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2 ASIAN COLLEGE OF VETERINARY

3 INTERNAL MEDICINE (AiCVIM)

4 Resident Certification Manual (RCM)

5 Effective Feb, 2024 —

6 The information contained in this manual was submitted for publication on Feb
7 1, 2024. It represents the current policies, procedures and requirements for
8 individuals interested in certification by the Asian College of Veterinary Internal
9 Medicine (AiCVIM). While every reasonable attempt has been made to assure
10 accuracy, Program Supervisor, Supervising Diplomates, and/or candidates
11 should contact the AiCVIM office if questions arise. Furthermore, AiCVIM
12 policies and procedures are subject to periodic review and change. Should
13 Program Supervisor, Supervising Diplomates, and/or candidates have concerns
14 about proposed or actual changes that could impact the certification process,
15 they should contact the AiCVIM office:

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17 Asian College of Veterinary Internal Medicine

18 Website: www.AiCVIM.org

19 E-mail:

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33 A. THE AiCVIM MISSION AND VISION STATEMENTS

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35 A.1. AiCVIM MISSION STATEMENT

36 The mission of the AiCVIM is to enhance animal and human health in Asian
37 countries by advancing small animal internal medicine through training,
38 education, and research.

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40 A.2. AiCVIM VISION STATEMENT

41 A.2.a. Purposes of the AiCVIM

42 The purposes of the AiCVIM are to advance knowledge of animal health and
43 diseases and to foster the continued development of specialty veterinary care in
44 small animal internal medicine, cardiology, neurology, and medical oncology. To
45 achieve these purposes, the AiCVIM will:

46 1) Certify new Diplomates by guiding training programs and ensuring fair and
47 appropriate credentialing and examination procedures,

48 2) Promote and advocate AiCVIM specialization within the veterinary
49 profession, and to the animal owning public, so that the value of certification is
50 recognized,

51 3) Promote continuing education and the dissemination of knowledge in small
52 animal internal medicine, cardiology, neurology and medical oncology,

53 4) Promote the acquisition of new information relevant to the specialties of the
54 AiCVIM for the benefit of improved animal health.

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56 A.2.b. Responsibilities of AiCVIM Diplomates

57 Excellence

58 AiCVIM Diplomates will strive to maintain the highest standards of excellence in
59 achieving the purposes of the AiCVIM.

60 Integrity

61 AiCVIM Diplomates will demonstrate honesty and high ethical standards in all
62 professional activities.

63 Service

64 AiCVIM Diplomates will recognize and affirm their importance to the AiCVIM by
65 participating in decision making and serving as volunteers on committees or in
66 leadership roles, both within the AiCVIM and their respective specialties.

67 AiCVIM Diplomates will assume leadership roles as advocates of both the
68 AiCVIM and their specialty within the communities of the veterinary profession

69 and animal- owning public.

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71 A.2.c. Responsibilities of AiCVIM Leadership

72 The leadership of the AiCVIM will direct the activities of the AiCVIM in keeping
73 with the organization’s purposes, and will provide vision to ensure that the
74 AiCVIM evolves with the changing needs of its members, the veterinary
75 profession, and the public.

76 The leadership of the AiCVIM will manage the financial resources of the AiCVIM
77 to assure the continued financial stability of the organization.

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105 B. MEMBERSHIP CATEGORIES

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107 B.1. Active AiCVIM Diplomates

108 Active AiCVIM Diplomates are approved by the AiCVIM office after having
109 fulfilled all prescribed credentials requirements, including having passed the
110 General and Specialty Examinations.

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112 B.2. Inactive AiCVIM Diplomates

113 AiCVIM Diplomates who do not remain current on their payment of annual dues
114 will be considered inactive members. Active status can be resumed by paying
115 all dues in arrears, to a maximum of three (3) year's dues. Inactive AiCVIM
116 Diplomates lose the following benefits: the ability to serve as a Program
117 Supervisor or Supervising Diplomat; the right to vote, hold office, and attend
118 business meetings of the AiCVIM or AiSVIM (and their respective specialty).

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141 C. DEFINITION RELATING TO AiCVIM RESIDENCY TRAINING

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143 **Residency Training Program:** The Residency Training Program is the entire
144 educational experience that is provided to a resident at a Sponsoring Institution
145 (or approved External Rotation) by the Program Supervisor, Supervising
146 Diplomates and other specialists and individuals involved in the training of a
147 resident for an AiCVIM Specialty.

148

149 **Program Supervisor:** Program Supervisor must be a full-time, on-site, active
150 AiCVIM diplomate who is certified in the specialty in which the resident is
151 pursuing certification. The AiCVIM office will direct all correspondence
152 concerning a specialty's program at that site to this individual. The Program
153 Supervisor is responsible for disseminating information to the appropriate
154 individuals and sign all documentation verifying completion of approved
155 program requirements. It is the institution's and the AiCVIM Program
156 Supervisor's responsibility to notify AiCVIM of any changes in a program.
157 Failure to notify AiCVIM will place that program on probation and if the changes
158 are not approved after review by the appropriate Resident Training Committee
159 (RTC) and Resident Training Credentials Committee (RTCC) the program will
160 be terminated.

161

162 **Supervising Diplomate:** Any active AiCVIM, ECVIM-CA, ECVN, or ACVIM
163 Diplomate responsible for direct or indirect supervision of a resident while that
164 resident is in clinical training.

165

166 **Sponsoring Institution:** The Sponsoring Institution is the facility, practice or
167 institution that hosts the Residency Training Program.

168

169 **Direct Supervision:** A Diplomate and resident are participating in a clinical
170 practice in which both the Diplomate and the resident are on duty interactively
171 and concurrently managing cases. The Diplomate need not personally examine
172 each patient seen by the resident, but must remain physically available for
173 consultation.

174

175 **Indirect Supervision:** A Supervising Diplomate and resident, although
176 participating in a clinical practice together, are not on duty simultaneously and

177 so are not concurrently managing cases. To qualify as Indirect Supervision, the
178 Diplomate(s) is required to have face-to-face contact (face-to-face online
179 communication is also acceptable) with the resident for at least one (1) hour
180 per day.

181

182 **A Training Week:** For the purposes of the residency, a week's experience is
183 defined as a minimum of forty (40) hours [eight (8) hours per day for 5 days] of
184 clinical duties as a default setting. A resident may not claim more than one
185 training week in any seven (7) day calendar week.

186

187 **Experience:** Some credentialing requirements must be completed on-site,
188 some may be completed off-site, and some may be completed in a part-time
189 manner.

190

191 **On-Site Training:** For those requirements which require on-site supervision,
192 the Supervising Diplomate and the candidate must be working at the same
193 physical location. On-site experiences may fall in both the category of Direct
194 and Indirect Supervision.

195

196 **Off-Site Experiences (External Rotations):** Off-site Experiences are those in
197 which the candidate and the Supervising Diplomate do not share a common
198 workspace, but have regular and significant direct communication. An example
199 would be a medical oncology candidate who travels to a separate facility and
200 have Direct Supervision from a Supervising Diplomate of cardiology for
201 completion of their cardiology experience. Another example would be a
202 cardiology candidate who has an Indirect Supervision via online communication
203 from a Supervising Diplomate of medical oncology for completion of their
204 medical oncology experience. Off-Site Experiences can be done by Part-Time
205 Experiences. Off-site Experiences must be approved by RTC and RTCC before
206 starting the Residency Training Program.

207

208 **Part-Time Experiences:** Part-time experience is permitted in certain
209 specialties, where cumulative experiences over time may accrue to account for
210 a block of time. An example would be a candidate in medical oncology, where
211 the candidate completes their forty (40) hours of clinical pathology rotation in
212 daily allotments of one (1) hour over an eight (8) week period. If a program

213 expects their resident to complete some of their experiences in a part-time
214 basis, it must be clearly stated in the program description at the time of program
215 approval. It is the candidate's responsibility to document their experiences with
216 an activity log, which is signed off on by the appropriate supervisor.

217

218 **Deadlines:** The terms Submission Deadline and Receipt Deadline are used
219 synonymously. The submission deadline for any document regarding
220 credentials or application is the date on which it must be received in the AiCVIM
221 office.

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249 D. GENERAL INFORMATION

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251 D.1. Admission Process

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253 D.1.a. Admission Requirements

254 AiCVIM Diplomates must fulfill the following general requirements:

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256 D.1.a.1 Be legally qualified to practice veterinary medicine in Asian countries

257

258 D.1.a.2 Have demonstrated unquestionable moral character and impeccable
259 professional behavior.

260

261 D.1.a.3 Complete a one (1) year rotating internship in small animal medicine
262 and surgery or equivalent broad-based clinical experience (see
263 supplemental material).

264

265 D.1.a.4. Satisfactorily complete an AiCVIM approved residency training
266 program in the specialty in which the candidate seeks certification.

267

268 D.1.a.5. Pass the general examination.

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270 D.1.a.6. Submit acceptable credentials to the specialty in which the candidate
271 seeks certification.

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273 D.1.a.7. Pass the specialty examination in the specialty in which the
274 candidate seeks certification.

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276 D.2. General Certification Process

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278 D.2.a. Program Registration

279 Anyone who intends to become certified in cardiology, neurology, medical
280 oncology, or small animal internal medicine must register with the AiCVIM
281 office within ninety (90) days of beginning his/her program (e.g. by Oct 1 for
282 residencies beginning July 1) and pay a one-time registration fee to partially
283 cover administrative expenses incurred throughout the certification process.
284 The purpose of registration is to ensure that a candidate embarks on a training

285 program that conforms to the requirements of the specialty in which he or she
286 eventually wishes to become certified. Failure to register or delayed
287 registration will jeopardize the candidate's certification process.

