

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

ALTERNATIVE RESIDENCY TRAINING PROGRAM PLAN

The ACVSMR Residency Committee provides this checklist to assist the Program Director to determine that their proposed residency will meet the college's guidelines. This form should be completed and returned with your Resident Registration Form. You should also make a copy for your records.

A. Residents information:

Name: _____

Department: _____

Hospital or University: _____

Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____

B. Program Director's information: (Note: The program director must be an ACVSMR diplomate in good standing)

Name: _____

Department: _____

Hospital or University: _____

Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____

C. Is the program director familiar with current standard training program requirements as outlined in the current ACVSMR residency guidelines?

Yes _____ No _____

D. The species-focus of the residency training program:

Canine _____ Equine _____

Part 2: RESIDENCY TRAINING PROGRAM INFORMATION

The following questions help determine how well your program meets the residency requirements outlined in the ACVSMR residency. Each question represents a requirement. A No answer should be justified and alternatives identified. Justifications and alternatives may be provided in an additional document if needed.

- A.** Will the trainee spend a minimum of 72 weeks in a clinical rotation performing sports medicine and rehabilitation-related activities under the supervision of an ACVSMR diplomate? Supervision is defined as the trainee and the ACVSMR diplomate participating in clinical practice managing sports medicine and/or rehabilitation cases as their primary clinical duties.

Yes _____ No _____

If No, please describe in detail:

- B.** Will the trainee spend an additional 20 weeks in clinical rotations under the supervision of other board-certified specialists?

Radiology or imaging: 6 weeks Yes _____ No _____

Surgery: 6 weeks Yes _____ No _____

Neurology: 3 weeks (Canine only) Yes _____ No _____

Internal medicine: 3 weeks (Canine) Yes _____ No _____

Internal medicine: 6 weeks (Equine) Yes _____ No _____

Pain management: 2 weeks Yes _____ No _____

Radiology or Imaging:

Mentors: _____

Experience and training in reading (and obtaining) plain radiographs, CTs, nuclear scintigraphy, MRI, and ultrasonography will be obtained during this rotation. The resident will spend clinic hours under direct supervision of the respective mentor(s).

Surgery:

Mentors: _____

The resident will actively participate and guide the work-up of referred cases. Responsibilities include examination, diagnosis and development of a treatment plan for cases presented to the surgery service. Patient monitoring, participation in surgery, surgical planning and preparation and follow-up as well as participation in daily rounds is also required. Reading and knowledge of current literature pertaining to areas of particular interest (orthopedic maladies treatment and outcomes) will be expected. Emphasis should be placed upon exposure to sports-related cases, minimally invasive procedures, and regenerative medicine.

Neurology (Canine only):

Mentors: _____

The resident will actively participate and guide the work-up of referred cases. Responsibilities include examination, diagnosis and development of a treatment plan for cases presented to the neurology service. Patient monitoring and follow-up as well as participation in daily rounds is also required. Reading and knowledge of current literature pertaining to rehabilitation will be expected.

Internal Medicine:

Mentors: _____

The resident will actively participate and guide the work-up of referred cases. Responsibilities include examination, diagnosis and development of a treatment plan for cases presented to the internal medicine service. Patient monitoring and follow-up as well as participation in daily rounds is also required. Emphasis should be placed upon sports-related cases, exercise physiology, and nutrition.

Pain Management:

Mentors: _____

The resident will be responsible for diagnosis, monitoring, and treatment of acute and chronic pain conditions in animals. This rotation can be with the anesthesia service or with a veterinarian certified in veterinary pain management. Exposure to acupuncture and physical modalities should be emphasized.

C. Will the trainee spend an additional 38 weeks training in independent study-related activities in sport medicine and rehabilitation? This requirement will not necessarily be under direct supervision, in clinics, or in activities related to writing, teaching or obtaining experience with other required specialists, but it will be tailored to include areas relevant to professional development of the resident (i.e., stem cell therapy, human rehabilitation observation, etc.). This requirement is not intended to include personal vacations or professional meetings.

Yes _____ No _____

D. Is a complete medical record, using a problem-oriented (SOAP) veterinary medical record system maintained for each individual patient and is retrievable?

Yes _____ No _____

E. Will the trainee participate in clinical rounds on a daily basis while on clinical rotations? A clinical rotation consists of a supervising diplomate being available for direct supervision for minimally 20 hours out of a 40-hour training week. Training weeks begin on the same day of the week throughout the residency.

Yes _____ No _____

F. Please indicate the availability of the following equipment and facilities. Indicate if the equipment is available at the primary training site or at a different location.

Equipment or Facilities	Availability (Yes/No)	Location: On-site (Yes/No)	Location: Off-site (Yes/No)
Radiography			
Ultrasonography			
Surgical Facilities			
Magnetic Resonance Imaging			
Computed Tomography			
Endoscopy			
Arthroscopy			
Clinical/Anatomic Pathology			
Electrocardiology			
Blood Pressure Monitoring			
Electromyography			
Computerized Medical Records			
Veterinary or Medical Library			
Intensive Care Facility (24 hours)			
Rehabilitation Facility			

H. Will the residents see approximately 400 canine cases or 300 equine cases during residency training program under the guidelines of the canine and equine sub- specialties?

Yes _____ No _____

I. Will the trainee spend 250 hours during the residency training program attending journal clubs, continuing education, audited classes, or seminars?

Yes _____ No _____

J. Is the trainee required to give one or more formal presentations at a national or international conference or in an educational setting on a yearly basis?

Yes _____ No _____

K. Will the resident attend major veterinary medical, rehabilitation, sports medicine, or medical meetings during their training?

Yes _____ No _____

L. Does the training program require a research project?

Yes _____ No _____

M. Will one or more publications be required as part of the training program? Residents are required to be first author on at least one a peer-reviewed, hypothesis-driven publication related to veterinary sports medicine or rehabilitation?

Yes _____ No _____

N. Will the trainee meet at least twice per year with their program director to evaluate their performance, review their progress in the program, and to assess whether or not their training program is proceeding as described in this document?

Yes _____ No _____

O. Will a dated, written summary of this evaluation (i.e., progress report) be available for the ACVSMR Residency Committee to review if needed?

Yes _____ No _____

P. Please provide a general description of the structure of the residency training program provided for trainees in sports medicine and rehabilitation. This should include: the length and number of clinical rotations per year; distribution of time allocated for research, writing, exam preparation, other scholarly activity and vacation; and distribution of time allocated to external rotations, if this is a multi-site program. Please list the approximate time spent in each activity in weeks per year. If the time changes from year to year during the program, please specify.

Activity	Approximate time (weeks/year)
Teaching - Lectures	
Teaching - Laboratories	
Clinical rotations (on site)	
External clinical rotations	
Research activities	
Writing case reports or manuscripts	
Continuing education	
Other scholarly activities	
Board examination preparation	
Vacation	

Q. Please list the trainees currently participating in your residency training programs, the beginning date of the program, expected ending date and the designated ACVSMR program director.

Candidate/Resident	Start Date	End Date

Residents must register the start date of their residency training program with the ACVSMR Residency Committee within 30 days of the actual start date. Failure to register or registration after the 30-day deadline may jeopardize the certification process as the resident training program may not be recognized or accepted.

Signature of Resident: _____ Date: _____

Signature of Program Director: _____ Date: _____