomat supervisors are responsible for day-to-day training of the resident.

- A. The Diplomat Supervisor must possess appropriate expertise for species germane to the training of the resident and procedure.
- B. Diplomat supervisors must provide appropriate in-house supervision to train the resident. A Diplomat must provide the following supervision (annotated in the Activity Log as a “Surgical Rotation Supervised by an ACVS Diplomat” week):

The definition of a supervised surgical rotation shall be the following: An ACVS Diplomat supervisor can be reached in person or by phone for consultation at all times. Should it be necessary, the ACVS Diplomat supervisor can be physically present to assist with clinical case management, including surgery. If an ACVS Diplomat is not able to be physically present, the resident is not considered adequately supervised under this definition.

New: Updated definition of supervision.

- C. At least 50% of each Core Curriculum Category (**ACVS Forms 2-EQ, 2-LA and 2-SA**, pp. 38-43) must be directly supervised by a Diplomat of the ACVS or, when appropriate, by a Diplomat of ACVIM-Neurology, a Diplomat of ACVO or a Diplomat of AVDC. Direct supervision is defined as the Diplomat being present at the operating table or in the operating room.
- D. One Diplomat may supervise up to two (2) residents concurrently while active on the clinic floor.
- E. Recently board certified veterinary surgeons can be counted as Diplomat supervisors beginning with the final date of the ACVS Certification Examination.
- F. All ACVS Diplomates have records in the Resident Training Log system. All Diplomat Supervisors will need to be added to the Supervisors section of each resident’s log as needed; residents should search by last name to do so. An email address is required for all supervisors.

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

DOCUMENTATION OF TRAINING BY THE RESIDENT AND RESIDENT RESPONSIBILITIES

The resident is responsible for:

- I. Ensuring that the Program Director's Statement (Form 1a) has been received by ACVS within 30 days of the start date of the residency program or within 30 days of the start date at a new program location if a resident transfers. The resident should also verify that the information sent in the confirmation email from ACVS acknowledging receipt of the Program Director's Statement is accurate. *The resident should keep a copy of the Program Director's Statement.*
- II. Ensuring that the matriculation fee (pp. 15-16) has been paid within 30 days of the start of the residency program. If a resident transfers programs, the resident should ensure that the transfer fee has been paid within 30 days of the start at the new location. While the fee may be paid by either the residency program location or by the resident, **it is ultimately the resident's responsibility to ensure payment of the fee.**
- III. Ensuring that the Statement of Compliance to ACVS Residency Program Guidelines (Form 1c) is submitted to the ACVS office within 30 days of the start of the residency program. *The resident should keep a copy of the Statement of Compliance.*
- IV. Ensuring that the Registration of Resident Advisor (Form 1b) has been sent to the ACVS office within the first calendar quarter of the start of the residency program. Additionally, the resident should verify that the information sent in the confirmation email from ACVS acknowledging receipt of the Registration of Resident Advisor is accurate. *The resident should keep a copy of the Registration of Resident Advisor.*
- V. Completion of all veterinary surgery residency program requirements as defined in these guidelines, effective July 1, 2014 – December 31, 2014.
- VI. Documentation of completion of all requirements using the web-based Resident Training Log: surgery cases, activity weeks, seminars, specialty service rotations and supervisor information. Items entered should be submitted for verification by the Resident Advisor or specialty service rotation supervisor. All training entries should be completed online prior to each semi-annual performance evaluation.

Training items are to be logged in intervals of the previous 6 months only.

In instances where cases, weeks or seminars have been inadvertently left out of the log and the resident wishes to add them at a future date, accompanying documentation must be provided to confirm the resident's involvement (i.e., anesthesia record, surgery report, etc. which state the resident's name as a participant in the case, or a letter from the Diplomate supervisor for verification of a seminar or Activity Week).

All training items must be ready for review by the Resident Credentialing Committee before February 1 and August 1 each year. This requires that items be entered by the resident, submitted for Resident Advisor verification and for Program Director approval before **February 1** or **August 1**;

see ***Sequence of Responsibilities*** (pp. 27-28). Please take these deadlines into consideration when completing your documentation.

- VII. Review of any items that have been declined by either the Resident Advisor or the Resident Credentialing Committee (RCC). Items declined by the RCC should be reviewed with the Program Director and Resident Advisor. These items should be deleted from the online system or amended as indicated by the Resident Advisor or RCC reviewers and submitted for further evaluation.
- VIII. Review of the proposed Phase I examination reading list and studying the material during the first year and a half of the residency. (***Certification Examination***, p. 31)

New: Incorporate Phase I exam reading into residency.