288 289 D.2.b. Procedure

290
291 D.2.b.1. Within ninety (90) days of beginning a residency program, the
292 candidate must send a registration form and submit the registration
293 fee to the AiCVIM office.

294
295 D.2.b.2 All candidates should verify with their Program Supervisor, prior to
296 starting their residency, that their program has been approved by the
297 appropriate specialty RTC.

298
299 D.2.b.3. The candidate will receive confirmation of receipt of the registration
300 materials and an assignment of a unique identifying number within
301 eight (8) weeks of the deadline for the application. This unique
302 identifying number will be used by the candidate for access to
303 information, including examination results, throughout their
304 certification process. All residency programs should be approved prior
305 to the resident starting the program. Failure to do so will result in the
306 time served prior to the program's approval being disallowed for
307 certification.

308
309 D.2.b.4. If a candidate wishes to change training emphasis and become
310 certified in a specialty other than the one in which the candidate is
311 registered, the candidate must re- register in that new specialty by
312 notifying the AiCVIM office. The appropriate AiCVIM Residency
313 Training Committee will then rule on the acceptability of the candidate's
314 credentials, including the relevance of any training that has already
315 been completed.

316 317 D.2.c. Specialty Residency Training

318 Each specialty has a Residency Training Committee (RTC) that specifies
319 training criteria that must be met for certification. Residency Training
320 Credentials Committee (RTCC) is made of four members of RTC from each

321 subspecialty. The RTC and RTCC will review all training programs, submitted
322 by institutions and residents, and rule on their acceptability. The AiCVIM office
323 and each specialty's RTC will maintain a registry of AiCVIM approved training
324 programs.

325 Residency training program registration form to have programs approved
326 can be obtained from the AiCVIM website and must be submitted for review at
327 least one hundred twenty (120) days prior to the scheduled start of any
328 resident. The RTC will respond within forty-five (45) days of receipt of the
329 registration materials. Programs may submit materials for approval at any
330 time.

331 All programs must be approved prior to any residents actually starting the
332 training program. If a candidate starts a program prior to the program being
333 approved, that time will not be counted towards completion of the
334 requirements for credentialing. Each year, Program Supervisor must have
335 their program reviewed to ensure that the program remains in good standing.
336 The forms for updating a program will be sent to the Program Supervisor from
337 the RTC and the Program Supervisor must return the completed forms each
338 year. Returned forms will be forwarded to the appropriate Specialty RTC and
339 RTCC for their review/approval. Failure to submit the appropriate information
340 will result in a program being placed on probation and will jeopardize the
341 ability of a resident to count the time on probation toward their certification. If
342 a program (whether in good standing or on probation) does not respond to an
343 RTC's request for documentation regarding their residency within thirty (30)
344 days of the request, that program will be terminated. If a program is either
345 placed on probation or terminated, the RTCC will notify both the Program
346 Supervisor and all residents currently in the program of the action against the
347 program. If a program is terminated, it may not be renewed. A previously
348 terminated program may apply as a new program; however any time served
349 by a resident after the program was terminated will not count towards
350 residency completion.

351
352 D.2.c.1. Sponsoring Institution and Residency Training Program
353 Registration Forms, specific for each specialty can be obtained from the
354 AiCVIM website (www.AiCVIM.org) and must be completed, and submitted
355 for approval by the appropriate RTC at least 120 days prior to scheduling
356 any resident to start the training program. That will allow time for actual

357 program approval prior to a resident starting training. No resident should be
358 allowed to start a training program unless approval of that program has
359 been secured.

360

361 D.2.c.2. If any portion of the residency is completed at a separate location
362 from the primary site of the residency, the candidate is required to obtain
363 the written approval of the Supervising Diplomate for each off-site rotation,
364 and documentation of this approval must be forwarded to the specialty
365 RTC.

366

367 D.2.c.3. All approved residencies must be completed through a minimum of
368 three (3) year period of active training. To allow for leaves of absence from
369 a training program, all programs must be completed within six (6) years
370 from the beginning of their residency, e.g. a resident may potentially have
371 up to three (3) years for a leave of absence. Completion of the residency is
372 defined as receipt of the Residency Certificate.

373

374 D.2.c.4. The Program Supervisor for each institution will be responsible for
375 completing updated AiCVIM Residency Training Progress Forms each year.
376 Failure to provide the annual updated forms to the specialty RTC will result
377 in immediate probation and, if the forms are not completed after notification
378 by the AiCVIM office the program will be terminated. If a program's annual
379 updated registration materials are submitted late, the program will
380 automatically be placed on probation. Notification of probation will be by an
381 e-mail from the AiCVIM office to the Program Supervisor. Failure to correct
382 the deficiencies identified within thirty (30) days of receipt of the letter will
383 result in termination of the program. Once terminated, the program will have
384 to re-register as a new program. Once terminated, the time spent by
385 residents in training in that program after the termination date will not be
386 recognized. It will be the charge of each specialty's RTC and RTCC to
387 determine if the time spent prior to program termination will be counted
388 towards the residency program if it is approved after re-application.

389

390 D.2.c.5 Any substantive changes in a program, e.g. changes in the
391 Program Supervisor, Supervising Diplomate(s), or other significant
392 deviation in availability of program personnel for direct supervision of the

393 resident, that might result in a program's inability to meet the minimum
394 requirements established by the Specialty Diplomate must be submitted to
395 the appropriate RTC for approval prior to implementation of those changes.
396 Failure to do so will result in the program being placed on probation until a
397 detailed review of the program is completed. The time spent by a resident
398 in a program on probation will not count toward the completion of his/her
399 residency if the review results in the program being suspended.

400

401 D.2.c.6 The AiCVIM, acting through the individual specialties' RTC and
402 RTCC, has the right to revoke the approval of any Residency Training
403 Program. A RTC or RTCC has the right to request that the AiCVIM restrict
404 an AiCVIM Diplomate from serving in a training or administrative role in
405 response to prior failures in training or administrative functions.

406

407 D.2.c.7 Probation - Probation is a notice to a program that significant
408 issues have been found and must be addressed prior to continued
409 renewal. In most cases, at least after initial notification, a probationary
410 status does not preclude a program from continuing to provide training to
411 their current residents but may preclude their being able to accept new
412 residents into the program. Notice of probation will be sent to the
413 Sponsoring Institution, the Program Supervisor, and each Resident
414 currently in a program.

415

416 D.2.c.7.i The program will be notified that if they do not correct the
417 problems, then the time the resident spent in the program while the
418 program was on probation will not count towards completion of their
419 residency (in effect, both the program and the training are on probation).

420

421 D.2.c.7.ii The program will be notified that until the problems are corrected
422 and they have been removed from probation they should not accept new
423 residents into the program – as their program is in jeopardy of losing its
424 approved status.

425

426 D.2.c.7.iii The program will be notified that if the problems are not
427 corrected, their approved status will not be continued and, at that time,
428 no current resident will be given credit for any time in training from the

429 date that the program was placed on probation.

430

431 D.2.c.7.iv If an RTC or RTCC finds that the program is so deficient that it
432 should not continue training at all, its Approved Status will be cancelled
433 and it may no longer continue training residents; including those already
434 in the residency.

435

436 D.2.d. Examination Guidelines and Submission of Credentials

437 In order to sit for either the general or the specialty examination, a candidate
438 must be in good standing. To be in good standing, a candidate must either be
439 actively enrolled in an approved residency training program or must have
440 successfully completed a residency program. If a candidate leaves a
441 residency, either temporarily (e.g. a leave-of- absence) or permanently, prior to
442 completion of the residency, they are not eligible to sit for any examination until
443 they have resumed their training program and the appropriate specialty's RTC
444 and RTCC has approved their current active status.

445 All Credentials are expected to accurately represent the candidate's own
446 work. Additionally, all examinations are taken under an honor system. If a
447 candidate is found to have misrepresented any portion of their credentials,
448 have received outside assistance on an examination, to have cheated on an
449 examination, to have misrepresented their work on an examination, to have
450 violated the confidentiality of the examination or to have behaved unethically in
451 any other way during the credentialing or examination process, their
452 credentials may be rejected, they will receive a failing grade on the
453 examination, they will forfeit their fees for the examination and will be subject
454 to any other disciplinary action deemed appropriate by the RTCC, the actions
455 may include denial of permission to retake the examination in future years
456 and/or denial of the ability to attain certification.

457 A candidate may elect to take the general and specialty examinations the
458 same year or may take the general and specialty examinations in separate
459 years provided the following criteria are met.

460

461 D.2.d.1. A candidate wishing to take the specialty examination must first
462 satisfy that specialty's examination prerequisites. Additional requirements
463 for specialty certification, as described below, do not have their completion
464 linked to the timing of the examination.

465

466 D.2.d.1.b. Candidates for the Specialty of medical oncology may complete
467 the publication requirement of the credentialing process after taking the
468 specialty examination.

469

470 D.2.d.1.c. Candidates for the Specialty of internal medicine may complete
471 the publication requirement of the credentialing process after taking the
472 specialty examination.

473

474 D.2.d.2. Initially a candidate must take the general examination either
475 before or during the same week as the specialty examination.

476

477 D.2.d.3. A candidate electing to take the general and specialty examinations
478 at the same time must have completed at least two (2) full years (24
479 months) of an approved residency training program or its equivalent prior to
480 sitting for the examinations.

