

## THE STANDARD RESIDENCY PROGRAMME

The standard residency programme, be it formalized or individualized, is a full-time, non-degree period of 3 years of supervised training, post-graduate education and experience in the science and practice of veterinary dermatology, encompassing clinical dermatology, dermatohistopathology, and the relevant basic and applied sciences.

The majority of the clinical training will take place at the parent institution and will be supervised by the Resident Supervisor but external instruction, approved by both the Programme Director and the Resident Supervisor, is allowed and encouraged. Such periods of external instruction may be used to meet the clinical training requirements or may be additional or ancillary to them. If periods of external instruction are used towards the clinical training requirements, they must not exceed 25 days of the total clinical training time.

If a further degree is undertaken at the same time as the Residency Programme, the overall length of the programme must be increased so that the Resident can meet all of the requirements of the institution's Postgraduate Studies Committee or equivalent and still devote a total of at least 24 months to the clinical part of the residency. The postgraduate degree work must not interfere with clinical training.

Residents studying on a part-time basis must complete all of the requirements of the Residency Programme in a period of not more than 5 years. Individuals interested in a formalised ECVD residency programme should apply directly to an institution, which is registered for such a programme. A **list of such institutions** is available from the Secretary of the ECVD and on the ECVD web site.

## PROGRAMME DESCRIPTION

Resident must study areas of the basic and applied sciences and internal medicine, as they relate to dermatology. These studies must be supervised by the Resident Supervisor with appropriate Resident Advisors as required. While independent study by the Resident is helpful in strengthening understanding in an area, it must not be the sole method of advancement. Acceptable methods of teaching/learning include conferences, lectures, tutorials, book and journal reviews, directed readings and interactive computerised learning programmes with, additionally, clinical training in internal medicine as required. For the directed readings and interactive computerised learning programmes, the Resident Supervisor/Advisor(s) must monitor the Resident's understanding of the material.

### Basic And Applied Sciences

The Resident must study the basic and applied sciences as they relate to dermatology. Areas of study must include anatomy, bacteriology, biochemistry, clinical pathology, embryology, genetics, haematology, immunology, mycology, nutrition, parasitology, pharmacology, physiology, therapeutics and virology. A minimum of 52 hours/year of direct supervision by the supervisor or another Diplomate of the ECVD in journal clubs or basic science discussions is required.

### Internal Medicine

A Resident must have a broad understanding of internal medicine, particularly in those areas where cutaneous involvement is regularly seen. All Residents must have completed 1 or more years of basic clinical training prior to beginning the programme and it is expected that skills in internal medicine will have been developed during this time.

Areas of importance include, but are not confined to, cardiology, endocrinology, gastroenterology, haemopoietic disorders, hepatology, infectious diseases, oncology, respiratory disorders, systemic immunological disorders, therapeutics and urology. Knowledge of

aetiopathogenesis, historical and physical features, diagnostic tests, management and prognosis is expected. If the Resident Supervisor identifies weaknesses in this knowledge, steps must be taken to rectify it. These may include a period of mandatory attendance at internal medicine clinics, rounds, seminars etc.

Residents are encouraged to investigate and manage both the cutaneous and systemic diseases of their patients. Consultation with specialists in other fields, in addition to dermatology, is encouraged. If the patient has to be referred to another clinician's care, the Resident must review the evaluation and management of the patient.

Because it is recognised that a degree of breadth is required for the programme, it is quite appropriate for Residents to participate in daytime and evening and weekend emergency duties. However, the main aim of the internal medicine requirement is to ensure that the Resident can recognize, diagnose and treat systemic diseases with cutaneous manifestations. Excessive time spent on clinical duties outside the area of dermatology, such as on general medicine clinics, will not be considered as part of the mandatory 250 days of clinical training.

### **Clinical Dermatology**

During the Residency Programme, the Resident must have a minimum of 250 8-hour days (or equivalent) of clinical training. However, time spent on clinical training should not exceed 75% of the available time of the programme to allow time for academic development. Clinical training includes time spent taking histories, examining animals, carrying out diagnostic and therapeutic procedures, reviewing diagnostic material, liaising with specialists, referring veterinarians and owners and contributing to rounds and case conferences. Clinical training may be undertaken in blocks but these should not normally be less than 4 weeks in length to permit adequate case follow-up.