RESIDENT TRAINING LOG

The Resident Training Log is the web-based residency documentation and evaluation program. The Program Director (PD), Resident Advisor (RA), resident and ACVS have responsibilities for documentation and verification of satisfactory training for each resident. It is strongly recommended that each participant in a Residency Program review the entire **Program Description** (pp. 3-18) of an ACVS Veterinary Surgery Residency Program.

All communication from the ACVS office regarding the Resident Training Log program will come from residency@acvs.org. Please add this address to your list of safe senders.

The Resident Credentialing Committee reviews logs two times per year. The first 6 months of training must be submitted by the resident and verified by the Resident Advisor before **February 1**. The second six months must be submitted and verified before **August 1**. The Resident Training Log will prevent items from reaching the Resident Credentialing Committee for review if they have not been submitted and approved on time (as documented in items C-I below). **A delay in this process could result in a delay of Credentials Application submission, examination and board certification.**

I. SEQUENCE OF RESPONSIBILITIES:

- A. Upon receipt of the Program Director's Statement, Statement of Compliance and matriculation fee at the ACVS office, ACVS will add the resident to the Resident Training Log database. An email notification will be sent to the resident regarding receipt of Form 1a; a copy of the email will be sent to the PD. A separate email will be sent to the resident with instructions and login information for the Resident Training Log.
- B. Upon receipt of the Registration of Resident Advisor, ACVS will add the RA to the resident's profile. An email notification will be sent to the resident regarding receipt of Form 1b; a copy of the email will be sent to the RA.
- C. The resident should begin entering cases, activity weeks, seminars, specialty service rotations and supervisors in the online log. The resident should submit all training items for verification by the RA once the advisor has been added to the online system.
- D. The RA should verify or decline all items in the Resident Training Log that have been submitted by the resident and are awaiting RA review.
- E. The resident will receive email notification regarding changes to be made to any item declined by the RA. The resident should make all necessary changes and resubmit the item for RA review. Similarly should the Resident Credentialing Committee (RCC) decline items later in the process, the resident should make changes as indicated and submit again.
- F. After the first six months of the training program, the RA should conduct a performance and progress evaluation. The RA should then complete a Semi-Annual Review in the Resident Training Log that reflects the results of the evaluation of the resident. This review should indicate the resident's attendance at rounds and whether the resident is continuing in the program.

Note: The Resident Credentialing Committee will review no more than 60 weeks of training in any given year. Residents who have more than 8 weeks of training prior to the upcoming log review deadline (February 1 or August 1) must submit their training for review following steps C-H in this section.

- G. The PD should approve or decline the Semi-Annual Review as completed by the RA.
- H. The resident will receive email notification that the Semi-Annual Review is complete and should acknowledge that he/she has seen the review. The resident must acknowledge in the log that he/she has seen the review. Acknowledgement does not indicate agreement with content of the review.
- I. Following acknowledgement of the Semi-Annual Review by the resident, all items that have been verified by the RA and fall within the six-month period of the review will be submitted for potential RCC review.
- J. A process is run by the log system after the February 1 and August 1 deadlines to ensure that only items submitted on time (all steps C-I) will be sent for RCC review for the upcoming period. A waiver of these deadlines will be granted only in extreme circumstances and must receive approval from the Resident Credentialing Committee and the ACVS Board of Regents.
- K. Steps C-H should be repeated for each six-month period of the residency program.
- L. Two members of the RCC will review all training log items that have been submitted for RCC review before February 1 and August 1 each year. Should the RCC decline an item (see item M), the resident will receive an email notification regarding the changes to be made to the item. All items approved by the RCC will appear in the "Approved" column of the Requirements Summary and will count toward successful completion of ACVS requirements. Committee reviews will be completed by May 1 for the February 1 deadline and by November 1 for the August 1 deadline.
- M. The resident will receive email notification of any items reviewed and declined by the RCC. Items that are declined must be corrected and resubmitted by the resident for the subsequent review period (e.g., an item which is declined during the February – May review period must be corrected and resubmitted by the resident and re-verified by the Resident Advisor for the August – October review period).
- N. At the end of the residency program, the Program Director must indicate Program Completion in the Resident Training Log after all training has been verified by the RA and the final Semi-Annual Review has been verified by the RA and PD.