481

482 D.2.e. General Examination

483 The general examination is prepared by either ACVIM or an AiCVIM
484 committee. Members of the AiCVIM committee will be selected from all
485 specialties within the AiCVIM. The general examination is a multiple-choice
486 exam consisting of two parts: a general section and a small animal section.
487 The general examination covers all aspects of veterinary internal medicine and
488 must be taken and passed by all candidates seeking specialty certification by
489 any specialty under the AiCVIM umbrella. A candidate who fails to pass the
490 general examination may apply to the AiCVIM office to retake the examination.

491

492 D.2.e.1. A candidate must have completed at least eighteen (18) months of
493 an AiCVIM approved residency program before the date of the General
494 Examination they apply to take. Applications are due in the AiCVIM office no
495 later than October 1 of the year immediately prior to the year of the general
496 examination.

497

498 D.2.e.2. In order to take the general examination, the following items must be
499 submitted/completed:

500 (a) A letter from the Program Supervisor verifying satisfactory progress in the

501 training program.

502 (b) Completion of the on-line application along with payment of a general
503 examination fee.

504 (c) Two original multiple-choice questions submitted by the candidate
505 suitable for use in future general examinations. (The questions will be added
506 to the question banks but will not be used on the examination the year
507 following submission.) The multiple-choice questions must be submitted to
508 the AiCVIM office prior to October 1 of the year preceding the examination.

509 (d) The examination fee must be paid and completion of the on-line
510 application must occur prior to October 1 of the year preceding that in which
511 the candidate is taking the examination. It is the candidate's responsibility to
512 verify that they are registered for the general examination.

513 (e) A candidate who is not on the list of registered candidates will not be
514 admitted to the general examination.

515

516 The following criteria must be followed for the questions:

517 One question must be for the general section and the other for small animal
518 section. The general section question should address information common to
519 all species including physiology, pharmacology and disease-related
520 information (e.g. pathophysiology, clinical pathology, diagnosis and treatment).

521 Each submitted question must follow the guidelines for writing examination
522 questions of the American Board of Internal Medicine. These guidelines are
523 available on the AiCVIM website. The examination and the category for which
524 the question is intended must be clearly noted (candidates receive a list of
525 categories). All questions must be typed on separate sheets of paper and the
526 correct answer marked and referenced.

527 References for the general section must be either species non-specific, e.g. a
528 general physiology textbook, or include a small animal and large animal
529 reference. The reference must be from the latest available edition of a
530 textbook and must include the title of the text, editor/author and page
531 numbers. Candidates receive a recommended reading list, and references
532 used should be taken from this list.) The only journal articles acceptable as
533 references are review articles from the Journal of Veterinary Internal Medicine
534 published within the preceding five (5) years. References applicable only to
535 human medicine, e.g. human medical textbooks or The New England Journal
536 of Medicine, are not acceptable.

537 Questions not meeting the specifications supplied to the candidates will be
538 rejected, and the candidate will not be allowed to sit for the General
539 Examination that year.

540
541 D.2.d.3. A candidate may elect to take the general and specialty
542 examinations in separate years or may take the general and specialty
543 examinations in the same year provided the criteria stipulated in D.2.e.3 are
544 met.

545
546 D.2.e.4. The general examination will be given at the site approved by ACVIM
547 or AiCVIM.

548
549 D.2.f. Specialty Examinations

550
551 D.2.f.1. Each specialty has established credentials requirements, some or all
552 of which must be satisfied before the candidate may take the specialty
553 examination. Each specialty's examination will be developed, administered
554 and graded by the appropriate Specialty Examination Committee and rated by
555 ACVIM or AiCVIM Diplomates within each specialty. It is the applicant's
556 responsibility to request application / credentials packets from the AiCVIM
557 office or find them on the AiCVIM website (www.AiCVIM.org).

558
559 A candidate intending to take a specialty examination must submit his/her
560 credentials, including letters of reference, to arrive by the deadline established
561 by each particular specialty. Each specialty will also designate the criteria a
562 candidate must meet in order to submit his/her credentials. Each candidate
563 will be notified no later than Sixty (60) days after the submission deadline as
564 to the acceptability of the submitted credentials.

565 All candidates planning to take the specialty examination for the first time
566 whose submitted credentials are accepted, whether that year or in a previous
567 year, must complete their on-line application and pay an examination fee by
568 February 1 of the year in which he/she plans to take the specialty
569 examination.

570 Failure to register by the deadline will make the candidate ineligible to take
571 the specialty examination that year. It is a candidate's responsibility to verify
572 that they are registered for the specialty examination. Any candidate who is

573 not on the list of registered candidates will be denied admission to a
574 specialty examination.

575

576 D.2.f.2. Candidates may submit credentials following completion of twenty
577 two (22) months of a residency, or the equivalent time in any other
578 approved residency (provided they are in the final year of that program). A
579 candidate must submit his/her application, credentials documents on-line
580 and pay a non-refundable fee prior to the deadline specified by the
581 particular specialty. For all specialties the credentials documents and fee
582 should be submitted to the AiCVIM office. Each specialty's information
583 packet provides specific submission instructions for that specialty. The
584 credential processing fee is a one-time fee per specialty.

585

586 D.2.f.3. After having successfully passed the components of the credentials
587 process required by the specialty in order to take their specialty
588 examination, a candidate must complete an on-line application and pay an
589 examination fee. For all examination candidates in cardiology, neurology,
590 medical oncology and small animal internal medicine, this fee is due on
591 February 1 of the year in which the candidate plans to take the examination.
592 For candidates retaking the examination, an additional fee will be charged
593 for each re-examination.

594

595 D.2.g. Fees

596 The credentials fee is paid at the time the credentials are submitted and the
597 examination fee is paid after the credentials are accepted and before sitting for
598 the examination. Persons whose credentials previously were not approved and
599 are re-applying do not pay an additional credentials fee. Persons whose
600 credentials are approved but who are repeating the specialty examination must
601 pay an additional examination fee.

602 Details regarding payment of the various fees are addressed under each
603 section dealing with the specific portion of the certification process.

604

605 D.2.h. Procedure for Re-Application After Examination Failure

606 In order for a candidate to retake any examination that they previously failed
607 (whether the general examination, the specialty examination, or both
608 examinations), that candidate must complete an application to the AiCVIM

609 office and pay the appropriate fees. For these candidates, the application must
610 be completed and fees paid no later than February 1 of the year in which the
611 examination is to be retaken for the cardiology, neurology, medical oncology
612 and small animal internal medicine exams.

613

614 D.3. Notification Process

615 Individual candidates will be identified only by the unique Identification
616 Numbers assigned them by the AiCVIM office at the time they register until the
617 results of the examination are approved by the AiCVIM office. Written
618 notification of the results of the examination will be sent to candidates within
619 Sixty five (60) days from the date of the examination.

620

621 D.4. AiCVIM DIPLOMATE Certificates

622

623 D.4.a. Issuance of AiCVIM Diplomate Certificates

624 A candidate becomes an Active Diplomate immediately on completion of all
625 requirements established in the Resident Certification Manual, and will be so
626 notified by the AiCVIM office, although they don't receive the physical
627 certificate until the AMAMS conference immediately following completion of all
628 credentialing requirements.

629 Completion of credentialing requirements involves more than simply passing
630 the specialty examination. In addition to passing both examinations and
631 completing ALL specialty credentialing requirements, the candidate must
632 submit to the AiCVIM office a copy of his/her residency training certificate. If a
633 training program does not issue certificates the candidate must submit a letter
634 from the Program Supervisor stating that the candidate has satisfactorily
635 completed the approved residency training program prior to receiving his/her
636 AiCVIM Diplomate Certificate. This letter from the Program Supervisor must
637 state the actual date that the residency was completed, that date must conform
638 to the end- time stated in the approved residency form on file in the AiCVIM
639 office, and the letter cannot be submitted prior to the actual completion date of
640 the residency (which is the date specified in the resident registration form).

641 Neither the candidate nor the Program Supervisor may accelerate the
642 completion date of a program once that program has been approved by the
643 RTC. Candidates for the specialty of small animal internal medicine and the
644 specialty of medical oncology also must provide documentation that they have

645 completed the publication requirements of the credentialing process as
646 appropriate for each specialty. The AiCVIM Diplomate Certificates will not be
647 awarded until all requirements are met. A candidate has a maximum of five (5)
648 years from completion of the residency until becoming a board-certified
649 diplomate. If an individual fails to become board-certified within five years after
650 completion of the residency, that person is ineligible to become board-certified.

651 The AiCVIM office will prepare these Certificates and publish lists of new
652 AiCVIM Diplomates. AiCVIM Diplomate Certificates will be awarded at a time
653 and place as determined appropriate.

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681 **SPECIALTY OF SMALL ANIMAL INTERNAL MEDICINE**

682 Certification in Small Animal Internal Medicine requires meeting each of the
683 criteria listed below:

- 684 1) The candidate successfully completes an approved residency training
685 program in Small Animal Internal Medicine (SAIM) of the AiCVIM
- 686 2) The candidate attains a passing score on the general examination of the
687 AiCVIM
- 688 3) The candidate attains a passing score on the SAIM Specialty Examination of
689 the AiCVIM
- 690 4) The RTC accepts the credentials submitted by the candidate for SAIM
691 Specialty Certification.
- 692 5) The candidate completes the publication requirements for the SAIM specialty
693 as specified in the current Resident Certification Manual.

