



ACVIM Leadership  
Convening Workshop  
2024



## CONVENING PURPOSE & OVERVIEW

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Each year, the ACVIM holds a leadership convening to bring volunteer leaders from across the college together to explore issues of critical importance to the profession and the ACVIM. This year's event, attended by over 60 ACVIM volunteer leaders, residents, staff, and other stakeholders, was designed to explore the changing environment for residency training and elicit input and perspective into current effort to revise and align program requirements where appropriate.

In welcoming the participants, ACVIM President Sarah Gillings, DVM, MS, DACVIM (Oncology) notes that this is the first time in its 50-year history the ACVIM has conducted a review of Residency Training Program (RTP) requirements simultaneously across all ACVIM specialties. Not only does this allow for alignment of certain requirements across the college, but it also allows the ACVIM member leaders to define a shared vision and collective understanding of the residency training experience across all specialties.

## SECTION I: FRAMEWORK FOR CHANGE

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Residency training is central to the ACVIM mission and identity. The residency experience is where learners develop the skills and professional expertise that will guide them through their career, where lifelong professional relationships among ACVIM members are established, and where the connection to the broader ACVIM community begins. Given the role a residency plays in every specialist's career, any change to the current training model must be undertaken in a thoughtful, intentional manner. Changes must acknowledge and incorporate an understanding of changing factors in the educational system, without ever compromising quality, equity, and inclusion.

Acknowledging this as a change effort, the structure of this year's Volunteer Leadership Convening drew on the **John Kotter's 8-Step Process for Leading Change**. This model offers a framework that defines the steps necessary to guide and sustain meaningful change in an organization like the ACVIM.



## SECTION II: A SENSE OF URGENCY AND GUIDING COALITION

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Kotter's model proposes that successful change begins with a shared belief in an ***urgent need to change***. The need to revise and simplify training requirements was initially discussed at the 2023 Volunteer Leadership Convening, in which participants identified increasing focus on mental health and wellbeing, market forces, and evolutions in learning science as factors driving the need for change. During this year's convening, participants identified the need for a clearer roadmap to guide residents, the emergence of distributed learning models, and an ongoing shortage of specialists as trends impacting training. Additionally, the complexity and differences in program requirements across the college are expensive to manage and are a barrier to establishing new programs. These factors all lead to wide variations and inequity in the residency experience and a lack of uniformity in the preparedness of future specialists. Failing to acknowledge and adapt to these factors will lead to an inability to grow and

support our training program network and meet the growing demand for specialty veterinary care.

To address this need, the ACVIM Training Optimization Task Force (TOTF), was assembled and charged to lead a college-wide review of RTP requirements. Chaired by Adam Birkenheuer, DVM, PhD, DACVIM (SAIM) and comprised of representatives from all ACVIM specialties, the TOTF functions as what Kotter describes as a **Guiding Coalition**, in which they will guide, coordinate, and communicate project progress and engage member input as they prepare their final recommendations for action by the ACVIM Board of Regents.

#### **ACVIM Training Optimization Task Force (TOTF) Roster**

Cardiology: Neal Peckens, DVM, DACVIM (Cardiology)

LAIM: Elsbeth O'Fallon, DVM, DACVIM (LAIM)

Neurology: Monica Aleman, MVZ Cert., PhD, DACVIM (LAIM & Neurology)

Nutrition: Daniel Chan, DVM, DECVECC, DACVIM (Nutrition)

Oncology: Jenna Burton, DVM, MS, DACVIM (Oncology)

SAIM: Anna Threlfall, BVSc, MVetMed, MRCVS, DACVIM (SAIM) DipECVIM-CA

RTPOTF: Lynn Guptill, DVM, PhD, DACVIM (SAIM)

RTPOTF: Adam Birkenheuer (Chair), DVM, PhD, DACVIM (SAIM)

Staff Liaison: Nicole Finn, MS, ICE-CCP

## SECTION III: EMERGING ISSUES IN THE RTP ENVIRONMENT

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The ACVIM RTPs do not exist in a vacuum. They are part of a larger system that is undergoing significant and fundamental change. Creating shared awareness of these factors is critical to guiding the work to be done and enabling effective communication about this effort to members and other stakeholder groups.