II. **ACCESSING THE RESIDENT TRAINING LOG:**

- A. The Resident Training Log is located at <http://rtl.acvs.org>.
- B. Residents will be emailed their login information when they are added to the system.
- C. Program Directors, Resident Advisors and RCC members should use their standard ACVS website login and password. If you are unsure of this information, click the Forgot Your Password link on the main page of the website.

- D. After login, residents will see the requirements summary page. Program Directors, Resident Advisors and RCC reviewers will be taken to a list of all residents for whom they are responsible.
- E. All screens in the Resident Training Log have instructions links which explain the purpose of the screen as well as any actions that can be performed. Instructions vary depending on the particular role of the user. “Log Recommendations for Residents” can be downloaded in PDF format from the ACVS website: www.acvs.org/residents/resource-documents.

CREDENTIALS APPLICATION

Following completion of the Veterinary Surgery Residency Program, residents may submit a Credentials Application to the Resident Credentialing Committee (c/o the ACVS office) to determine eligibility to take the Phase II Surgical Competency Examination. Completed applications must arrive at the ACVS office **on or before August 1** of the year preceding the anticipated examination, unless an extension has been granted by the Board of Regents.

Each applicant must use the Credentials Application and follow the instructions for submission published the year in which he/she submits credentials. The *Credentials Application Guidelines* are published each year in April and are available on the ACVS website at www.acvs.org/residents/credentials-application.

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 resident's second program year. The petition must be made in writing and sent to the Board in care of the ACVS office for arrival on or before August 1.

Residents must submit a credentials application within five years of completion of the residency program. The applicant must meet all residency program requirements in effect at the start of the residency program.

The application material includes:

- Credentials Application form
- Letter of Reference Forms
- Publication or proof of previously approved publication
- Program Director's Statement, Registration of Resident Advisor, Statement of Compliance
- Resident Training Log information
- External Surgical Rotation Form
- Proof of successful completion of the Phase I Surgical Knowledge Examination
- Additional documentation

CERTIFICATION EXAMINATION

The ACVS Certification Examination consists of two parts: Phase I Surgical Knowledge and Phase II Surgical Competency. It is highly recommended that Phase I be taken during year 2 of the residency. Phase II is taken after the residency.

New: Two-part examination

A suggested reading list is available at www.acvs.org/residents/examination. Program Directors and Resident Advisors are encouraged to review the reading list and the overview of the contents of the Phase I examination, and to develop a plan to cover this material during the first year and a half of the residency. Residents are ultimately responsible for preparing for the examination.

Eligible residents may take Phase I during the spring of their second year of training. **In order to be eligible to take the Phase I examination a resident must submit all components of their training for review by the Resident Credentialing Committee for each review cycle, and document the following:**

- two satisfactory Semi-Annual Reviews,
- a minimum of 52 activity weeks completed and approved by the Resident Credentialing Committee, and
- a minimum of two seminars completed and approved by the RCC.

It is not mandatory that the Phase I examination be taken in year 2, but the Phase I examination must be completed and passed before the candidate is eligible to take the Phase II examination.

The Phase I examination will take place at regional testing centers in the U.S and Canada. ACVS will publish examination information in the fall of 2015, including a final reading list and examination fees. This information will be emailed to eligible residents.

Phase II will be offered in the first three months of the year following the end of the residency. In order to be eligible to take the Phase II examination all residency training requirements must be completed and approved by the RCC; the Phase I exam must be successfully passed; and a Credentials Application must be approved by the RCC and Board of Regents.

Phase I Surgical Knowledge Examination

The Phase I Surgical Knowledge Examination will be comprised of multiple-choice questions covering the areas of gastrointestinal, cardiovascular, respiratory, musculoskeletal, urogenital, neurological/special senses, integumentary, and endocrine (for small animal only) physiology and disease pathogenesis. Within body systems, questions will be asked on the basic sciences (anatomy, physiology, pathology). Non-system-specific questions will be asked pertaining to pharmacology and surgical and anesthetic principles. This examination will not include current literature from journals or specific surgical procedures.

Phase II Surgical Competency Examination

The specific format of the exam is under development, but is anticipated to be multiple sections testing clinical recognition, diagnostic interpretation, application of surgical principles, and case management prior to, during and after surgery. In some sections, candidates will be provided visual images (still and

videos), as well as written information. Material may depict anatomic specimens, instruments, surgical diseases, pathologic and histologic specimens, and imaging studies. Upon viewing the material, the candidate will be asked a series of questions pertaining to the images or the topic in general. Some questions will require specific knowledge of current literature from recommended journals. Candidates should be prepared to answer questions covering all areas of surgical practice. A more specific format of the Phase II examination will be published 6 months before the exam is administered.

