ECVECC Residency Training Programme

Application Packet

# General Information

In order to begin residency training in emergency and critical care, each Residency Programme Director must have in place an approved Residency Training Programme for his or her applicants.

Approved **Residency Training Programmes** are comprised of a:

1. Residency Programme Director;
2. Residency Training Facility;
3. Residency Training Plan;
4. Mentor.

Approval of a programme requires approval of BOTH a residency training facility and residency training plan. Both are valid for 5 years if there are no major changes to the programme in that time.

A new Residency Training Programme Application Packet must be submitted for the following situations:

1. all new Programmes;
2. if a Residency Training Plan for a potential applicant will differ from the Residency Programme Director’s previously approved Residency Training Plan.

Approval of the Residency Training Programme (Residency Programme Director, Facility, Plan and Mentor) is required before an applicant may commence training or register with the ECVECC Secretary as an emergency/critical care Resident. Documents required for a Residency Training Programme Application include:

* Residency Training Facility Application;
* Residency Training Plan Application;
* signed Mentor Agreement form.

**If the trainee is entering into a pre-approved Residency Training Programme, only a Registration Form must be submitted.** All new Residents must submit the Registration form to the ECVECC Secretary by February 1st / August 1st, whichever is closest to the start of training.

Annual updates of the Residency Training Programme and Residency Training Facility must be completed to maintain ECVECC approval. Any major changes to the Residency Training Programme and Residency Training Facility need to be communicated immediately to the ECVECC Secretary by using the “Major Changes form”.

Included in this Residency Training Programme Application packet are the following documents:

* Application for Residency Training Facility;
* Application for Residency Training Plan;
* Mentor Agreement form.

In addition, the following documents will be needed after approval of the Residency Training Programme:

* Annual Updates for Residency Training Programme;
* Major Change to Residency Training Programme form;
* Resident registration form(s);
* Re-Approval form (every 5 years).

## Submission

Application for a residency requires submission of the following documents

1. Residency training facility approval form
2. Residency training plan form

The packet has to be submitted electronically (all required information in one single PDF document) to the ECVECC Secretary. Approval of a residency training facility is valid for 5 years from approval. If in this time there are major changes to your programme a Major Change form needs to be submitted.

Email: secretary@ecvecc.org

# RESIDENCY TRAINING FACILITY APPROVAL FORM

# Residency Programme Director

The Residency Programme Director must be a **Diplomate of the European College of Veterinary Emergency and Critical Care, ECVECC**.

## Name

Prefix: …………..

First name: …………………………………...

Middle name: …………………………………...

Last name: …………………………………...

Suffix: …………………………………...

Degree/Title: …………………………………...

## Contact Information

Contact address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

Telephone number 1: …………………………………... (Please include land code)

Telephone number 2: …………………………………... (Please include land code)(Optional)

Fax number 1: …………………………………... (Please include land code)

E-mail address 1: …………………………………...

E-mail address 2: …………………………………... (Optional)

## Facility

Name: …………………………………...

## I am submitting the following paperwork for approval

* Residency training facility approval form
* Residency training plan form

## Programme Director Agreement

I agree that for all of my Residents, as Programme Director, I:

* must remain an ECVECC member in good standing;
* will ensure that the Resident’s schedule is consistent with the Residency Training Plan approved for this Residency Training Programme;
* will report any major change in the Residency Training Programme or Residency Training Facility immediately to the Education Committee;
* am responsible for informing the Credentials Committee of the Resident’s progress on an annual basis.
* am responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the program.
* will ensure that all administrative tasks and communication with ECVECC are completed in a correct and timely manner.

Signature: …………………………….. <date>

<name programme director> <place>

# Application for Residency Training Facility

## General Information

Please read the ECVECC Policies and Procedures (P&P) for assistance with completion of this Application.

<today’s date>

<name of Residency Training Facility>

## Address of Residency Training Facility

Visiting address: …………………………………...

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

Mailing address: …………………………………... (if different from visiting address)

Postal code: …………………………………...