ACVIM Diplomates Adam Birkenheuer, DVM, PhD, DACVIM (SAIM), Sarah Guess, DVM, MS, DACVIM (SAIM), and Jane Sykes, BVSc, (Hons), PhD, MBA, DACVIM (SAIM) shared information on emerging factors in the RTP system, which include:

- **An evolving definition of clinical supervision**, whose goal is to enhance professional capabilities, ensure the best possible patient outcomes given

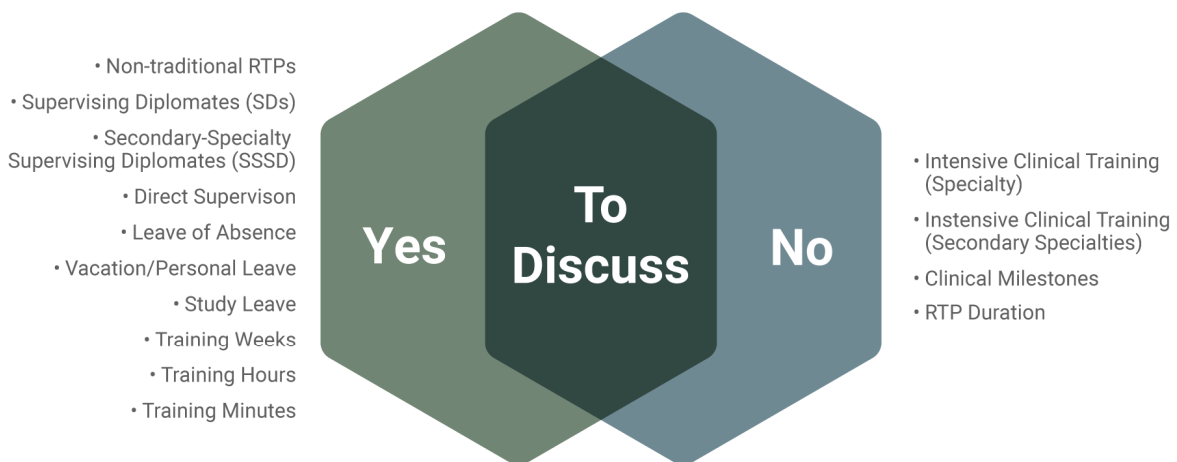
available resources, and foster well-being, competence, and effectiveness for supervisors and supervisees.

- A growing interest in establishing an **independent program accreditation body** whose role would be similar to the one fulfilled by the Accreditation Council for Graduate Medical Education (ACGME) in human medicine.
- A transition to competency-based specialty education that builds on a similar shift that has occurred in primary medical education.
- Implementation of the recommendations from the RTP Quality Task Force, which include gathering and publishing RTP performance metrics, and conducting resident exit surveys.

## SECTION IV: IS ALIGNMENT ACROSS THE ACVIM POSSIBLE?

Through a series of small-group conversations, participants explored the central topic of the day: Is alignment across select requirements possible, so that a common foundation can support growth, efficiency and a consistent training experience?

As the basis for these conversations, Dr. Birkenheuer shared a set of tables that illustrated the detailed requirements for all specialties. Prior to the meeting, the TOTF reviewed these requirements and divided them into three categories: those where alignment was possible, those where it was not, and those that required further insights and input. The three categories are summarized in the following model:



<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Resident Advisor (RA)</li> <li>• Remote Supervision</li> <li>• Remote Supervision/Training Sites(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Remote Training/Educational Experiences</li> <li>• Journal Club</li> <li>• Didactic Learning Experiences</li> <li>• Research</li> </ul>

The topics listed in the “Discussion” section above were split among three groups, and each group was asked to answer the following questions:

1. What are the benefits (pros) of alignment in this area?
2. What are the negatives (cons) of alignment in this area?
3. What is your recommendation (move toward alignment or not)?