Failure to successfully complete the Phase II examination in three attempts will require submission of a new Credentials Application to the Resident Credentialing Committee and successful completion of the Phase I Surgical Knowledge examination again prior to taking the Phase II examination again.

LIST OF FORMS AND DOCUMENTS USED IN ACVS RESIDENCY PROGRAMS

These forms will be used by the resident, Resident Advisor, and Program Director. They can be downloaded from the ACVS website at www.acvs.org/residents/documentation/.

I. 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’s training program is not recognized by ACVS until this form is filed. Requests for retroactive approval of programs 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.

II. 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 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 the Resident Advisor changes.

III. ACVS FORM 1C – STATEMENT OF COMPLIANCE TO ACVS RESIDENCY PROGRAM GUIDELINES

The resident is required to submit the Statement of Compliance within 30 days after the start of the resident’s program.

IV. 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).

- A. 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.
- B. 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 as supervised surgery rotations.
- C. 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 as supervised surgery rotations.

- D. 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 as supervised surgery rotations.

V. **EXTERNAL SURGICAL ROTATION FORM**

If a resident fulfills part of their surgical requirements in a different institution from their primary institution/hospital, an **External Surgical Rotation Form** must be submitted by the resident. The External Surgical Rotation Form must be signed by the veterinarian supervising the case for each case which the resident scrubs in on during the out-rotation. This form is to be submitted with the Credentials Application as part of the residency documentation. It must be signed by both the resident and Resident Advisor. Note, the resident must also include all of these cases in their online log as well. If a resident performs cases at multiple external sites, a separate form must be submitted for each location.

VI. **APPROVED JOURNALS LIST**

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 resident's training is not recognized by ACVS until the Program Director's Statement, Statement of Compliance, and the matriculation fee/transfer fee have been received by the ACVS office. 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 ACVS *Residency Program Guidelines*, including the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons, 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. This practice employs a minimum of two full-time ACVS Diplomates who are clinically active and possess appropriate species expertise for this resident, and the ratio of residents to full-time ACVS Diplomates is no more than 2:1.

I understand my responsibilities in training this resident, including ensuring that the resident not only meets the minimum requirements as outlined in the *Guidelines*, but also meets the criteria for acceptance into the College: has a satisfactory moral and ethical standing in the veterinary profession and a commitment to the constitutional objectives of the ACVS. I understand that it is my responsibility to ensure, to the best of my ability, that the information presented by the resident in the web based Resident Training Log documentation system is complete and accurate.

I verify that this resident has fulfilled the prerequisite requirements for admission to the program and has initiated a residency training program as indicated.

Resident Name: _____ Resident's Start Date: _____

Residency Program Location Name: _____

Type of Program: Large Animal – Equine Emphasis Large Animal – General Small Animal

Program Director:

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Resident: _____ Degree: _____

Address: _____

Phone: _____ Email: _____

Veterinary School: _____ Year Graduated: _____

Internship Site: _____ Year Completed: _____

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

This form indicates a transfer of the resident to a new residency program location.

Previous Program Director (Print Name): _____

Date change becomes effective: _____

To be completed by the Program Director for all residents:

Resident's Name: _____

1. List names of full-time, clinically active Diplomates involved in resident training at this facility:

To facilitate your resident's progress through the residency evaluation system, please answer the following:

2. Is this a full-time (three-year) program? Yes No

If no, please provide a detailed explanation of the alternate training pathway.

3. Will training in this program occur at a single institution (i.e., residents will not have to rotate offsite to fulfill any requirements)? Yes No

If no, please provide a detailed explanation of which portions of the training will be outsourced (cases, weeks, specialty service rotations).

Sample

4. Will this resident's diagnostic imaging or pathology training be assigned as hours or weeks? Weeks Hours

Please provide a detailed explanation of this training.

Please notify the ACVS office of any major changes in the resident's program that would alter the answers given above.

For Office Use Only

Received at ACVS Office:

Official Start Date: _____

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's training is not recognized by ACVS until the Program Director's Statement, Statement of Compliance, and the matriculation fee/transfer fee have been received by the ACVS office. 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 ACVS *Residency Program Guidelines* as adopted by the American College of Veterinary Surgeons. I understand my role and agree to perform and oversee the training, resident logs, and evaluation of the resident, including ensuring that the resident not only meets the minimum requirements as outlined in the *Guidelines*, but also meets the criteria for acceptance into the College: has a satisfactory moral and ethical standing in the veterinary profession and a commitment to the constitutional objectives of the ACVS. I understand that it is my responsibility to ensure, to the best of my ability, that the information presented by the resident in the web based Resident Training Log documentation system is complete and accurate.