Clinical training may be divided into that which is observational and that which is participatory. Observational training is that in which the Resident is not the primary clinician but is co-clinician with the Resident Supervisor/Advisor. This form would be particularly applicable to the earliest stage of the Residency but should not normally exceed 30 days of the clinical training requirement.

Participatory training is that in which the Resident takes an active role in case evaluation and management, either as primary clinician under the supervision of the Resident Supervisor/Advisor. All Residents must have primary case responsibility for at least 500 patients, these being either newly referred cases or previously referred cases requiring a major change in direction of diagnosis or therapy. The Resident may be considered to be the primary clinician when that individual can demonstrate a significant role in all of the following: history taking, physical examination, determination of the diagnosis including appropriate diagnostic tests, selection and administration of appropriate therapy and sufficient follow-up to be acquainted with the course of the disease and the case outcome. A case log must be maintained for these patients. Additionally 750 re-checks of patients previously seen as first case (see case log template second and subsequent examinations) must be documented, reflecting that the resident has followed up the progress of the patient. It is preferred that rechecks are done on the cases seen primarily by the resident, but rechecks on cases which have been primarily seen by the Supervisor/Advisor or co-residents, can be counted as rechecks as well.

All Residents are expected to have in-depth knowledge of the dermatological conditions of domestic animals and of the other species commonly kept as pets, found in current textbooks and widely circulated English language journals. A more superficial knowledge of human dermatological conditions, as they occur in people, which have also been recognised in either companion or farm animals, will also be expected. A directed reading list must be given to the Resident by the Resident Supervisor. Experience of the veterinary conditions will, ideally, be obtained during clinical training with the Resident Supervisor/Advisor(s). Any deficiencies noted must be addressed by the Resident Supervisor. While independent study of texts and journals by the Resident is accepted to be of value in helping to remedy deficiencies, it is not, in itself, sufficient.

### **Dermatohistopathology**

All ECVD Residents must receive extensive training in dermatohistopathology at the light microscopic level. Knowledge and experience at the ultrastructural level and of immunohistochemical techniques, while of value, is not required by the training programme.

Supervision of training in dermatohistopathology must be carried out by the Resident Supervisor and/or Advisor(s) and may include external instruction. It must include: 1. Histological principles, including processing techniques and routine, and regularly used special stains. 2. Cutaneous histological and histopathological terminology. 3. Normal cutaneous histology of the domestic species. 4. Recognition of cell types found in skin biopsies. 5. Dermatohistopathology of the non-neoplastic disorders of domestic animals. Any method of classification may be used but diagnosis by pattern analysis is preferred. 6. Dermatohistopathology of the neoplastic disorders of domestic animals. The ability to recognise the common tumours is expected. Detailed knowledge of their histological sub-classification is not required.

As much training as possible should be carried out on the Resident's own cases and he/she is expected to review all such biopsies. As it is unlikely that all important dermatoses will be encountered during the Residency programme, these may be supplemented by (ideally) other glass-mounted specimens, or (less satisfactorily) from standard texts. The Resident Supervisor/Advisor(s) may examine slides with the Resident or the Resident may examine them alone and subsequently review them with the Supervisor/Advisor(s). There is no minimum number of slides that must be examined but towards the end of the dermatohistopathological training, the competence of the Resident should be assessed and further study prescribed if this is not satisfactory.

### **Dermatological Research Techniques**

The study of dermatology requires some understanding of investigative techniques currently used mainly in research. Consequently, the Resident must have some knowledge of the general principles of a number of areas of importance, allowing correct interpretation of the literature. Knowledge of specific techniques is not required.

### **Publications**

An important part of the Residency Programme is training in scientific writing. All Residents should, during the programme, produce and have published, or accepted for publication in internationally recognised, refereed scientific journal(s), two papers in English, of which the Resident must be first author of at least one. At least one of these papers must report original work (literature review will be not accepted).

### **Research Project**

An important part of the Residency programme is training in aspects of dermatological research. All ECVD Residents must conduct and complete a research project that contributes to the advancement of veterinary dermatology. Basic research and original clinical investigations are acceptable. The Resident must be the principal investigator in the project. The project must be begun and completed during the Residency. If the Resident's research project is not published in one of the papers required for the credentials, the Resident has to send in a letter of his/her research mentor/instructor that a research project has been conducted by the Resident, including a very brief description of the project.