694

695 1. General Description of the residency training program in SAIM

696 An acceptable small animal internal medicine residency is a minimum one
697 hundred fifty-six (156) week intensive postgraduate clinical training program
698 under the supervision of Supervisor.

699 The small animal internal medicine residency must take place at a specialty
700 clinical facility where the resident will provide primary patient care appropriate to
701 his/her level of training and manage cases in all facets of veterinary internal
702 medicine, utilizing clinical pathology, pathology, radiology, ultrasonography, and
703 endoscopy. The resident will actively participate in the management of patients
704 seen, including receiving; selection, performance and interpretation of diagnostic
705 tests; patient management and decision-making; client communication;
706 appropriate follow-up; and prompt professional communications with referring
707 veterinarians. Case management must be directly or indirectly supervised and
708 reviewed by Program Supervisor and Supervising Diplomates.

709

710 Of the one hundred fifty-six (156) week clinical program:

711 a. A minimum of eighty (80) weeks must consist of intensive clinical training in
712 the specialty of SAIM with the trainee being under Direct* or Indirect
713 Supervision of Program Supervisor in the specialty of SAIM.

714 *Program Supervisor must do Direct Supervision at least 24 hours (3 days)
715 per a Training Week. The rest of 16 hours (2 days) of a Training Week can
716 be done by Indirect Supervision.

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b. A minimum of sixteen (16) additional weeks must consist of clinical training under the Direct or Indirect Supervision, either On-site Training or Off-site Experience, of at least one (1) Supervising Diplomate in the specialty of SAIM (other than Program Supervisor).

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b-i) As defined blocks of time, such as formal rotations on a specialty service or

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b-ii) On an individual case basis. For example, an Off-site Experience, Indirectly Supervised by a Supervising Diplomate in the specialty of SAIM would partially fulfill this requirement.

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c. A minimum of nine (9) weeks must consist of clinical training under the Direct or Indirect supervision, either On-site Training or Off-site Experience, of one (1) or more Supervising Diplomates in the specialty of cardiology, neurology or medical oncology.

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c-i) As defined blocks of time, such as formal rotations on a specialty service; or

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c-ii) On an individual case basis. For example, an Off-site Experience, Indirectly Supervised by a Supervising Diplomate in the specialty of cardiology, neurology, or medical oncology would partially fulfill this requirement.

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d. The remaining fifty-one (51) weeks should consist predominantly of clinical training in small animal internal medicine or in related areas, not necessarily under Direct or Indirect Supervision of a Resident Supervisor or Supervising diplomate. These may include assigned rotations in related clinical fields such as medical oncology, neurology, cardiology, emergency medicine and critical care, anesthesiology, pathology, surgery, dermatology, ophthalmology, clinical nutrition, and clinical pharmacology. These weeks also may include non-clinical responsibilities such as research, writing, studying, teaching or obtaining experience with a radiologist or clinical pathologist. Vacation time and time for attendance at meetings should be taken during this fifty-one (51) week period. Sponsoring Institution must provide a minimum of four (4) week off-clinic period as a study time before both General and Specialty exam.

752

e. The resident must spend the equivalent of at least eighty (80) hours direct

753 contact during the residency with an American College of Veterinary
754 Radiology or European College of Veterinary Diagnostic Imaging board-
755 certified veterinary radiologist. At least forty (40) hours should be spent
756 interpreting radiographs, learning and evaluating the results of special
757 imaging techniques (other than ultrasonography), and attending radiology
758 rounds and/or seminars. An additional minimum of forty (40) hours of training
759 in ultrasonography must be provided under the supervision of a board-
760 certified radiologist.

761 If the residents cannot receive the direct supervision of a board-certified
762 radiologist as specified above, they can alternatively take a lecture course of
763 diagnostic imaging provided by RTC.

764

765 f. The resident must spend the equivalent of at least forty (40) hours direct
766 contact during the residency with an American Society for Veterinary Clinical
767 Pathology or European College/Society of Veterinary Clinical Pathology
768 board-certified veterinary clinical pathologist, reviewing cytology and
769 laboratory data, and attending clinical pathologic rounds and/or seminars.
770 If the residents cannot receive the direct supervision of a board-certified
771 clinical pathologist as specified above, they can alternatively take a lecture
772 course of clinical pathology provided by RTC.

773

774 g. The resident must perform rhinoscopy, bronchoscopy, cystoscopy and
775 gastrointestinal scope at least five (5) times each under the direct supervision
776 of Program Supervisor or Supervising Diplomates in the specialty of SAIM
777 during the residency training program*. The resident also must take an
778 endoscopy lecture course (GI scope, Rhinoscopy, Bronchoscopy,
779 Cystoscopy) provided by RTC.

780 *If it is difficult for a resident to meet the endoscopic requirement due to a
781 variety of reasons, please contact RTC. An alternative plan can be
782 considered on an individual case basis.

783

784 h. The resident should perform teaching rounds for interns or veterinary
785 students an average of twice monthly during the residency training program.

786

787 i. The resident must attend journal club* eighty (80) hours minimum during the
788 residency training program.

789 *Journal club: Critical review of the current literature related to the veterinary
790 medicine, medicine, and life sciences.

791

792 j. The resident must give a formal presentation at a conference at least once
793 per year (a presentation at a school, regional, state or national meeting may
794 substitute for this presentation) during the residency training program. One
795 presentation must be performed in English in a major veterinary or medical
796 international conference. It is recommended that any questions concerning
797 the acceptability of a conference should be put to the RTC before attending
798 a conference.

799

800 2. Publication requirements

801 All candidates must submit one (1) publication relevant to the discipline of
802 veterinary small animal internal medicine with the candidate as first author.
803 The publication must be written in English and be in a refereed scientific,
804 medical or veterinary medical journal. A refereed journal is one that is
805 governed by policies and procedures established and maintained by a
806 standing editorial board which requires critical review of all papers and
807 approval by at least one recognized authority on the subject. Book chapters
808 or conference proceedings do not fit these criteria. Review articles and
809 reports of a single case are not acceptable. The publication must be in print,
810 online, or accepted for publication before the candidate will receive a
811 diplomate certificate. The examination may be taken, but the certification
812 process is not complete until the publication requirement is completed.

813 It is highly recommended that any questions concerning the acceptability
814 of a journal or the acceptability of the specific publication, e.g. content,
815 subject matter, should be made in writing the RTC prior to the submission of
816 the candidate's manuscript. This will ensure that the candidate's focus will
817 be on a suitable publication and may prevent inappropriate use of the
818 candidate's time.

819

820 3. Requirement for Sponsoring Institution

821 Standard radiographic, ultrasonographic, electrocardiographic, and
822 endoscopic equipment must be available at the primary training site. Clinical
823 pathology capabilities including CBC, serum chemistries, blood gases,
824 urinalysis, cytology, parasitology, microbiology, and endocrinology must be

825 available in the primary training hospital or by arrangement with local or
826 regional laboratories. Access to computed axial tomography is required.
827 Access to magnetic resonance imaging and nuclear medicine is
828 recommended but not required. The SI must have seen no less than 200 new
829 internal medicine cases per year in average to train a SAIM resident. For
830 example, a SI with three SAIM residents must have 600 new internal medicine
831 cases per year.

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851 **SPECIALTY OF CARDIOLOGY**

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853 Certification in Cardiology requires meeting each of the criteria listed below:

- 854 1) The candidate successfully completes an approved residency training
855 program in Cardiology of the AiCVIM
- 856 2) The candidate attains a passing score on the general examination of the
857 AiCVIM
- 858 3) The candidate attains a passing score on the Cardiology Specialty
859 Examination of the AiCVIM
- 860 4) The RTC accepts the credentials submitted by the candidate for Cardiology
861 Specialty Certification.
- 862 5) The candidate completes the publication requirements for the Cardiology
863 specialty as specified in the current Resident Certification Manual.

864

865 1. General Description of the residency training program in Cardiology

866 An acceptable small animal internal medicine residency is a minimum one
867 hundred fifty-six (156) week intensive postgraduate clinical training program
868 under the supervision of Supervisor.

869 The cardiology residency must take place at a specialty clinical facility where
870 the resident will provide primary patient care appropriate to his/her level of
871 training and manage cases in all facets of veterinary cardiology, utilizing clinical
872 pathology, pathology, radiology, ultrasonography, and fluoroscopy. The resident
873 will actively participate in the management of patients seen, including receiving;
874 selection, performance and interpretation of diagnostic tests; patient
875 management and decision-making; client communication; appropriate follow-
876 up; and prompt professional communications with referring veterinarians. Case
877 management must be directly or indirectly supervised and reviewed by Program
878 Supervisor and Supervising Diplomates.

879

880 Of the one hundred fifty-six (156) week clinical program:

881 a. A minimum of eighty (80) weeks must consist of intensive clinical training in
882 the specialty of small animal cardiology with the trainee being under Direct* or
883 Indirect Supervision of Program Supervisor in the specialty of Cardiology.

884 *Program Supervisor must do Direct Supervision at least 24 hours (3 days) per
885 a Training Week. The rest of 16 hours (2 days) of a Training Week can be done
886 by Indirect Supervision.

887

888 b. A minimum of sixteen (16) additional weeks must consist of clinical training
889 under the Direct or Indirect Supervision, either On-site Training or Off-site
890 Experience, of at least one (1) Supervising Diplomate in the specialty of
891 cardiology (other than Program Supervisor).

892 b-i) As defined blocks of time, such as formal rotations on a specialty
893 service or

894 b-ii) On an individual case basis. For example, an Off-site Experience,
895 Indirectly Supervised by a Supervising Diplomate in the specialty of
896 cardiology would partially fulfill this requirement.