There was agreement that alignment is possible in the following four categories:

1. Program Director
  - a. Alignment of baseline requirement(s) needed to serve as a PD.
2. Remote Supervision
  - a. Alignment of single, shared definition across specialties.
3. Journal Club
  - a. Alignment of baseline requirement(s) across specialties.
4. Didactic Learning Experience
  - a. Alignment of baseline requirement(s) across specialties.

There was agreement that alignment either does not make sense and/or additional discussion is needed in the following categories:

1. Resident Advisors
2. Remote Supervision/Training Sites
3. Remote Training/Educational Experiences
4. Research

## SECTION VI: ENABLING ACTION BY REMOVING BARRIERS

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While much of the day focused on why change is needed and what is possible, the group was not naïve to the challenges and potential barriers that exist in the process of establishing a shared, aligned foundation for residency training. Participants identified the possible barriers that should be considered as the TOTF, ACVIM Board and staff carry forward this review. They include failure to:

- Explain why alignment of requirements across the college is important.
- Clearly and succinctly describe the need for change and the risks presented by continuing with the status quo.
- Inform and engage the membership about the work of the TOTF as it progresses.
- Leverage the community of members to share information and gather feedback.
- Understand and mitigate conflicts between ACVIM RTP requirements and those of individual institutions.

## SUMMARY AND NEXT STEPS

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This event provided an essential opportunity for the ACVIM Board of Regents to hear directly from some of the ACVIM's most informed and engaged members on an issue of strategic importance to both the organization and profession of veterinary medicine. The group was encouraged to continue thinking about the potential impact of an aligned residency training foundation and solicit and share input from their colleagues. To support this broader conversation, the ACVIM will define and implement a series of activities, all designed to foster two-way communication about the future of the ACVIM residency training.

## ABOUT THE ACVIM LEADERSHIP CONVENING

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The ACVIM Leadership Convening is an annual structured opportunity for members of the ACVIM community to guide the execution of the ACVIM mission and strategic objectives.



These convenings are designed to foster engagement, learning and collaboration, so that members feel connected and heard as critical projects are executed. The participants include ACVIM committee and task force chairs, Diplomates, residents, and members of the Board of Regents and staff. The 2024 convening was co-created by members of the ACVIM Board of Regents, and staff, and led by Joshua Mintz of CHP Mintz, LLC.