### **Scientific Presentations**

An important part of the Residency programme is training in scientific presentation. All ECVD Residents are required to present a minimum of six lectures/seminars, each of at least 30 minutes in length, on topics related to dermatology during the programme. The audience may be students, veterinarians, veterinary nurses, veterinary technicians or lay people. The Resident Supervisor should also make every effort to attend the actual presentations and review them subsequently. Where attendance is not possible, these presentations should be previewed.

### **Scientific Meetings**

The Resident is only required to attend the parent institution's ward rounds, dermatology meetings and related clinical seminars. However, the ECVD recognizes the importance of this form of training and it is therefore recommended that the Resident attends other meetings, particularly those at or near to the parent institution. These include veterinary dermatology, immunology, oncology and pathology meetings, skin biology meetings, medical dermatology meetings and veterinary and medical research seminars. The Resident should have the time to attend at least one national or specialist conference each year of the programme.

### **CERTIFICATION OF COMPLETION OF TRAINING**

Once a Resident has completed his/her residency training to the satisfaction of the College, the Education Committee will issue to the Resident the form certifying completion of the programme. This form must be included in the Resident's application to the Credentials Committee to determine eligibility to sit the Diploma examination. Approval of training does not guarantee the acceptance of the application by the Credentials Committee.

The Resident may apply to the Credentials Committee for provisional approval to sit the examination before the completion of the programme, provided that the programme will have been completed by the time of the next examination and, at the time, the Resident will have been qualified as a veterinarian for at least 4 years. Copies of the Education Committee's yearly evaluation must be included with the application. If the Credentials Committee finds the application satisfactory, it may issue a conditional acceptance.

### **DOCUMENTATION**

#### **The Institution**

All formalised and individualised programmes must have an approved current programme description on file with the Education Committee. The Resident should have a copy of the description and of this document.

#### **The Resident**

##### **Certification of pre-residency General Clinical Training**

Prior to appointment, the resident must provide written evidence to the Programme Director of the type of pre-residency general clinical training listing the name(s), address(es) and telephone number(s) of the place(s) of employment, the type of training, the veterinarian(s) with whom the applicant trained and the dates of training. This letter must be submitted to the Education Committee when the Resident registers with the Committee.

#### **ECVD Residency Registration Form**

All Mentors and Residents must complete the **registration form 1** and the **registration form 2** and submit it to the Chair of that Education Committee within 30 days of beginning the programme.

## ANNUAL RESIDENCY PROGRESS REPORT

### Yearly Progress Report

The **Resident and the Resident Supervisor** must submit an annual progress report to the Chair of the Education Committee. Any Resident Advisor who has participated in the mandatory training of the Resident must document the nature and duration of that training and the Resident's performance in that training in the appropriate place on that form. Any training carried out additional to the mandatory training doesn't need to be documented.

The Resident Supervisor and Resident should complete and discuss the respective assessment forms (**Mentorship assessment form/ Resident assessment form**). These forms have been created to encourage a critical dialog between Supervisor and Resident and give the opportunity to make the education committee aware of problems that might arise.

The Resident of the Supervisor may wish to submit these documents to the chair of the education committee or any other member of the education committee or a Board Member. This document is completely confidential and will not be discussed with the resident or any other person except the education committee members, as long as the supervisor is not asking for it.

The Resident has to send in annually the Resident case log, activity log and presentation log, each signed by the supervisor (activity and presentation logs are included in the file "Annual progress report" below). Additionally, voluntarily the resident may wish to submit the mentorship evaluation form (Mentorship assessment form). This form is confidential and will not be discussed with the mentor or any other person except the education committee members, unless the resident may wish the education committee to interact. The form has been created to encourage a critical dialog between Supervisor and Resident and give the opportunity to make the education committee aware of problems that might arise (see above).

### Forms

#### Resident Case Log

All Residents must maintain a case log of all cases seen as primary clinician or co-clinician during the programme. A template in Excel format is available for downloading below. Detailed records of these cases must be available for inspection, if required.