897

898 c. A minimum of six (6) weeks up to 12 weeks must consist of clinical training
899 under the Direct or Indirect supervision, either On-site Training or Off-site
900 Experience, of one (1) or more Supervising Diplomates in the specialty of
901 internal medicine.

902 c-i) As defined blocks of time, such as formal rotations on a specialty
903 service; or

904 c-ii) On an individual case basis. For example, an Off-site Experience,
905 Indirectly Supervised by a Supervising Diplomate in the specialty of
906 internal medicine would partially fulfill this requirement.

907

908 d. The remaining fifty-one (51) weeks should consist predominantly of clinical
909 training in cardiology or in related areas, not necessarily under Direct or
910 Indirect Supervision of a Program Supervisor or Supervising diplomate. These
911 may include assigned rotations in related clinical fields such as small animal
912 internal medicine, emergency medicine and critical care, anesthesiology,
913 pathology, clinical nutrition, and clinical pharmacology. These weeks also may
914 include non-clinical responsibilities such as research, writing, studying,
915 teaching, or obtaining experience with a radiologist or clinical pathologist.
916 Vacation time and time for attendance at meetings should be taken during this
917 fifty-one (51) week period. Sponsoring Institution must provide a minimum of
918 four (4) week off-clinic period as a study time before General and Specialty
919 exam.

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923 e. Cardiac catheterization

924 Experiences of at least ten (10) cardiac catheterizations for diagnostic or
925 interventional purposes under the direct supervision of Program Supervisor or
926 Supervising Diplomates are required during the residency program.* A
927 procedure that the Resident acts as 2nd-operator can be counted in the case-
928 log.

929 Diagnostic catheterization procedures include angiocardiography,
930 endomyocardial biopsy, placement of Swan-Ganz catheters, and
931 electrophysiological catheterizations. Interventional cardiac catheterizations
932 include balloon valvuloplasty, cardiac pacing and shunt occlusion and other
933 techniques for correction of cardiac diseases.

934 No one procedure type can account for more than four (4) of the ten (10)
935 total procedures to fulfill this requirement. For example, a candidate may
936 implant more than four (4) transvenous pacemakers during the residency, but
937 only four (4) would count toward this requirement and additional procedures
938 of other types would also be needed. Procedures that involve multiple
939 techniques such as diagnostic catheterization, selective angiography, and an
940 intervention (e.g. balloon valvuloplasty or coil embolization) could be counted
941 in any one (but not more than one) category. In other words, a candidate who
942 performed seven (7) balloon valvuloplasties could count four (4) of them as
943 balloon valvuloplasty, and three (3) of them as diagnostic catheterizations
944 (which would represent the eight procedures performed, four (4) counted in
945 one category and three (3) in the second).

946 This is the minimum number of acceptable procedures and true proficiency
947 is likely to require more than this minimum standard.

948 *If it is difficult for a resident to meet the catheterization requirement due to a
949 variety of reasons, please contact RTC. An alternative plan can be considered
950 on an individual case basis.

951

952 f. Recording and interpretation of at least 500 echocardiograms (including B-
953 mode, M-mode, Doppler studies) are required during the residency program.

954

955 g. The resident should perform teaching rounds for interns or veterinary
956 students an average of twice monthly during the residency training program.

957

958

959 h. The resident must attend journal club* eighty (80) hours minimum during
960 the residency training program.

961 *Journal club: Critical review of the current literature related to the veterinary
962 cardiology, cardiology, and life sciences.

963

964 i. The resident must give a formal presentation at a conference at least once
965 per year (a presentation at a school, regional, state or national meeting may
966 substitute for this presentation) during the residency training program. One
967 presentation must be performed in English in a major veterinary or medical
968 international conference. It is recommended that any questions concerning the
969 acceptability of a conference should be put to the RTC before attending a
970 conference.

971

972 j. Resident Logs

973 The Residents must complete the following logs during the Resident Training
974 Program.

975 - Echocardiography log

976 - Cardiovascular Procedures log

977

978 2. Publication requirements

979 All candidates must submit two (2) publication relevant to the discipline of
980 veterinary small animal cardiology with the candidate as first author of at least
981 one of two papers. The publication must be written in English and be in a
982 refereed scientific, cardiology or veterinary cardiology journal. A refereed
983 journal is one that is governed by policies and procedures established and
984 maintained by a standing editorial board which requires critical review of all
985 papers and approval by at least one recognized authority on the subject.
986 Book chapters or conference proceedings do not fit these criteria. Review
987 articles and reports of a single case is acceptable. The publication must be in
988 print, online, or accepted for publication before the candidate will receive a
989 diplomate certificate. The examination may be taken, but the certification
990 process is not complete until the publication requirement is completed.

991 It is highly recommended that any questions concerning the acceptability of
992 a journal or the acceptability of the specific publication, e.g. content, subject
993 matter, should be made in writing the RTC prior to the submission of the
994 candidate's manuscript. This will ensure that the candidate's focus will be on

995 a suitable publication and may prevent inappropriate use of the candidate's
996 time.

997

998 3. Requirement for Sponsoring Institution

999 a. Hospital Facilities

1000 The Cardiology Residency Training Program must take place at a specialty
1001 clinical facility where the resident will provide primary patient care appropriate
1002 to his/her level of training and manage cases. Diagnostic equipment and
1003 facilities must include laboratories for clinical pathology, microbiology,
1004 parasitology, and pathology (gross and microscopic).

1005 It is desirable that the resident can access internal medicine and 24-hour
1006 emergency and critical care facilities on-site that can provide clinical training for
1007 the residency program although this is not essential at this time.

1008 The resident will actively participate in the management of patients, including
1009 receiving; selection, performance, and interpretation of diagnostic tests; patient
1010 management and decision-making; client communication; appropriate follow-
1011 up; and prompt professional communications with referring veterinarians. Case
1012 management must be directly supervised and reviewed by a supervising
1013 diplomate(s).

1014

1015 b. Specialized Diagnostic and Therapeutic Equipment

1016 Essential equipment for the facility which provides a Cardiology Residency
1017 Training Program includes fluoroscopic equipment for interventional
1018 radiographic procedures, on-site radiography, electrocardiography, and
1019 echocardiography.

1020 Desirable equipment includes Holter electrocardiography (portable
1021 electrocardiographic device), computed tomography imaging, magnetic
1022 resonance imaging, intracardiac electrophysiology and nuclear medicine.

1023

1024 c. There shall be no more than two (2) cardiology residents per active AiCVIM
1025 Cardiology Diplomate (full time employees) in a RTP.

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1031 **SPECIALTY OF NEUROLOGY**

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1033 Certification in Neurology requires meeting each of the criteria listed below:

- 1034 1) The candidate successfully completes an approved residency training
1035 program in Neurology of the AiCVIM
- 1036 2) The candidate attains a passing score on the general examination of the
1037 AiCVIM
- 1038 3) The candidate attains a passing score on the Neurology Specialty
1039 Examination of the AiCVIM
- 1040 4) The RTC accepts the credentials submitted by the candidate for Neurology
1041 Specialty Certification to sit for the AiCVIM Neurology Specialty Examination.
- 1042 5) The candidate completes the publication requirements for the Neurology
1043 specialty as specified in the current Resident Certification Manual.

1044

1045 1. General Description of the residency training program in Neurology

1046 An acceptable neurology residency is a minimum ninety-six (96) week intensive
1047 postgraduate clinical training program under the supervision of Program
1048 Supervisor during one hundred fifty-six (156) week duration. These 96 weeks
1049 must consist of clinical training, not other aspects of the residency such as
1050 research or attending the conferences. The reminder, sixty (60) weeks must
1051 consist of vacation, unsupervised time, research assignment, or additional
1052 clinical training. For Resident Training Programs (RTPs) combined with
1053 academic degrees (MS or doctorate), the resident must complete the residency
1054 in blocks of time with each block being no less than four (4) weeks in length, and
1055 complete a minimum of 20 weeks of residency training per year for those
1056 portions of training which must be completed in Training Weeks, rather than
1057 Training Hours.

1058 The Neurology residency must take place at an RTC-approved Sponsoring
1059 Institution where the resident will provide primary patient care appropriate to
1060 his/her level of training and manage cases in all facets of veterinary neurology,
1061 utilizing clinical pathology, pathology, radiology, ultrasonography, Computed
1062 Tomography (CT), Magnetic Resonance Imaging (MRI), electrodiagnostics, and
1063 neurosurgery. The resident will actively participate in the management of
1064 patients seen, including receiving; selection, performance and interpretation of
1065 diagnostic tests; patient management and decision-making; client
1066 communication; appropriate follow-up; and prompt professional communications

1067 with referring veterinarians. Case management must be directly or indirectly
1068 supervised and reviewed by Program Supervisor and Supervising Diplomates.

1069

1070 a. Of the ninety-six (96) week clinical program:

1071 a-1) At least 75 of the 96 weeks must consist of clinical neurology service
1072 rotations with the trainee being under full-time, on-site supervision of at least
1073 one (1), on-site AiCVIM/ACVIM/ECVN diplomate(s) in the specialty of
1074 Neurology. The 75 weeks includes no less than 50 weeks of Direct Supervision
1075 of at least one (1) Supervising Diplomate in the specialty of Neurology. The
1076 Supervisor must be available and do Direct Supervision with hands-on
1077 management of cases interactively and concurrently. The Supervisor is
1078 expected to be available for face-to-face consultation with the resident
1079 throughout the day.