Requirement	ALL SPECIALTIES	Cardiology	LAIM	Neurology	Nutrition	Oncology	SAIM
Program Director (PD)	<p>must be an ACVIM Diplomate and member. However, a PD may not necessarily be a Diplomate in the specialty of the RTP, when this exception is specified by the specialty</p>	<p>DACVIM card or ECVIM-CA card <i>(note: must be in US or Canada)</i></p>	<p>DACVIM LAIM</p>	<p>DACVIM or ECVN Board-certified 5 years (min) 3 years experience training (min) Can't be PD of another specialty's RTP Only 1 full-time neurology PD</p>	<p>DACVIM Nutrition</p>	<p>DACVIM</p>	<p>DACVIM SAIM Board-certified 4 years (min) 3 years experience training (min) <i>(note: waived for first 3 years of a new program)</i></p>
Resident Advisor (RA)	<p>Must be an ACVIM Diplomate and member in the chosen specialty in which the resident is training, unless otherwise specified by the relevant ACVIM specialty. May not perform this role on behalf of multiple SIs.</p>	<p>No ratio detailed DACVIM card or ECVIM-CA card <i>(note: must be in US or Canada)</i> must also be actively involved as an SD for the assigned residents and be substantially involved in the clinical supervision of assigned residents.</p>	<p>3:1 DACVIM LAIM must also be actively involved as an SD for the assigned residents and be substantially involved in the clinical supervision of assigned residents.</p>	<p>2:1 DACVIM Neuro or ECVN Board-certified 1 year must be actively involved as a supervising Diplomate (SD) for the assigned residents and substantially involved in the clinical supervision of assigned residents</p>	<p>3:1 -Credentialed specifications not detailed -Be directly responsible for the day-to-day training of residents Be primarily responsible for the selection of resident(s) and the training, guidance, assessment, and evaluation of those residents. -Endorse all forms and documents, in addition to the PD and resident co-advisor (if applicable), relevant to any changes to, initiation of, or completion of the nutrition RTC requirements. -Be in the same institution or practice as the resident for a standard RTP. For an alternate RTP, if the resident co-advisor is located at the site where the resident spends the most time, the RA may be located elsewhere. - Possess appropriate certification of expertise for species germane to the training of the resident as recognized by the Nutrition specialty (e.g., large animal certified Diplomates training large animal track residents). - Be available for career counseling and clinical mentoring of the resident. - Be responsible for verifying all elements of the RTP and training logs (i.e., cases, seminars, journal club, attendance of rounds, and all activity weeks). The RA must sign off on activities.</p>	<p>No ratio detailed DACVIM Oncology **NEED TO ADD BACK IN (got omitted from latest CM version)**</p>	<p>2:1 DACVIM SAIM Board-certified 2 year (min) 1 year experience training (min) <i>(note: waived for first 3 years of a new program)</i></p>



Requirement	ALL SPECIALTIES	Cardiology	LAIM	Neurology	Nutrition	Oncology	SAIM
Remote Supervision (4.D.8.c)	<p>use of technology, such as tele- or videoconferencing (e.g., Zoom MS Teams, Skype, etc.) to facilitate some level of interactive resident training. The key component of remote supervision, as defined by the ACVIM, is that it <b>involves interaction between the supervisor(s) and resident</b>. Remote supervision is most suited to on-line interactive rounds, journal clubs and seminars, but it may be utilized to contribute to additional resident training requirements (e.g., clinical case management where the supervisor is not on-site, therefore not available for direct supervision when needed by the Candidate)</p>	No additional detail (5.B.8.C)	No additional detail	<p>stipulates that solely telephone or text-based communications are inadequate for remote supervision, and that video-conferencing technology (e.g., Skype, Zoom, MS Teams, etc.) must be utilized. (7.B.8.C)</p>	<p>This might be considered especially relevant to the specialty of nutrition, and RTPs based around remote consultations. (8.B.11.c)</p>	No additional detail	No additional detail (10.B.8.c)
Remote Supervision/Training Sites(s) (4.D.8.b)	<p>Both remote supervision and training experiences involve the use of technology, such as tele- or videoconferencing (e.g., Zoom, MS Teams, Skype, etc.) to facilitate some level of resident training and/or education. Online rounds, journal clubs, seminars and conferences are those best suited to the use of such technologies.</p>	No additional detail	No additional detail	No additional detail	No additional detail	No additional detail	No additional detail
Remote Training/Educational Experiences (4.D.8.d)	<p>In contrast to remote supervision, remote training is defined by the ACVIM as the use of technology, such as tele- or videoconferencing (e.g. Zoom, MS Teams, Skype, etc.) to facilitate some aspects of resident education and/or training. Remote training, as defined by the ACVIM, best applies to on-line classes, seminars and conferences, where there is <b>minimal to no interaction</b>.</p>	No additional detail (5.B.8.d)	No additional detail	No additional detail (7.B.8.d)	No additional detail (8.B.11.d)	No additional detail	No additional detail (10.B.8.d)

Requirement

Journal Club  
(4.D.13)

Didactic Learning Experiences  
(4.D.14)

Research  
(4.D.12)