City: …………………………………...

Country: …………………………………...

## Contact Information

Telephone number: …………………………………... (Please include land code)

Fax number: …………………………………... (Please include land code)

E-mail address: …………………………………... (of Programme Director)

This Facility is an approved ACVECC Residency Training Facility.

## Supervisors

List the name(s) (**including College membership**) of all ECVECC/ACVECC Diplomates employed primarily at this facility who will provide ECC Immersion Supervision at this, primary, Facility.

|  |  |
| --- | --- |
|  | **ECC Supervisor (College)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

List the name(s) (**including College membership**) of any ECVECC/ACVECC Diplomates who will provide ECC Immersion Supervision at **this** Facility who are **not** employed primarily at this, primary, Facility.

|  |  |  |
| --- | --- | --- |
|  | **ECC Supervisor (College)** | **Place of Primary Employment** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

List the name(s) (**including College membership**) of any ECVECC/ACVECC Diplomates who will provide ECC Immersion Supervision at **any other**approvedFacility who are **not** employed primarily at this, primary, Facility.

|  |  |  |
| --- | --- | --- |
|  | **ECC Supervisor (College)** | **Approved Residency Training Facility** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

Please indicate the number of Diplomates in each of the following specialties who will be available for Resident interaction and/or supervision at the Facility. Individuals with multiple board certifications may be counted twice, as long as they actively practice all the specialties for which they are counted. However, each immersion week for Residents may only be counted towards one requirement, even if the Supervisor has multiple board certifications.

| **Specialty** | **Number of Diplomates** | **Name(s) (College)** |
| --- | --- | --- |
| Surgery  ECVS (or ACVS) | <choose> |  |
| Internal Medicine  ECVIM-CA (or ACVIM-SAIM) | <choose> |  |
| Cardiology  ECVIM-CA (or ACVIM-SAIM) | <choose> |  |
| Oncology  ECVIM-CA (or ACVIM-SAIM) | <choose> |  |
| Neurology  ECVN or ACVIM | <choose> |  |
| Nutrition  ECVCN (or ACVN) | <choose> |  |
| Ophthalmology  ECVO (or ACVO) | <choose> |  |
| Diagnostic Imaging  ECVDI (or ACVDI) | <choose> |  |
| Radiation Oncology  ACVR | <choose> |  |
| Anaesthesiology  ECVAA (or ACVA) | <choose> |  |

Other specialties pertinent to the Residency Training Plan(s) associated with this Residency Training Facility (EBVS approved titles).

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Number of Diplomates** | **Name(s) (College)** |
|  | <choose> |  |
|  | <choose> |  |
|  | <choose> |  |
|  | <choose> |  |

## Opening Hours

Does this Residency Training Facility remain open for emergency appointments and hospitalized in-patients 24 hours a day, 7 days a week, 365 days a year?

Yes  No

If “No,” please describe the situation.

…………………………………...

## Caseload

Description of the caseload at the Residency Training Facility

1. Total hospital caseload per year (in appropriate species).

…………………………………...

1. Total emergency case load per year for the hospital.

…………………………………...

1. Number of emergencies that will be managed by the ECC resident during one supervised week.

…………………………………...

1. Total number of critically ill patients hospitalized per year (ICU case load).

…………………………………...

1. Please expand on the types of patients hospitalised in the ICU. Please provide as much detail as possible.

…………………………………...

## Other information describing the facility

Please check the box if available.

### Staffing

During the specified hours of operation a licensed veterinarian is on the premises at all times and sufficient staff is available to provide expedient patient care.

Staffing is sufficient to allow:

processing multiple patients;

performance of a wide range of life-saving procedures to include but not be limited to cardiopulmonary resuscitation and emergency surgery.

ECVECC residencies require a qualified veterinarian to be on site 24 hours a day.  Please expand on your staffing levels in the ICU and Emergency services in your clinic

During the day: ……. Diplomates …..Other vets …..nurses …..students

Evening: ……. Diplomates …..Other vets …..nurses …..students

Night: ……. Diplomates …..Other vets …..nurses …..students

Weekend days: ……. Diplomates …..Other vets …..nurses …..students

Please expand on these details if you feel this would be helpful (not required)

…………………………………...