1080

1081 a-2) Up to twenty-five (25) weeks of the 75 weeks must consist of clinical training
1082 under the Direct or Indirect Supervision of at least one (1) Supervising
1083 Diplomate in the specialty of neurology. For Indirect Supervision, the Supervisor
1084 is required to have face-to-face contact with the resident for at least one (1) hour
1085 per day for four (4) days per week. Academic degree programs (master's or
1086 doctorate) cannot be substituted for intensive clinical training in neurology.
1087 While not a strict regulation, it is the RTC's recommendation to apply the indirect
1088 supervision mainly for residents in the 3rd and the 2nd year.

1089

1090 a-3) Each resident must submit at least sixty (60) neurosurgical case log as a part
1091 of the documentation of the credentials. A Neurology RTP may elect to offer
1092 additional training in neurosurgical procedures and techniques beyond the
1093 minimum requirement. A Neurology RTP offering additional neurosurgical
1094 training will ensure that upon completion, residents will have obtained the
1095 following:

1096 - Broad working knowledge of surgical anatomy, physiology, and pathology
1097 of the nervous system;

1098 - In-depth knowledge of the effects on patients of disorders that have
1099 neurosurgery as a treatment option;

1100 - Proficiency in clinical neurosurgery by exposure to a sufficient number and
1101 variety of cases representing all facets of neurosurgery in a hospital
1102 equipped for the practice of veterinary neurology and neurosurgery.

- 1103 - Awareness of and ability to complete the neurosurgical log.
1104
- 1105 a-4) A minimum of ten (10) hours must consist of performing electrodiagnostic
1106 work-up for neuromuscular conditions as well as electroencephalography under
1107 the Direct or Indirect Supervision of at least one (1) Supervising Diplomate in the
1108 specialty of neurology. Remote one-on-one supervision/learning could partially
1109 fulfill this requirement. The resident also must take lectures for electrodiagnostics
1110 provided by AiCVIM RTC. Other occasions such as Brain Camp, ECVN The
1111 Residents' Day, or ACE are qualified as substitutions if preapproved by the ECC.
1112
- 1113 a-5) A minimum of one (1) week or forty (40) hours must consist of clinical training
1114 under the Direct supervision, either On-site Training or Off-site Experience, of
1115 one (1) or more Supervising Diplomates in the specialty of neuropathology,
1116 reviewing histopathologic specimens, and attending neuropathology rounds
1117 and/or seminars. Other occasions such as Brain Camp, ECVN The Residents'
1118 Day, or ACE are qualified as substitutions if preapproved by the RTC.
1119
- 1120 a-6) A minimum of two (2) weeks must consist of clinical training under the Direct
1121 supervision, either On-site Training or Off-site Experience, of one (1) or more
1122 Supervising Diplomates in the specialty of internal medicine as defined blocks
1123 of time, such as formal rotations on a specialty service.
1124
- 1125 a-7) A minimum of forty (40) hours must consist of clinical training under the Direct
1126 supervision, either On-site Training or Off-site Experience, of one (1) or more
1127 Supervising Diplomates in the specialty of ophthalmology as defined blocks of
1128 time, such as formal rotations on a specialty service.
1129
- 1130 a-8) A minimum of eighty (80) hours must consist of clinical training in emergency
1131 service as defined blocks of time, such as formal rotations on a specialty service.
1132 Residents must participate the service during the rotation.
1133
- 1134 a-9) A minimum of eighty (80) hours must consist of clinical training under the
1135 Direct supervision, either On-site Training or Off-site Experience, of one (1) or
1136 more Supervising Diplomates in the specialty of diagnostic imaging. At least
1137 thirty (30) hours should be spent interpreting radiographs and MRI respectively,
1138 at least twenty (20) hours to learn and evaluate other imaging modalities

1139 including CT, ultrasonography, or PET, and attending radiology rounds and/or
1140 seminars.

1141 i) As defined blocks of time, such as formal rotations on a specialty service;
1142 or

1143 ii) As a regular participation in weekly rounds with a radiologist for a total of
1144 80 hours

1145

1146 a-10) A minimum of one (1) week or forty (40) hours must consist of clinical
1147 training under the Direct supervision, either On-site Training or Off-site
1148 Experience, of one (1) or more Supervising Diplomates in the specialty of
1149 clinical pathology,

1150 i) As defined blocks of time, such as formal rotations on a specialty service;
1151 or

1152 ii) As a regular participation in weekly rounds with a clinical pathologist for a
1153 total of 40 hours.

1154

1155 a-11) The remaining twelve (12) weeks should consist predominantly of clinical
1156 training in neurology or in related areas with an AiCVIM Diplomates, or with
1157 Board-certified specialists in an allied specialty (e.g. ACVIM, ECVIM, ACVR,
1158 ACVS, ACVP, or ACVECC). The affiliated rotations must be completed in two
1159 (2) week blocks, unless there are extenuating circumstances, as approved by
1160 the Neurology RTC. In this case, specifically approved one (1) week blocks
1161 would be acceptable. Examples of extenuation circumstances would be illness
1162 or family emergency. Individuals already Board-Certified (ACVIM, ECVIM,
1163 AiCVIM) in one of the required affiliated rotations are not required to complete
1164 additional directly supervised time in that specialty. Instead, the equivalent
1165 number of weeks of directly supervised time may be spent in other approved
1166 affiliated rotations. The candidate is required to obtain the written approval of
1167 the supervising diplomate for each off-site rotation, and documentation of this
1168 approval must be forwarded to the RTC.

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1170

1171 b. Of the remaining 60 weeks:

1172 b-1) The remaining sixty (60) weeks should consist predominantly of clinical
1173 training in veterinary neurology or in related areas, not necessarily under direct
1174 supervision of an AiCVIM diplomate. These may include assigned rotations in

1175 related clinical fields such as medical oncology, radiation oncology, small animal
1176 internal medicine, large animal internal medicine, equine internal medicine,
1177 cardiology, emergency medicine and critical care, neuropathology, surgery,
1178 diagnostic imaging, ophthalmology, and clinical pathology. These weeks also
1179 may include non-clinical responsibilities such as research, writing, studying,
1180 teaching or obtaining experience with other appropriate specialties. Vacation
1181 time and time for attendance at meetings should be taken during this sixty (60)
1182 week period.

1183

1184 b-2) Uncompromised time to study for examinations must be provided as follows:

1185 A minimum of 4 continuous weeks of protected study time must be allocated to
1186 the resident for preparation for the AiCVIM General Examination and an
1187 additional minimum of 4 weeks of continuous protected time for the Specialty
1188 Examination (for a minimum of 8 weeks of protected study time). Protected and
1189 uninterrupted study time should be scheduled to precede the examination date
1190 as much as is practical.

1191

1192

1193 c. Residents must actively participate in management of neurology patients. This
1194 includes receiving patients, supervising daily patient care, coordinating neurology
1195 clinical teaching, providing optimal client service, communicating with clients
1196 (owners), and engaging in appropriate follow-up and professional communication
1197 with referring veterinarians. Supervisors must directly supervise and review case
1198 management.

1199 The number of cases a resident sees depends on the species, the kinds of
1200 problems, and the depth of study required. Emphasis should be on quality and
1201 variety of cases rather than on quantity of cases.

1202 Residents have primary responsibility for their cases. They maintain complete
1203 medical records for all patients. The problem-oriented veterinary medical record
1204 system is strongly encouraged. Records must be retrievable and searchable.

1205 During neurology clinical training, residents must attend and participate in daily
1206 patient-oriented rounds with at least one Supervising Diplomate present. In an
1207 RTP where veterinary students and interns are integral to and participating in
1208 hospital activities, residents should be encouraged to supervise cases and lead
1209 rounds discussions with a supervisor present until the supervisor deems a
1210 resident capable of leading student rounds independently.

1211

1212 d. The resident should actively participate in formal teaching such as resident
1213 seminars, grand rounds sessions, neurobiology classes, and journal clubs
1214 regardless of whether they are on or off clinic duty. An organized, routinely
1215 scheduled, and documented Journal Club of at least 80 total contact hours over
1216 the course of the residency is required; teleconferencing and programs having
1217 a joint Journal Club is acceptable when necessary. Documentation will include
1218 dates of meetings, names of participants, and articles reviewed at each meeting.
1219 The RTC or RTCC may request the documentation from the program if there
1220 are questions during a program's review. Residents and at least one board-
1221 certified individual from any AiCVIM specialty must attend Journal Club.
1222 Residents must keep a log of Journal Club activities that includes date, topics
1223 discussed, and those in attendance. The log is to be submitted as part of a
1224 resident's credentials review.

1225 As a part of formal teaching experience, residents must give at least three (3)
1226 presentations at a formal conference during their residency. Conferences given
1227 within a veterinary practice or hospital or at a medical school or medical teaching
1228 hospital are acceptable. The RTP application should include the format and
1229 schedule of these conferences and presentations. Presentations may include
1230 lectures in departmental courses for veterinary students, grand rounds or
1231 morbidity and mortality rounds, whereby the presentation format is to a hospital-
1232 wide, multi-specialty audience. Presentations may also include those of
1233 research and manuscript findings, or seminars at regional, state, national or
1234 international conferences, or participation in continuing education programs.
1235 Presentation at a formal conference does not include resident rounds (defined
1236 as a presentation to the institutional neurologists and/or resident-only audience)
1237 or presentations to veterinary school clubs. Documentation of these
1238 presentations must be included in the resident's neurology credentials
1239 submission. A copy of the presentation program must be included in the
1240 neurology credentials packet of the resident; Electronic /Online / Digital
1241 opportunities (seminars, conferences, neurology specific continuing education,
1242 neuropathology courses, etc.) may be utilized as preapproved by the Neurology
1243 RTC.

