

NEUROLOGY RESIDENCY

Supplement

A. Case Management

1. Residents will receive referral neurology cases and will have primary case responsibility for those cases. Supervision of those cases will be done by the neurologist assigned to primary clinic duty or to back-up duty. This supervision will include a physical and neurologic examination for all hospitalized referral patients and a discussion of diagnostic plan and treatments. Referral ICU patients may need daily supervision. The resident should get the supervising clinician's approval for all major procedures. If other subspecialty consultation is needed, approval from the supervising senior clinician is required prior to getting the consult for the first 6 months. The resident will be responsible for communication with referring veterinarians: the initial phone call after admission, after 2- or more days of hospitalization, discharge phone call, discharge instructions, complete referral letter mailed/faxed at the time of patient discharge, and communication of any follow-up information (necropsy report, immunofluorescent report, etc.). Documentation of communication with referring veterinarians must be maintained in the medical record by the resident for audit by the Section Chief or the supervising senior clinician. The supervising senior clinician must review and co-sign all referral letters until chief residency is attained.
2. The resident, after consultation with the supervising neurologist, will perform all in-house consultations and will receive all referral emergency cases transferred to neurology service from medical or surgical services. Emergency cases will be transferred at 7:30 am on the first regular workday after the case was admitted. The resident also will receive daytime neurology emergency referrals, or daytime emergency referrals transferred from other services.
3. Neurology residents will be expected to develop basic neurosurgical skills. This will be accomplished by rotation through soft-tissue surgical services early in the residency training period to develop basic tissue handling techniques and will be followed by assisting faculty surgeons with selected procedures. Once the resident has demonstrated adequate neurosurgical skills, they will be expected to perform routine emergency neurosurgical procedures on a rotating schedule with other residents under supervision of the faculty member on clinic duty.
4. Neurology residents will participate in rotating hospital emergency duty. The clinician on medicine back-up will be responsible for supervision of all referral emergency cases handled after hours by the resident.

5. Appropriate professional appearance is mandatory whenever client contact is possible.

B. Student Teaching

Residents will be responsible for using clinical cases in an instructional fashion for senior veterinary students. Problem-oriented medical records must be reviewed daily with appropriate comments and corrections noted. The student's initial history, physical examination, temporary problem list, broad categories of rule outs and diagnostic plan must be briefly critiqued before examining a case. Corrections, additions or omissions need to be immediately added to the history and physical examination forms. Each case should be discussed daily on an individual basis with the student managing the case. The resident must handle most client communications, but responsibility can be given to the student at appropriate times. Residents should assist the student with all routine diagnostic procedures, and only perform the procedures themselves when the student has failed, or the procedure carries significant risk to the patient. The senior supervising clinicians will aid with difficult diagnostic procedures. Residents may be asked to lead problem-oriented rounds when their case is discussed, and will be required to develop suitable didactic rounds materials for presentation to students. The resident should also provide support, consultation, assistance, guidance, and supervision to the Small Animal interns, Cardiology, Community Practice, Internal Medicine, and Surgery residents.

C. Classroom Teaching

Limited time as a laboratory assistant may be assigned at the discretion of the Resident Advisor. Up to five hours of lecture will be assigned by the advisor to be delivered during the second or third year of residency in the general area of neurology (i.e. neuroanatomy, neurophysiology, medical or surgical neurology). Teaching assignments will conform to those established by the Office of Research and Graduate Studies.

D. Emergency Duty

Neurology residents will be required to rotate with the medical and surgical residents and interns in covering emergency duty for the Veterinary Teaching Hospital. Specific details should be found in a separate document entitled "Emergency Duty". In addition, the neurology resident will assist with neurosurgical emergency referrals on the third week of each block.

E. Consultation Calls

All consult calls from veterinarians should be returned within 24 hours. If a situation arises that prevents the resident from returning calls in a timely manner, the neurologist on duty should be notified.

F. Seminar

The resident must deliver seminars up to 2 times/year to the faculty, other residents and interns. These may be a prospective or retrospective case studies, research project, or syndrome review that is suitable for publication. The topics and content must be approved by the Resident Advisor. Specific details are described in the Resident/Intern Seminar Program document.