ALL SPECIALTIES	Cardiology	LAIM	Neurology	Nutrition	Oncology	SAIM
<p>80 hrs Remote/Joint training allowed</p> <p>Individual ACVIM specialties stipulate resident participation in additional didactic educational experiences during the RTP, which might include rounds, examination preparation sessions, seminars, conferences, regional, state and/or national meetings.</p> <p>Scientific discovery is critical to the mission of the ACVIM. In recognition of this, all ACVIM RTPs must include an assessable period of instruction or participation in research / creative scholarship that fosters an appreciation of, competency in, and contribution to the knowledge base of the Candidate's respective specialty. This research / creative scholarship supports the development of Candidates as clinician-scientists. Research and scholarly activity is an essential credentialing requirement of all ACVIM specialties that the Candidate must fulfill before Diplomate status (board certification) is granted</p>	<p>Goal: none stated; "review and critical analysis of the cardiovascular literature is central to journal club" 1 ACVIM/ECVIM-CA SD/ SSSD in any ACVIM specialty (logs required)</p> <p>The SI for a cardiology RTP must commit to providing the resident with the required didactic learning opportunities. (5.D.1.c) <b>**NF to add Structured Educational Experiences details (5.C.5.J)**</b></p> <p>Residents must participate in the following didactic learning opportunities, facilitated by the SI: LAIM topic review sessions, formal conferences, continuing education conferences, and formal examination preparation sessions. Residents are encouraged to keep a log of all seminars and didactic lectures they attend for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter. This Manual allows for remote participation (primarily RACE acceptable) when necessary. (6.C.5.I)</p> <p>Residents are expected to participate in clinical or laboratory research projects, including playing a role in project design, execution, data analysis, evaluation, the presentation of results in a peer-reviewed setting (e.g., ACVIM Forum), and publication. Proof of completion of this research requirement may include any of the following: • Copy of a first author research paper published in a peer-reviewed journal, documenting original work undertaken predominantly during the RTP, or letter of acceptance (unconditional) of a first-author research paper from a peer-reviewed journal, documenting the same. • Evidence of presentation of an abstract (oral or poster), documenting original work undertaken predominantly during the RTP, at a scientific meeting. • Documented (letter from RA) completion of a prospective or retrospective research project, undertaken predominantly during the RTP, that is unpublished (e.g., thesis). • Documented (letter from RA) submission of a prospective research grant/project, formulated predominantly during the RTP, pertinent to the Candidate's specialty. • Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, graduate course work in research methods, biostatistics, and/or research ethics. • Documented (letter from RA and/or certificate) completion of a minimum of 6 hours of research-focused seminars or classes of an appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following: o Critical evaluation of the veterinary medical/biomedical literature. o Grant writing. o Study design and participation in clinical trials. o Biostatistics. o Research ethics. (5.C.5.g)</p>	<p>Goal: to foster critical thinking and improve the resident's understanding of and ability to interpret scientific and critical data, including statistical analysis (logs encouraged)</p> <p>Residents must participate in the following didactic learning opportunities, facilitated by the SI: LAIM topic review sessions, formal conferences, continuing education conferences, and formal examination preparation sessions. Residents are encouraged to keep a log of all seminars and didactic lectures they attend for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter. This Manual allows for remote participation (primarily RACE acceptable) when necessary. (6.C.5.I)</p> <p>A LAIM RTP will meet objectives related to scholarly activities so that upon completion of the RTP, residents will be able to do the following: • Extend their knowledge of the basic principles of research for testing hypotheses and answering clinically important questions. • Understand the principles of evidence-based medicine. • Participate regularly in critical review of the LAIM literature (journal club). • Participate in scholarly activities, such as research projects and peer-reviewed publication. • Present their findings at scientific meetings. (6.C.4.e)</p>	<p>Goal: none stated 1 Neuro SD (logs required)</p> <p>Neurology residents must participate in the following didactic learning opportunities, facilitated