…………………………………...

…………………………………...

…………………………………...

### Medical Records

A complete and thorough medical record on file for each patient is kept at the Residency Training Facility either electronically or on paper.

### Continuing Education

Provision for Continuing education is available for all clinical staff.

Please describe:

…………………………………...

☐ A system of ongoing, in-service training is provided for veterinary surgeons and technical staff to assure teamwork and familiarity with current national procedures and guidelines.

Please describe:

…………………………………...

### Equipment and Operating Processes

Standard operating procedures are available for key procedures and comply with national or regional legislation.

Please check which of the following are available (**equipment in italic is encouraged but not required to fulfil the requirements of an ECVECC Residency Training Facility**):

Equipment for management of life-threatening emergencies including cardiovascular, respiratory, and neurological problems.

Cardiopulmonary resuscitation

*Electrical defibrillator*

Placement and maintenance of thoracostomy tube

Emergency tracheostomy and tracheostomy tube care

Oxygen supplementation

*CPAP*

*HFOT*

Assisted ventilation (short term)

Monitoring capabilities to include the following.

Electrocardiogram

Indirect arterial blood pressure type: <choose>

Direct arterial blood pressure

Central venous pressure

Pulse oximetry

Oesophageal stethoscope

Capnography

Emergency surgery including the following.

Surgical haemostasis

Wound debridement and application of wound dressings

Stabilization of musculo-skeletal injuries

Aseptic thoracic surgery

Abdominal surgery

Neurosurgery

Treatment of circulatory shock using the following.

Crystalloids

Colloids

Blood products

Calibrated burettes

Infusion pumps

Syringe pumps

Blood typing

Cross Match

Anaesthetic and analgesic therapy.

Opiates

Inhalational anaesthesia

Nutrition.

Enteral nutrition (tube feeding)

Parenteral nutrition

Laboratory functions.

Onsite Offsite

Complete blood count

Full serum biochemical profile

Coagulation screen

Blood gases

PCV and refractometric total protein

Blood glucose

Urinalysis

FIV/FeLV serology

Cytology

Faecal examination (flotation, cytology)

Parvovirus antigen test

Microbiological culture

Histopathology

Diagnostic Imaging.

Onsite Offsite

Radiographic equipment

Radiographic machine of at least 300 mA

Automatic film processor

Ultrasonography

Echography

*Computed Tomography (CT)*

*Magnetic Resonance Imaging (MRI)*

*Fluoroscopy*

Other (on site)

Endoscopy

*Haemodialysis*

*Peritoneal dialysis*

*Long term mechanical ventilation*

## Required References

Each Residency Training Facility is *required* to provide the Required References listed in the Knowledge Requirements on-site, and to make all Required References available to trainees 24 hours a day, 7 days a week. The most recent version of the Knowledge Requirements is available at [www.ecvecc.org](http://www.eacvecc.org)

Please check one of the following two boxes regarding availability of Required References at the roposed Residency Training Facility:

This Residency Training Facility has available to trainees at all times at least the minimum required Reading References as detailed in the most recent version of the Knowledge Requirements.

This Residency Training Facility **does not**have available to trainees at all times at least the minimum required Reading List as detailed in the most recent version of the Knowledge Requirements. I have attached a document (not to exceed one page) listing the Facility’s deficits and the exact plans to acquire the missing Required References prior to the initiation of training, including a timeline. I will confirm compliance in writing to the Education Committee within 30 days of the date of this application.

Each Residency Training Facility is **required** to provide onsite internet access to the common veterinary and human medical databases to trainees 24 hours a day, 7 days a week.

List internet resources available to trainees 24 hours a day.

…………………………………...

List other medical facilities or resources available to trainees (human medical schools or centres, medical libraries, etc.) – List only those resources to which the trainee(s) actually **have** access, not just to those geographically nearby the Facility.