Effective _____ (month/day/year), I have begun supervising _____
(resident's name) at _____ (institution/practice).

Resident Advisor:

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Resident:

Address: _____

Phone: _____ Email: _____

- Check if applicable: This form indicates a change in Resident Advisor for an existing resident.
 This form indicates a transfer of the resident to a new residency program location.

Previous Resident Advisor: _____

Date change becomes effective: _____

STATEMENT OF COMPLIANCE TO ACVS RESIDENCY PROGRAM GUIDELINES

This form must be submitted by the resident to the ACVS office within 30 days after the start of the program. The resident should give a copy of the form to the Program Director.

I have read the current ACVS *Residency Program Guidelines* as adopted by the American College of Veterinary Surgeons. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my residency training and/or acceptance of my Credentials Application and may be reason for termination of my residency program and/or permanent disqualification of my application.

Resident: _____

Signature: _____ Date: _____

Residency Program Location: _____

Preferred contact information:

Address: Home Work

Sample

Phone: Home Work Mobile _____

Email: Home Work _____

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. 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. Animals undergoing bilateral procedures may be counted only once per anesthetic period in the case log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. All residency requirements must be met within six (6) consecutive years of program initiation.

New: Angular Limb requirements changed, periosteal stripping removed.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	45	23
Surgical Treatment of Angular Limb Deformities Such as transphyseal bridging.	4	4
Arthroscopic Surgery Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	30	15
Surgery of the Foot Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	3
Fracture Fixation Such as procedures utilizing bone plates and/or screws for fracture stabilization or arthrodesis. Do not include orthopedic implant removal or jaw wiring.	7	4
Ophthalmic Surgery Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	1
Tendon/Ligament Injuries and Deformities Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	5

LARGE ANIMAL CURRICULUM (EQUINE EMPHASIS) continuation

Category	Minimum Surgeries	Minimum Directly Supervised
Upper Respiratory Surgery Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	30	15
Urogenital Surgery Such as castrations with primary closure/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	15	8
Wounds, Reconstructions and Debridements Including abdominal and inguinal hernia repair (excluding strangulating).	25	13
Subtotal of specified procedures:	173	
Minimum of an additional 127 surgeries of any type, excluding routine procedures. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the Other category . Surgeries such as jaw wiring and mandibular tooth extraction should be classified as Other. Surgeries classified in the Other category do not contribute toward the required number of Directly Supervised surgeries.	127	
TOTAL PROCEDURES:	300	

* 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.

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. 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. Animals undergoing bilateral procedures may be counted only once per anesthetic period in the case log. Animals undergoing separate anesthetic episodes can be counted as undergoing separate procedures. All residency requirements must be met within six (6) consecutive years of program initiation.

New: Angular Limb requirements changed, periosteal stripping removed.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Such as colic/gastrointestinal surgeries or intra-abdominal exploration.	52	26
Surgical Treatment of Angular Limb Deformities Such as transphyseal bridging.	4	4
Arthroscopic Surgery Such as carpus, fetlock, tarsocrural joint, femoropatellar joint and femorotibial joint.	15	8
Surgery of the Foot Such as debridement of osteomyelitis, neurectomy and wounds of the foot.	5	3
Fracture Fixation Such as procedures utilizing bone plates and/or screws for fracture stabilization or arthrodesis. Do not include orthopedic implant removal or jaw wiring.	5	3
Ophthalmic Surgery Such as eyelid lacerations, corneal-scleral transpositions, orbital reconstruction and orbital fractures.	2	1
Tendon/Ligament Injuries and Deformities Such as distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures, including tenoscopy.	10	5

LARGE ANIMAL CURRICULUM (GENERAL) continuation

Category	Minimum Surgeries	Minimum Directly Supervised
Upper Respiratory Surgery Such as prosthetic laryngoplasty and dental/paranasal sinus procedures. Tooth extracts not involving the paranasal sinuses should not be included in this category.	25	13
Urogenital Surgery Such as castration with primary closure/surgery of the penis, cryptorchidectomy, rectovaginal procedures (lacerations, fistulae, urethroplasty), ovariectomy, ruptured bladder, caesarean section, patent urachus, and laparoscopic ovariectomy and cryptorchidectomy.	20	10
Wounds, Reconstructions and Debridements Including abdominal and inguinal hernia repair (excluding strangulating).	25	13
Subtotal of specified procedures:	163	
Minimum of an additional 137 surgeries of any type, excluding routine procedures. Please note that additional surgical procedures should be classified under the categories listed above; if this is not possible, use the Other category. Surgeries such as jaw wiring and mandibular tooth extraction should be classified as Other. Surgeries classified in the Other category do not contribute toward the required number of Directly Supervised surgeries.	137	
TOTAL PROCEDURES:	300	

* 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.