by the SI: neurology topic review sessions, formal conferences, continuing education conferences, and formal examination review sessions. This Manual allows for remote training (primarily RACE acceptable) when necessary. The exact same conference, seminar, rounds, class, etc. (date and time) may not be used to meet more than 1 of the required didactic learning experiences. (7.C.5.J)</p> <p>A neurology resident is expected to participate in a laboratory or clinical investigative research project during the neurology RTP. The resident must complete a basic science or clinical research project that follows the scientific method approach and receives approval from the RA. Suitable projects can be retrospective or prospective. A letter from the RA is required to document the satisfactory completion of the project before the RTP can be considered completed and before board certification can be awarded. (7.C.5.g)</p>	<p>Goal: none stated 1 specialist recognized by ABVS or EBVS RVS/RVSO (logs required)</p> <p>The SI must provide residents with the following didactic learning opportunities: presenting in structured courses and seminars, formal conferences, continuing education conferences, and formal examination review sessions. Residents must attend formal conferences in veterinary nutrition and related disciplines. Examples of these are clinicopathologic conferences or seminars. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. (8.F.1.b)</p> <p>Scientific discovery is a critical mission of the nutrition specialty. In recognition of this, a nutrition RTP includes an assessable period of instruction and/or participation in creative scholarship that fosters an appreciation of, competency in, and contribution to the veterinary nutrition knowledge base. This creative scholarship also supports the development of residents as clinician-scientists. Research is an essential credentialing requirement that the resident must complete before board certification is granted. Residents are required to participate in clinical, laboratory or retrospective research projects, including grant writing, the design, execution, evaluation of results, preparation and presentation of an abstract at the annual AAVN, ACVIM Forum, or similar, and publication. Ideally, a minimum of 4 weeks of the aforementioned remaining 52 weeks of a nutrition RTP must be allocated for research and scholarly activity, ideally in the pursuit of publication, although the research requirement of an RTP may be fulfilled in a variety of ways. Documentation of the completion of at least 1 of the following activities during the nutrition RTP is required as part of the of the nutrition credentials packet. Proof of completion of this research requirement may include any of the following: • Copy of a first-author research paper published in a peer-reviewed journal, documenting original work undertaken predominantly during the RTP, or letter of acceptance (unconditional) from a peer-reviewed journal, documenting the same. (If the nutrition publication requirement (section 8.H) is met through a paper accepted and/or published prior to the RTP, then additional research and scholarly activity must be undertaken during the RTP, and evidence provided in the credentials packet). • Evidence of presentation of an abstract (oral or poster), documenting original work undertaken predominantly during the RTP, at a scientific meeting. • Documented (letter from RA) completion of a prospective or retrospective research project, undertaken primarily during the RTP, that is unpublished (e.g., thesis). • Documented (letter from RA) submission of a prospective research grant/project, formulated predominantly during the RTP, pertinent to the Candidate's specialty. • Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, of graduate course work in research methods, biostatistics, and/or research ethics. • Documented (letter from RA and/or certificate) completion of at least 25 hours of research-focused seminars or classes of an appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following: o Critical evaluation of the veterinary medical/biomedical literature. o Grant writing. o Study design and participation in clinical trials. o Biostatistics. o Research ethics. (8.E.8.d)</p>	<p>Goal: none stated 1 Onco SD (logs encouraged)</p> <p>An oncology resident must attend or participate in formal teaching seminars, lectures, or conferences in oncology and related disciplines throughout the RTP, occurring on average 4 times per month. Unless these are formal didactic lectures or classes provided as a component of a master's or similar degree program, an oncology SD should be supervising these didactic learning opportunities. Examples of such seminars, lectures, and conferences include, but are not limited to: 1) resident seminars, 2) clinical oncology topic presentations and classes, 