1244

1245 e. Residents must attend/participate in at least one international veterinary
1246 medical or human medical continuing education conference during their

1247 residency. Approved continuing education conferences include AMAMS,
1248 ACVIM forum, and ECVN annual symposium. Other conferences could be
1249 preapproved by Neurology RTC upon individual inquiry. Remote attendance at
1250 these conferences is permitted. Documentation of attendance at the conference
1251 must be included in the neurology credentials packet of the resident.

1252

1253 f. The resident must submit the following documents annually to AiCVIM college
1254 committee: i) a case log which includes case ID, clinical diagnosis, and date; ii)
1255 a neurosurgery log which includes case ID, date, names of primary and
1256 assistant surgeons, and type of surgical procedure.

1257

1258

1259 2. Publication requirements

1260 All candidates must submit one (1) publication relevant to the discipline of
1261 veterinary neurology with the candidate as first author (or co-first author).

1262 The publication must be written in English and be in a refereed scientific,
1263 neurology, neuroscience, or veterinary neurology journal. A refereed journal
1264 is one that is governed by policies and procedures established and
1265 maintained by a standing editorial board which requires critical review of all
1266 papers and approval by at least one recognized authority on the subject.

1267 Book chapters or conference proceedings do not fit these criteria. Review
1268 articles and reports of a single case are not acceptable. Residents must
1269 provide proof of publication or full acceptance for publication as a part of the
1270 credentials. Publications with acceptance pending minor changes will be
1271 provisionally accepted at the time of submission of the credentials file,
1272 provided proof of full acceptance without further amendment is received by
1273 the Neurology RTC by 10 days prior to the announcement of the credentials
1274 evaluation results. Any questions concerning the acceptability of a
1275 publication should be directed to the Chair of the Neurology RTC, prior to the
1276 submission of the credentials packet. Review articles and reports of a single
1277 case are not acceptable.

1278

1279 3. Requirement for Sponsoring Institution

1280 a. There must be a minimum of one (1) active AiCVIM Neurology Diplomates per
1281 institution for a neurology residency to be approved or to maintain approval
1282 (annual renewal of the residency). Active diplomates of ACVIM (Neurology) or

- 1283 ECVN may also serve as supervising diplomates only in in-house collaboration
1284 with AiCVIM Neurology Diplomates.
1285
- 1286 b. There shall be no more than two (2) neurology residents per active AiCVIM
1287 Neurology Diplomate (full time employees) in a RTP.
1288
- 1289 c. The candidate must have routine access to adequate diagnostic facilities.
1290 These routine clinical facilities must include the followings:
1291 - standard radiographic, ultrasonographic, electrocardiographic equipment
1292 (onsite access to MRI and CT is highly recommended but is not required)
1293 - Electrodiagnostic equipment for nerve stimulation and electromyography
1294 (onsite access to EEG is highly recommended but is not required)
1295 - Clinical pathological services, including CBC, serum chemistries, blood
1296 gas analysis, urinalysis, cytology, parasitology, microbiology, and
1297 endocrinology. Cerebrospinal fluid analysis must be adequately performed
1298 and a board-certified veterinary clinical pathologist should be routinely
1299 available for evaluation, or, at a minimum, for timely phone consultation. If
1300 these capabilities are unavailable within the hospital, then the Sponsoring
1301 Institution must make arrangement with local or regional laboratories.
1302
- 1303 d. The candidates must have access to surgical facilities suitable for standard
1304 neurosurgical procedures.
1305
- 1306 e. 24-hour Intensive Care Service with full access of the candidates must be
1307 arranged on site. (24-hour Emergency Care Service is also recommended but
1308 not required)
1309
- 1310 f. The minimum case load of the Sponsoring Institution must be 250 new
1311 neurological cases per year if the institution has a single resident, and 150
1312 additional new neurological cases per year per additional resident.
1313
- 1314 g. The Sponsoring Institution is the primary facility, practice, or institution that
1315 hosts an RTP. It is best practice for every Sponsoring Institution to have
1316 human resource policies that address issues of discrimination and
1317 harassment. These policies should provide adequate pathways for a resident
1318 to resolve concerns regarding discrimination or harassment if problems are

1319 identified.

1320

1321 h. The resident should have access to a veterinary medical library with online
1322 searching capacity and, at a minimum, access to all textbooks and full-text
1323 access to all journals on the current examination reading list.

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1355 **SPECIALTY OF MEDICAL ONCOLOGY**

1356

1357 Certification in Medical Oncology requires meeting each of the criteria listed
1358 below:

- 1359 1) The candidate successfully completes an approved residency training
1360 program in Medical Oncology of the AiCVIM
- 1361 2) The candidate attains a passing score on the general examination of the
1362 AiCVIM
- 1363 3) The candidate attains a passing score on the Medical Oncology Specialty
1364 Examination of the AiCVIM
- 1365 4) The RTC accepts the credentials submitted by the candidate for Medical
1366 Oncology Specialty Certification.
- 1367 5) The candidate completes the publication requirements for the Medical
1368 Oncology specialty as specified in the current Resident Certification Manual.

1369

1370 1. General Description of the residency training program in Medical Oncology

1371 An acceptable medical oncology residency is a minimum one hundred fifty six
1372 (156) week intensive postgraduate clinical training program under the
1373 supervision of Supervisor.

1374 The medical oncology residency must take place at an RTC-approved
1375 Sponsoring Institution where the resident will provide primary patient care
1376 appropriate to his/her level of training and manage cases in all facets of
1377 veterinary oncology, utilizing clinical pathology, surgical pathology, radiology,
1378 radiation oncology, and surgical oncology. The resident will actively participate
1379 in the management of patients seen, including receiving; selection,
1380 performance and interpretation of diagnostic tests; patient management and
1381 decision-making; client communication; appropriate follow-up; and prompt
1382 professional communications with referring veterinarians. Case management
1383 must be directly or indirectly supervised and reviewed by Program Supervisor
1384 and Supervising Diplomates.

1385

1386 **a. Of the one hundred fifty six (156) week clinical program:**

1387 a-1) A minimum of ninety-two (92) weeks must consist of intensive clinical training
1388 in the specialty of medical oncology with the trainee being under Direct
1389 Supervision of at least one (1) Supervising Diplomate in the specialty of medical
1390 oncology. The Supervisor must be available and do Direct Supervision with

1391 hands-on management of cases interactively and concurrently for a minimum
1392 of twenty-four (24) hours (3 days) per Training week. For Direct Supervision,
1393 the Supervisor is expected to be available for face-to-face consultation with the
1394 resident throughout the day. The remaining sixteen hours (2 day) of the Training
1395 week must consist of clinical training under the Direct or Indirect Supervision of
1396 at least one (1) Supervising Diplomate in the specialty of medical oncology. For
1397 Indirect Supervision, the Supervisor is required to have face-to-face contact with
1398 the resident for at least one (1) hour per day.

1399

1400 a-2) A minimum of sixteen (16) weeks must consist of clinical training under the
1401 Direct supervision, either On-site Training or Off-site Experience, of one (1) or
1402 more Supervising Diplomates in the specialty of internal medicine as defined
1403 blocks of time, such as formal rotations on a specialty service.

1404

1405 a-3) A minimum of eight (8) week must consist of clinical training under the Direct
1406 supervision, either On-site Training or Off-site Experience, of one (1) or more
1407 Supervising Diplomates in the specialty of radiation oncology as defined blocks
1408 of time, such as formal rotations on a specialty service.

1409

1410 a-4) A minimum of two (2) weeks must consist of clinical training under the Direct
1411 supervision, either On-site Training or Off-site Experience, of one (1) or more
1412 Supervising Diplomates in the specialty of diagnostic imaging,

1413 i) As defined blocks of time, such as formal rotations on a specialty service;
1414 or

1415 ii) As a regular participation in weekly rounds with a radiologist for a total of
1416 80 hours

1417

1418 a-5) A minimum of one (1) week must consist of clinical training under the Direct
1419 supervision, either On-site Training or Off-site Experience, of one (1) or more
1420 Supervising Diplomates in the specialty of clinical pathology,

1421 i) As defined blocks of time, such as formal rotations on a specialty service;
1422 or

1423 ii) As a regular participation in weekly rounds with a clinical pathologist for a
1424 total of 40 hours.

1425

1426 a-6) A minimum of one (1) week must consist of clinical training under the Direct

1427 supervision, either On-site Training or Off-site Experience, of one (1) or more
1428 Supervising Diplomates in the specialty of surgical pathology,

1429 i) As defined blocks of time, such as formal rotations on a specialty service;
1430 or

1431 ii) As a regular participation in weekly rounds with a surgical pathologist for a
1432 total of 40 hours.

1433

1434 a-7) The remaining eighteen (18) weeks should consist predominantly of clinical
1435 training in medical oncology or in related areas with an AiCVIM Diplomates, or
1436 with Board-certified specialists in an allied specialty (e.g. ACVIM, ECVIM, ACVR,
1437 ACVS, ACVP, or ACVECC). The affiliated rotations must be completed in two
1438 (2) week blocks, unless there are extenuating circumstances, as approved by
1439 the RTC. In this case, specifically approved one (1) week blocks would be
1440 acceptable. Examples of extenuation circumstances would be illness or family
1441 emergency. Individuals already Board-Certified (ACVIM, ECVIM, AiCVIM) in
1442 one of the required affiliated rotations are not required to complete additional
1443 directly supervised time in that specialty. Instead, the equivalent number of
1444 weeks of directly supervised time may be spent in other approved affiliated
1445 rotations. The candidate is required to obtain the written approval of the
1446 supervising diplomate for each off-site rotation, and documentation of this
1447 approval must be forwarded to the RTC.

