



ACVIM Leadership Convening Workshop 2024



CONVENING PURPOSE & OVERVIEW

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

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

SECTION I: FRAMEWORK FOR CHANGE

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

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



SECTION II: A SENSE OF URGENCY AND GUIDING COALITION

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

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

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

ACVIM Training Optimization Task Force (TOTF) Roster

Cardiology: Neal Peckens, DVM, DACVIM (Cardiology)

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

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

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

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

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

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

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

Staff Liaison: Nicole Finn, MS, ICE-CCP

SECTION III: EMERGING ISSUES IN THE RTP ENVIRONMENT

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

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

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

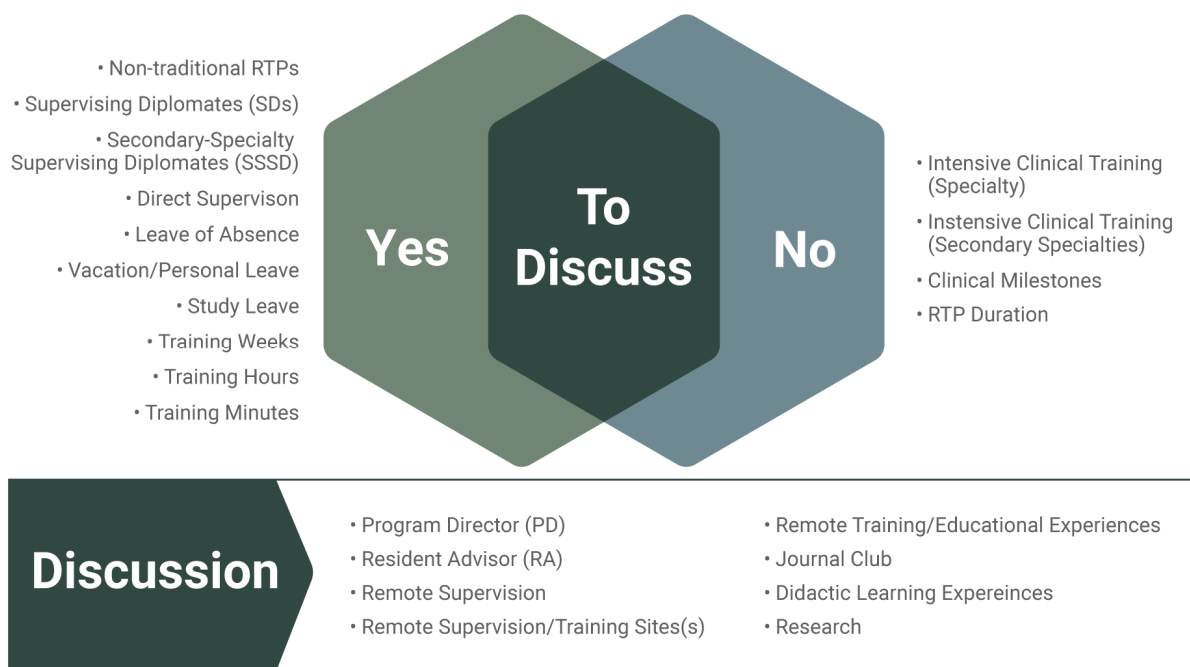
available resources, and foster well-being, competence, and effectiveness for supervisors and supervisees.

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

SECTION IV: IS ALIGNMENT ACROSS THE ACVIM POSSIBLE?

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

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



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

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

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

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

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

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

SECTION VI: ENABLING ACTION BY REMOVING BARRIERS

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

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

SUMMARY AND NEXT STEPS

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

ABOUT THE ACVIM LEADERSHIP CONVENING

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



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

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

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

Attendee Roster

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DECVIM-CA**

ACVIM Board of Regents, Chair
Texas A&M University

Sarah Gillings, DVM, DACVIM (Oncology)

ACVIM Board of Regents, President
Summit Veterinary Referral Center

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

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

ACVIM Board of Regents, Immediate Past Chair
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Joshua Stern, DVM, PhD, DACVIM (Cardiology)

ACVIM Board of Regents, Cardiology President
North Carolina State University College of Veterinary
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Sandy Taylor, DVM, PhD, DACVIM (LAIM)

ACVIM Board of Regents, LAIM President
Purdue University, VCS

Sheila Carrera-Justiz, DVM, DACVIM (Neurology)

ACVIM Board of Regents, Neurology President
University of Florida

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and Nutrition)**

ACVIM Board of Regents, Nutrition President
University of Calgary Faculty of Veterinary Medicine

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ACVIM Board of Regents, Oncology President
Colorado State University

Roger Hostutler, DVM, MS, DACVIM (SAIM)

ACVIM Board of Regents, SAIM President
MedVet Medical & Cancer Center for Pets

Brent Credille, DVM, PhD, DACVIM (LAIM)

ACVIM Board of Regents, Member At-Large

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ACVIM Board of Regents, Member At-Large
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ACVIM Board of Regents, Certification Liaison
Veterinary Specialist Services

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ACVIM Board of Regents, SAIM President-elect
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Chair, Neurology Residency Training Committee
University of California, Davis

Rose Baker, BVMS, MS, DACVIM (LAIM)

Chair, General Exam Form Review Committee
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Heidi Banse, DVM, DACVIM (LAIM)

Chair, Forum Program Committee
Louisiana State University

Alex Bianco, DVM, DACVIM (LAIM)

Chair, LAIM Case Review Committee
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Jenna Burton, DVM, MS, DACVIM (Oncology)

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Ruthanne Chun, DVM, DACVIM (Oncology)

Chair, Diversity, Equity & Inclusion Committee
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Tara Ghormley, DVM, DACVIM (SAIM)

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CVCA - Cardiac Care for Pets

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CVCA - Cardiac Care for Pets

MacKenzie Pellin, DVM, DACVIM (Oncology), DACVR (Radiation oncology)

Chair, Oncology Form Review Committee
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Rebecca Saunders, DVM, MS, DACVIM (Cardiology)

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Charleston Veterinary Referral Center

John Thomason, DVM, MS, DACVIM (SAIM)

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Mississippi State University, College of Veterinary Medicine

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Chair, SAIM Residency Training Committee
Davies Veterinary Specialists

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Fabienne Uehlinger, MedVet, PhD, DACVIM (LAIM)

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Chair, Oncology Maintenance of Credentials Committee
Charlotte Animal Referral and Emergency

Samantha Beeson, DVM, PhD

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