3) tumor biology presentations and classes, 4) grand rounds, 5) clinical pathology rounds, seminars, and conferences, 6) anatomic pathology rounds, seminars, and conferences, and/or 7) journal clubs, in addition to those 80 hours outlined in section 9.C.5.e. Conferences or seminars given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. These seminars or lectures may include remotely presented seminars, lectures, conferences, or other didactic classroom experiences. The RTP application includes the format and schedule of these conferences and presentations for Oncology RTC approval. Additionally, the oncology resident must give a formal presentation, during such a seminar series, lecture series, or conference, at least once per year during the oncology RTP. Documentation of these formal presentations must be included in the Candidate's oncology credentials packet. A presentation at a regional, state, or national meeting is acceptable. In such cases, a copy of the meeting program must be included in the Candidate's oncology credentials packet. (9.C.5.h) Residents must attend at least 1 state, regional, national, or international veterinary or human medical continuing education conference during the oncology RTP. Documentation of attendance or participation at the conference must be included in the Candidate's oncology credentials packet. (9.C.5.i) An oncology RTP must provide at least 40 hours per year of intensive formal review sessions for residents and Candidates on topics covered in the general and specialty examinations. Attending daily clinical rounds does not meet this requirement. The requirement could be met in part by attending or participating in an ACVIM course, an ACVIM Forum, or formal resident review sessions at a Veterinary Cancer Society Annual Meeting. These may also include online reviews and remotely presented conferences, such as the ACVIM ACE Science of Oncology course. An oncology RTP must provide annual documentation of these formal reviews to the oncology RTC. (9.C.5.j)</p> <p>The oncology resident is expected to actively participate in a laboratory or clinical investigative research project during the RTP. A minimum of 8 weeks (320 hours) of an oncology RTP should be dedicated to the research aspect of training. Research time should be scheduled as either weekly time (hours per week) or in blocks of time sufficient to complete the research, perform data analysis, and ideally prepare a manuscript for publication by the third year of their residency (see section 9.E). This experience must be documented by the resident, with dates, and signed by the RA and/or SD. Proof of completion of this research requirement can include any of the following: • Copy of a first-author research paper published in a peer-reviewed journal, documenting research accomplished predominantly during the RTP, or letter of acceptance (unconditional) from a peer-reviewed journal documenting the same. • Evidence of presentation of an abstract (oral or poster) at a scientific forum, describing original work undertaken predominantly during the RTP. • Documented (letter from RA) completion of a prospective or retrospective research project, undertaken predominantly during the RTP, that is unpublished (e.g., thesis). • Documented (letter from RA) submission of a prospective research grant/project, generated predominantly during the RTP, pertinent to the Candidate's specialty. • Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, of graduate course work in research methods, biostatistics, and/or research ethics. • Documented (letter from RA and/or certificate) completion of at least 25 hours of research-focused seminars or classes of an appropriately advanced level undertaken during the RTP. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following: o Critical evaluation of the veterinary medical/biomedical literature. o Grant writing. o Study design and participation in clinical trials. o Biostatistics. o Research ethics. (9.C.5.e)</p>	<p>Goal: none stated 1 specialist recognized by the ABVS, or a Diplomate of the EXCVIM-CA (logs required)</p> <p>Small animal internal medicine residents must participate in the following didactic learning opportunities, facilitated by the SI: SAIM topic review sessions, formal conferences, continuing education conferences, and formal examination review sessions. This Manual allows for remote participation (primarily RACE acceptable) when necessary. A SAIM RTP must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and SAIM Specialty Examinations. This Manual allows for remote participation (primarily RACE acceptable) when necessary. which may include remotely presented reviews. A SAIM RTP must provide documentation of these formal reviews to the SAIM CC in the RTP application and annual renewal. Attending daily clinical rounds does not meet this requirement, although structured courses and seminars may. If adequate formal review sessions are not available on-site, a resident may meet this requirement in part by attending or participating remotely in an ACVIM advanced continuing education (ACE) course, an ACVIM Forum, or another high-quality continuing education meeting (with prior approval by the SAIM CC). Residents must also attend weekly formal conferences in SAIM and related disciplines. Examples of these are clinicopathologic conferences or seminars. These may include remotely presented training. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. The resident must give a formal presentation at such a conference or seminar series at least once per residency year. Documentation of these presentations must be included in the Candidate's credentials packet. As a substitute for the aforementioned formal presentation, the resident may present at a regional, state, or national meeting once per residency year. A copy of the program must be included in the Candidate's credentials packet. Residents must participate in, or attend, at least one state, national, or international veterinary medical or human medical continuing education conference or meeting during their residency. Examples might include the annual ACVIM Forum or an ACVIM-moderated ACE conference. This Manual allows for remote participation when necessary. Intensive endoscopy or ultrasound training courses do not fulfill the continuing education conference or meeting requirement. Documentation of attendance, or participation in, the conference or meeting must be included in the Candidate's credentials packet. (10.C.6.h)</p> <p>At least 12 weeks of a SAIM RTP must be allocated for research and scholarly activity, ideally in the pursuit of a publication. Time allocated to research or to attend/participate in scientific meetings should be taken during the remaining 72-week period, not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties. A week may be acquired over a 14-day span and may also be combined with other training segments in a 7-day span (e.g., study/research days interspersed with clinical training with remote supervision is acceptable when necessary). Completion of any one of the options listed below will satisfy the requirements for research by SAIM residents: • Copy of a first-author research paper published in a peer-reviewed journal, documenting research accomplished predominantly during the RTP, or letter of acceptance (unconditional) from a peer-reviewed journal documenting the same. • Evidence of presentation of an abstract (oral or poster) at a scientific forum, describing original work undertaken predominantly during the RTP. • Documented (letter from RA) completion of a prospective or retrospective research project, undertaken predominantly during the RTP, that is unpublished (e.g., thesis). • Documented (letter from RA) submission of a prospective research grant/project, generated predominantly during the RTP, pertinent to the Candidate's specialty. • Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, of graduate course work in research methods, biostatistics, and/or research ethics. • Documented (letter from RA and/or certificate) completion of at least 6 hours of research-focused seminars or classes of an appropriately advanced level undertaken during the RTP. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following: o Critical evaluation of the veterinary medical/biomedical literature. o Grant writing. o Study design and participation in clinical trials. o Biostatistics. o Research ethics. A form documenting scholarly activity must be submitted by the resident, signed by the PD or RA, for credentials, although some requirements may remain pending at that time. If this is the case, an updated form, documenting completion of the required scholarly activities, is required for board certification. (10.C.6.e)</p>

## Attendee Roster

**Jörg Steiner, DMV, PhD, DACVIM (SAIM),  
DECVIM-CA**

ACVIM Board of Regents, Chair  
Texas A&M University

**Sarah Gillings, DVM, DACVIM (Oncology)**

ACVIM Board of Regents, President  
Summit Veterinary Referral Center

**Henry W. Green, III, DVM, DACVIM (Cardiology)**

ACVIM Board of Regents, President-elect  
Louisiana State University School of Veterinary  
Medicine

**Jane Sykes, BVSc (Hons), PhD, MBA, MPH,  
DACVIM (SAIM)**

ACVIM Board of Regents, Immediate Past Chair  
University of California, Davis

**Joshua Stern, DVM, PhD, DACVIM (Cardiology)**

ACVIM Board of Regents, Cardiology President  
North Carolina State University College of Veterinary  
Medicine

**Sandy Taylor, DVM, PhD, DACVIM (LAIM)**

ACVIM Board of Regents, LAIM President  
Purdue University, VCS

**Sheila Carrera-Justiz, DVM, DACVIM (Neurology)**

ACVIM Board of Regents, Neurology President  
University of Florida

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