G. Research

A suitable research project must be completed and a manuscript must be submitted to a referred journal prior to completion of the residency. The resident must work closely with their advisor or other senior medical clinicians to design a project and obtain either intramural or extramural funding for this project.

H. Clinical Conferences

In an effort to prepare for the medicine qualifying examination, regular attendance and participation are mandatory at Medicine Case Conference, Medicine Journal Club, and Intern/Resident Rounds. Attendance at these conferences is optional after the qualifying examination has been passed. The neurology resident will be expected to attend Neuropathology Rounds and Neurology Group Discussion/Journal Club throughout their entire program. Neuropathology Rounds will consist of recent clinical cases selected in advance. For Neurology Group Discussion/Journal Club, a topic will be chosen either from standard Neurology texts, or current literature. Prior preparation for both Neuropathology Rounds and Neurology Group Discussion/Journal Club is mandatory.

I. Professional Development

Attempts to raise funds for resident attendance at a national meeting will be undertaken. In addition, a three-week off-site rotation at either veterinary or medical schools or subspecialty veterinary practices will be strongly encouraged, especially if it provides an educational or development opportunity that is not available at the VMRCVM/VT. It is recommended that the resident attend ACVIM meeting and take the medicine qualifying board examination at the end of Year 2 and the neurology certification examination at the end of Year 3.

J. Chief Resident

The third year resident may be designated as Chief Resident. The Chief Resident will function as a senior clinician. Mandatory case supervision is not required, but frequent consultation is suggested.

K. Professional Attitude

A professional attitude toward students, staff and faculty is expected at all times.

L. Off Clinic Time and Guidelines

Off clinic time is precious and must be used efficiently for completion of the residency/graduate program. Whenever off clinic time is utilized, it would be advantageous for the resident to participate frequently in reading cytology slides and in radiology, observing and assisting with MRI, computed tomography, myelography and other special procedures. The resident must keep a daily log of all clinic activities. This should be reviewed quarterly with the advisor during off clinic rotations.

Because this time is so valuable, it is important that residents divorce themselves from clinic activities and make sure that medical records are completed before off clinic rotations start. All in-house cases should be promptly transferred to active, on-duty clinicians. During this time, efforts must be made to not recheck patients if possible. However, telephone contact with old clients should be maintained as necessary. If recheck evaluations are necessary, direct personal communication with the on-duty clinician is mandatory. All vacation time is to be scheduled with the advisor and Section Chief and must be taken from off clinic time.

Year 1: A total of 2 rotations, or 6 weeks, will be scheduled off clinic rotations. Two of the weeks can be vacation time, and the rest of the time should be in the areas of grant writing, publication, research and preparation for the master's degree.

A graduate advisor (major professor) will be selected, and the Graduate Committee should be formed. It is preferable that the graduate advisor not be the same individual as the resident advisor although exceptions are possible. The resident advisor should be included on the graduate committee.

The resident should register with ACVIM within 90 days of beginning the residency. Forms and instructions are available at www.ACVIM.ORG.

Year 2: A total of 4 rotations, or 12 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, up to 6 weeks may be spent in

preparation for qualifying boards, and 4 weeks will be spent in research activities.

Internal medicine credentials should be completed so that the resident is prepared to take the qualifying examination of the ACVIM.

Year 3: A total of 4 rotations, or 12 weeks, will be scheduled as off clinic rotations. Two weeks will be vacation, 6 weeks may be spent in preparation for board certification examination, and the rest of the time will be dedicated to the MS thesis.

Internal medicine credentials should be completed by the end of Year 2 so that the resident is qualified to sit for the certification examination of the ACVIM at the end of Year 3. An abstract of the thesis work should be prepared for presentation. The resident will be encouraged to present an abstract or poster session at the ACVIM Forum in the spring of the final year.

Flexibility must be included within each resident's program. However, deviations from this schedule must be approved and coordinated by the Resident Advisor, Section Chief, and Major Professor.

Other guidelines include forming a graduate committee after 6 months of Year 1. A proposal for a Master's thesis project must be prepared by the end of Year 1. Neurology credentials must be completed by the end of Year 2. Residents should meet with their advisor at least quarterly to discuss their overall progress. It would be very advantageous for the thesis to be completed and defended by the end of Fall Semester of Year 3.