1448

1449 b. The resident should actively participate in the management of oncology
1450 patients, including receiving, diagnostics, management and decision making,
1451 client communication, appropriate follow-up and professional communication
1452 with the referring veterinarian. Case management should be supervised directly
1453 and be reviewed by the Supervising Diplomate. While on clinic duty, residents
1454 are required to participate in daily patient-oriented rounds.

1455

1456 c. The resident should participate in formal teaching, resident seminars, grand
1457 rounds sessions, journal clubs, and tumor biology classes an average of four
1458 (4) times per month regardless of whether they are on or off clinic duty. An
1459 organized, routinely scheduled, and documented Journal Club of at least 80
1460 total contact hours over the course of the residency is required;
1461 teleconferencing and programs having a joint Journal Club is acceptable when
1462 necessary. Documentation will include dates of meetings, names of participants,

1463 and articles reviewed at each meeting. The RTC or RTCC may request the
1464 documentation from the program if there are questions during a program's
1465 review. Residents and at least one board-certified individual from any AiCVIM
1466 specialty must attend Journal Club.

1467

1468 d. Residents must present at least one oral abstract presentation at international
1469 conference(s) in English such as AMAMS, ACVIM, VCS or ESVONC. Other
1470 international conferences may be accepted as a requirement upon review by
1471 the RTC.

1472

1473 e. The resident must submit the following documents annually to AiCVIM office:
1474 i) a case log which includes case ID, type of tumor, and date; ii) a chemotherapy
1475 log which includes case ID, type of tumor, date, and type of chemotherapy
1476 (protocol or chemotherapy agent (s)).

1477

1478 f. The resident is expected to participate in a laboratory or clinical investigative
1479 research project during the medical oncology residency. However, academic
1480 degree programs (M.S. or Ph.D.) cannot be substituted for intensive clinical
1481 training. Residency training time and PhD training time should be calculated
1482 separately.

1483

1484 2. Publication requirements

1485 All candidates must submit one (1) publication relevant to the discipline of
1486 veterinary small animal oncology with the candidate as first author (or co-first
1487 author). The publication must be written in English and be in a refereed
1488 scientific, medical or veterinary medical journal as outlined below. A refereed
1489 journal is one that is governed by policies and procedures established and
1490 maintained by a standing editorial Board which requires critical review of all
1491 papers and approval by at least one recognized authority on the subject. Book
1492 chapters or conference proceedings do not fit these criteria. Mainstream
1493 journals of major disciplines are acceptable providing they adhere to the
1494 principals of peer review, and the subject of the paper is in the field of
1495 veterinary oncology. Any questions concerning the acceptability of a
1496 publication should be directed to the RTC, prior to the submission of the
1497 credentials packet. Review articles and reports of a single case are not
1498 acceptable. Published manuscripts that were used to meet the credentialing

1499 requirements of other AiCVIM specialties cannot be used to meet the oncology
1500 requirements. However, the candidate may use an otherwise acceptable
1501 manuscript that is based on work completed during programs other than their
1502 medical oncology residency, including, but not limited to internships, other non-
1503 AiCVIM residencies, Master of Science programs and PhD programs.

1504

1505 *Acceptable journal list for publication

1506 American Journal of Veterinary Research

1507 BMC Veterinary Research

1508 BMC (Biomed Central) Journals: Genomes

1509 Cancer Genetics Molecular Cancer

1510 Canadian Journal of Veterinary Research

1511 Canadian Veterinary Journal

1512 Cancer

1513 Cancer Gene Therapy

1514 Cancer Chemotherapy and Pharmacology Cancer

1515 Immunology/Immunotherapy Cancer Research

1516 Cell

1517 Clinical and Experimental Metastasis

1518 Clinical Cancer Research

1519 Frontiers in Veterinary Science

1520 Journal of American Animal Hospital Association

1521 Journal of Comparative Pathology

1522 Veterinary Science Journal of Feline Medicine and Surgery

1523 Journal of Small Animal Practice

1524 Journal of the American Veterinary Medical Association

1525 Journal of Veterinary Internal Medicine

1526 Journal of Veterinary Science

1527 PLoS Journals

1528 Mammalian Genome Nature

1529 Nature Reviews: Cancer

1530 New England Journal of Medicine

1531 Oncogene

1532 Research in Veterinary Science

1533 Science

1534 The Veterinary Journal

1535 The Journal of Veterinary Medical Science
1536 Veterinary and Comparative Oncology
1537 Veterinary Clinical Pathology
1538 Veterinary Immunology and Immunopathology
1539 Veterinary Medicine and Science
1540 Veterinary Pathology
1541 Veterinary Radiology and Ultrasound
1542 Veterinary Record
1543 Veterinary Science Research Communications
1544 Veterinary Surgery

1545

1546 3. Requirement for Sponsoring Institution

1547 a. There must be a minimum of one (1) active AiCVIM medical oncology
1548 diplomates per institution for a medical oncology residency to be approved or
1549 to maintain approval (annual renewal of the residency).

1550

1551 b. The SI must have seen no less than 200 new referral oncology cases per year
1552 in average to train a medical oncology resident. For example, a SI with three
1553 medical oncology residents must have 600 new referral oncology cases per
1554 year.

1555

1556 c. There shall be no more than three (3) oncology residents per active AiCVIM
1557 medical oncology diplomate (full time employees) in a residency training
1558 program.

1559

1560 d. The candidate must have routine access to adequate diagnostic facilities.
1561 These routine clinical facilities must include standard radiographic,
1562 ultrasonographic, electrocardiographic, and endoscopic equipment. Access to
1563 nuclear medicine, computerized axial tomography or MRI is strongly
1564 recommended, although it does not have to be on-site.

1565

1566 e. The resident should have access to radiation oncology under an ACVR
1567 boarded radiation oncologist or RTC-approved VMTH/Oncology Specialty
1568 Animal Hospital with radiation therapy unit for the required minimum of eight (8)
1569 weeks of directly supervised training.

1570

1571 f. The resident must have access to 24-hour emergency and critical care facilities
1572 on-site.

1573

1574 g. A board-certified veterinary clinical pathologist or anatomic pathologist and a
1575 fully equipped clinical laboratory facility should be routinely available for
1576 evaluation of and consultation about clinical material submitted, at a minimum,
1577 for timely phone consultation.

1578

1579 h. The resident should have access to a veterinary medical library with online
1580 searching capacity and, at a minimum, access to all textbooks and full-text
1581 access to all journals on the current examination reading list.

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1607 Supplemental Material

1608 **GENERAL GUIDELINES FOR INTERNS**

1609 The minimum Requirements in Clinical Skills of Internal Medicine

1610 The intern shall:

- 1611 1. Take a full history, complete a physical examination, and reach a differential
1612 diagnosis.
- 1613 2. Order investigations and, where applicable, collect an appropriate specimen.
- 1614 3. Show competence in the interpretation of basic results as listed below and be
1615 able to formulate a definitive diagnosis:
 - 1616 a) Hematology
 - 1617 b) Microbiology
 - 1618 c) Biochemistry
 - 1619 d) Radiology and imaging
- 1620 4. Show adequate knowledge in managing commonly encountered conditions as
1621 best practices and consult and refer as necessary.
- 1622 5. Be able to use antibiotics and other drugs rationally.
- 1623 6. Understand the principles and apply the practices of infection prevention and
1624 control.
- 1625 7. Present cases concisely, coherently, and competently during appropriate fora.
- 1626 8. Participate in Continuous Professional Development activities.

1627

1628 **GENERAL SURGERY**

1629 The intern shall be able to:

- 1630 1. Apply all the principles described in the general guidelines section.
- 1631 2. Understand indications and contra-indications for surgery.
- 1632 3. Recognize, institute the initial management, and refer appropriately to common
1633 surgical emergencies such as shock, and acute blood loss.
- 1634 4. Resuscitation.
- 1635 5. Choice and administration of appropriate intravenous fluid.
- 1636 6. Emergency Intubation.
- 1637 7. Performing FNA, lymph node, and skin biopsies.
- 1638 8. Excision of common benign tumors.
- 1639 9. Suturing of cuts and cleaning wounds.
- 1640 10. Appropriate use of sutures and suture techniques.
- 1641 11. Urethral catheterization.
- 1642 12. Abdominal paracentesis and pleural tap.

1643 13. Aseptic technique and theatre practice (scrubbing, gloving, gowning, patient
1644 preparation)

1645

1646 **INTERNAL MEDICINE**

1647 The intern shall be able to:

1648 1. Manage acute medical emergencies, including convulsions, severe congestive
1649 cardiac failure, hypertensive encephalopathy, pulmonary edema, shock,
1650 gastrointestinal bleeding, diarrhea, vomiting; septicemia, poisoning (e.g., acute
1651 paracetamol, organophosphates, ethanol, acute kidney injury, acute liver failure,
1652 tetanus)

1653 2. Manage Common medical conditions.

1654 3. Manage chronic medical conditions in accordance with current standard
1655 clinical guidelines. (These conditions include hypertension and anemia).

1656 4. Be able to perform Cardio-pulmonary resuscitation, intubation, and vascular
1657 access.

1658