…………………………………...

# RESIDENCY TRAINING PLAN FORM

# Application for Residency Training Plan

The proposed duration of Training Program (minimum 3 years for Residency; maximum 6 years) is:

<choose> years.

Proposed Resident start date (month, day)\*: <start date>

Proposed Resident end date (month, day): <end date>

\* Residents cannot be recruited until the Residency Training Programme (Facility and Plan) has been approved and the Mentorship Agreement received by the Education Committee.

**Note: Standard start date is either in January or July; however, alternate start dates will be considered by the Education Committee.**

At least one Mentor (ECVECC or ACVECC Diplomate) must be named for the Residency Training Plan and Residency Training Programme. The Residency Programme Director and Mentor may be the same person. One Mentor may mentor a maximum of 3 residents. Mentor(s) associated with this Residency Training Plan at the Primary Approved Residency Training Facility include:

|  |  |
| --- | --- |
|  | **Mentor** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

If any of the above Mentors will not participate as a Supervisor for Immersion in Emergency and Critical Care for at least 8 weeks of Residency Training annually, place an asterisk by the name(s), and please describe here how this/these Mentor(s) will contribute to the Residency Training Program.

…………………………………...

# Plan Overview

Each Residency Training Plan must consist of the following components for Residents:

1. ECC Supervision 🡪 72 weeks
2. Specialty Supervision 🡪 22 weeks
3. Independent Study 🡪 35 weeks

## A. Plan for Emergency and Critical Care Immersion Weeks

* All supervised weeks will be 40 hours minimum occurring in no less than three (3) calendar days of one continuous seven (7) day period, and the resident must be supervised for at least 20 hours as detailed in the ECVECC P&P.
* Weeks are considered to begin on Monday and end on Sunday. Weeks of clinical work may not overlap. All supervised **ECC** weeks must occur at a Residency Training Facility approved in advance by the Education Committee.
* Supervisors must be legally and locally authorized to practice in the Residency Training Facility where supervision takes place.
* Minimum 72 weeks for Residents.

72 weeks of ECC Immersion Time will be supervised by the Mentor(s) and/or Supervisor(s) listed above.

Residents may receive Emergency and Critical Care Immersion with ECVECC/ACVECC Diplomate supervision at any approved Residency Training Facility. For each approved Residency Training Facility in which the Residency Training Programme will provide ECC Immersion, list the affiliated Residency Programme Director (Also indicate the approximate percentage time or number of weeks the Resident(s) will spend in ECC Immersion at the Residency Training Facility).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved Facility for Residency**  **Training Programme\*** | **Programme Director** | **E-mail** | **Time (%) or Weeks** |
| a. |  |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |
| d. |  |  |  |  |

\* Place an asterisk after the name of any Residency Training Facility that does **not** provide 24-hour, 7 day/week hospitalization for acutely or critically ill ECC patients.

How many weeks will be supervised by the Mentor: <no.> weeks.

How many weeks will be supervised by another ECVECC/ACVECC Diplomate at the Primary Residency Training Facility: <no.> weeks.

How many weeks will be supervised by another ECVECC/ACVECC Diplomate at a different Residency Training Facility: <no.> weeks.

## B. Plan for Specialty Practice Supervision Weeks (22 weeks)

* All weeks must be 40 hours minimum, and must be supervised by an appropriate Diplomate for at least 20 hours, as detailed in the ECVECC P&P.
* When a Supervisor is board certified in more than one Specialty, it is expected that she/he will practice primarily the one Specialty for which the Resident is receiving credit during that training week.
* Supervisors must be legally and locally authorized to practice in the Facility where supervision takes place.

| **Specialty**  **(no. of weeks)** | **Specialist(s)**  **(already agreed to provide supervision)** | **Site / Location** |
| --- | --- | --- |
| Internal Medicine  (6) |  |  |
| Surgery\*  (6) |  |  |
| Anaesthesia  (2) |  |  |
| Cardiology  (2) |  |  |
| Diagnostic Imaging  (2) |  |  |
| Neurology  (2) |  |  |
| Ophthalmology  (2) |  |  |

\* See ECVECC P&P for alternate option for 2 weeks of Surgery.