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. Only one procedure per animal per anesthetic period may be counted in the Core Curriculum log. All residency requirements must be met within six (6) consecutive years of program initiation. Effective July 1, 2014, the Minimally Invasive Surgery Core Curriculum Category is split into two categories for all new small animal residents.

New: MIS split into two categories.

Category	Minimum Surgeries	Minimum Directly Supervised
Abdominal Surgery Abdominal surgery not associated with the gastrointestinal or urogenital tract, such as adrenalectomy, splenectomy, inguinal hernia and diaphragmatic hernia.	10	5
Gastrointestinal Surgery Such as exploratory with biopsies of liver or intestines, intestinal resection/anastomosis, partial gastrectomy, liver lobe excision, partial colectomy, portosystemic shunt ligation, gastropexy, cholecystectomy, and cholecystoenterostomy.	50	25
Head/Neck Surgery 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	13
Minimally Invasive Surgery - Arthroscopy	15	8
Minimally Invasive Surgery – Laparoscopy/Thoracoscopy Do not include cases that are considered interventional therapy, i.e., those that are directed at palliative or definitive treatment by manipulation of tissue without incision.	5	5
Neurologic Surgery Such as intervertebral disc decompression/fenestration, thoracolumbar spinal fracture stabilization, atlantoaxial stabilization and lumbosacral disease.	40	20

SMALL ANIMAL CURRICULUM continuation

Category	Minimum Surgeries	Minimum Directly Supervised
<p>Orthopedic Surgery Such as cruciate ligament repair, arthrodesis, fracture repair with external or internal fixation, total hip replacement, femoral head and neck ostectomy, triple pelvic osteotomy, joint exploration and mandibular fracture repair. Do not include cast placement or external fixator removal.</p>	130	65
<p>Skin/Reconstructive Surgery Such as skin graft, pedicle flap, axial pattern flap, degloving injuries, perianal fistulas, perineal hernia, removal of major superficial tumors, mastectomy, limb amputation, and anal saccullectomy. Do not include uncomplicated removal of cutaneous or subcutaneous masses.</p>	35	18
<p>Thoracic Surgery Such as exploratory thoracotomy, including sternotomy, ligation of patent ductus arteriosus, lung lobectomy, esophagotomy, and pericardiectomy. Do not include thoracostomy tube placement.</p>	20	10
<p>Urogenital Surgery Such as cystotomy, ectopic ureter repair, perineal or scrotal urethrostomy, prescrotal urethrotomy, nephrectomy, ovariohysterectomy for pyometra, and prostatic surgery.</p>	35	18
Subtotal of specified procedures:	365	
<p>Minimum of an additional 35 surgeries of any type (to exclude routine ovariohysterectomies, castration, declaws, dental prophylaxis and other minor procedures). Please note that additional surgical procedures should be classified under the categories listed above.</p>	35	
TOTAL PROCEDURES:	400	

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 and Comparative
Oncology
Journal of Veterinary Cardiology
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 Immunology and Immunopathology
Journal
Veterinary Pathology
Veterinary Radiology and Ultrasound
Veterinary Record
Veterinary Surgery
Veterinary Therapeutics: Research in Applied
Veterinary Medicine

NON-VETERINARY JOURNALS

Acta Biomaterialia
American Heart Journal
American Journal of Pathology
American Journal of Physiology
American Journal of Surgery
American Journal of Sports Medicine, The
Anatomical Record
Anesthesiology
Annals of Surgery
Arthritis and Rheumatism
Arthroscopy: The Journal of Arthroscopic and
Related Surgery
Bone
Cancer
Clinical Orthopaedics and Related Research
Journal of Applied Physiology
Journal of Biomedical Materials Research
Part A
Journal of Bone and Joint Surgery
Journal of Bone and Mineral Research
Journal of Cell Biology
Journal of Clinical Investigation
Journal of Experimental Biology
Journal of Foot and Ankle Surgery
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. 12.

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