Other comments.

…………………………………...

## C. Plans for Completing Additional Requirements

### Seminars, Continuing Education, and Coursework

This Plan includes a minimum of 200 hours Seminars.

This Plan includes a minimum of 50 hours Continuing Education.

*OR*

This Plan includes a minimum of 50 hours Coursework.

Please provide details for the plan for completion of Additional Requirements.

…………………………………...

## D. Plans for Completing Teaching and Lecture Requirements

Please provide details for the plan for completion of the Teaching and Lecture Requirements.

…………………………………...

## E. Year-by-Year Plan

| **Requirement** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** |
| --- | --- | --- | --- | --- | --- | --- |
| ECC Supervision (no. of weeks) |  |  |  |  |  |  |
| Independent Practice (no. of weeks) |  |  |  |  |  |  |
| Internal Medicine (no. of weeks) |  |  |  |  |  |  |
| Surgery (no. of weeks) |  |  |  |  |  |  |
| Anaesthesia (no. of weeks) |  |  |  |  |  |  |
| Cardiology (no. of weeks) |  |  |  |  |  |  |
| Diagnostic Imaging (no. of weeks) |  |  |  |  |  |  |
| Neurology (no. of weeks) |  |  |  |  |  |  |
| Ophthalmology (no. of weeks) |  |  |  |  |  |  |
| Other rotations or vacation (no. of weeks) |  |  |  |  |  |  |
| **Total Weeks for each year** |  |  |  |  |  |  |
| Seminars (no. of hours) |  |  |  |  |  |  |
| Continuing Education (no. of hours) |  |  |  |  |  |  |
| Coursework (no. of hours) |  |  |  |  |  |  |
| Didactic Teaching (no. of hours) |  |  |  |  |  |  |
| Laboratory Teaching (no. of hours) |  |  |  |  |  |  |

# Mentor Agreement

I agree that for all of my Residents, as Mentor, I (please check boxes)

* and the registering Resident must complete and submit the ECVECC Resident Registration Form and required Registration Fee to the ECVECC Secretary by February 1st / August 1st after initiation of training.
* must remain an ECVECC member in good standing for the duration of my Resident’s training in order to remain his/her Mentor will be available to the Resident on a regular basis throughout their training.
* will meet with the Resident at least once every 3 months to evaluate his/her progress through the Programme.
* will directly oversee the approved Residency Training Plan, monitor my Resident’s progress, and ensure that the Core Curriculum will be accomplished.
* will accept ultimate responsibility for the quality and educational experiences of the Residency, including the quality of Supervision by other Diplomates.
* will review and critique the Resident’s Annual Progress Report, Knowledge & Experience Requirements, Skills Log, and Training Benchmarks (as required).
* am responsible for informing the Credentials Committee of the Residents’ progress on an annual basis.
* am responsible for signing a letter at the time of Credential Application verifying the Resident’s successful completion of all aspects of the Programme.
* will continue to work with the Candidate until she/he is successful in passing the Certifying Examination and achieves Diplomate status, or for as long as is mutually agreed upon.

Signature Mentor 1: …………………………………………………………….. <date>

<your name> <place>

Signature Mentor 2: …………………………………………………………….. <date>

<your name> <place>

Signature Mentor 3: …………………………………………………………….. <date>

<your name> <place>

Signature Mentor 4: …………………………………………………………….. <date>

<your name> <place>

I hereby certify that all the data contained in this form are true and accurate.

Signature: …………………………………………………………….. <date>

<name programme director> <place>

# Submission

This application packet has to be submitted electronically (all required information in one single PDF document) to the ECVECC Secretary.

Email: secretary@ecvecc.org

For ECVECC use:

Received by: …………………………………………………….. Date: ……………………………………………………

Approved by: ………………………………………………….. Date: …………………………………………..………

Assigned ECVECC # …………………………………………..