 [ECVD\\_caselog-template.xls](#)

#### Resident Activity Logs

All Residents must maintain two activity logs, listing days of clinical service, venue, type and dates of external instruction and scientific meetings attended. These files are included in the file "Annual progress report" for residents.

#### Resident Presentation Log

All Residents must maintain a log listing presentations given, to whom they were given and their duration. This file is included in the file "Annual progress report" for residents. The Resident Supervisor must ensure that the case log, activity log and the presentation log is kept up-to-date and to identify and attempt to rectify serious omissions by twice yearly inspections.

## RESPONSIBILITIES

### The Programme Director

The Programme Director is responsible for: 1. Verification of pre-residency training. 2. Distribution of the registration form at the initiation of the programme and of the documentation forms annually. 3. Confirming that the required documents have been filled on time in compliance

with the Education Committee's deadlines. The Programme Director may be in personal union with the Programme Supervisor.

### **The Resident Supervisor**

The Resident Supervisor is responsible for: 1. Carrying out and documenting the 6-monthly progress and performance evaluations. 2. Verification of the Resident case log. 3. Verification of the Resident activity log. 4. Verification of the Resident presentation log. 5. Completion and submission of the annual Resident's progress report form (Section 2)

During the last year of the programme, the progress report form must include a statement that the Resident has, or will have, satisfactorily met all the College's training requirements by the termination date of the programme.

### **The Resident Advisor**

The Resident Advisor is responsible for: 1. Completion of the relevant section (Section 3) on the annual Resident's progress report form.

### **The Resident**

The Resident is responsible for: 1. Submission of the verified letter containing details of pre-residency general clinical training and the registration form to the Chair of the Education Committee within 30 days of beginning the programme. 2. Maintenance of the Resident case log using the Excel template. 3. Maintenance of the Resident activity log. 4. Maintenance of the Resident presentation log. 5. Provision of copies of the Resident case log, activity log and presentation log to the Resident Supervisor at the end of the first, second and third year for verification and subsequent transmission to the Chair of the Education Committee of the ECVD. 6. Providing and transmission of the annual report to the chair of the education committee every 12 months, always within a month after the end of a full year of the residency. For the third and final year an additional summarizing document is also required. If the Resident does not send the annual report in time, the Resident will have to face the following consequences: half of the resident grant if not in time no resident grant at all if not received after 1 month 1 year delay of examination if annual report is not received after 3 months

### **The European College of Veterinary Dermatology**

The ECVD, through its Education Committee, is responsible for: 1. Evaluation of each Resident's progress on receipt of the reports from the Resident Supervisor and the Resident. 2. Communication of perceived deficiencies to the Programme Director, the Resident Supervisor and the Resident. 3. Issuing annually a form certifying the satisfactory evaluation of the Resident. 4. Issuing the form of completion of the programme to the Resident.

The ECVD, through its Credential Committee, is responsible for: 1. Evaluation of each Resident's credentials to sit the examination. All documents have to be sent to the Chair of the Credentials Committee.

## REVIEW OF PROGRAMME, SUPERVISORY STAFF AND RESIDENT'S PERFORMANCE

### Programme

Programme review may be initiated by the ECVD or the Programme Director for a number of reasons.

### Programme Modification

Changes which may have a significant impact on programmes registered with the College must be notified to the chair of the Education Committee immediately. Such factors include, but are not limited to, decreased availability of the Resident Supervisor or Resident Advisor(s), reduction or cessation of areas of training due to loss of association with a co-operating department or institution, a non-transient reduction in the clinical case load and inclusion of further non-dermatological responsibilities.

As each formalised residency programme is approved for a specific number of Residents, any proposal to increase that number, either by the creation of a new Residency or by the retention of a Resident for a period of time at the end of the programme, must be notified to the Education Committee before any action is taken. If the increase is temporary, the Programme Director must document how this may affect the training of the other Resident(s). If the increase is permanent, the entire programme description must be updated and approved.

### Programme Interruption

Formalised residencies should be filled on a regular basis. If a residency remains unfilled, for whatever reason, for more than 12 months, the Education Committee must be notified and the programme reviewed before it is offered again.

### Deficiencies in the Resident Supervisor

The Resident Supervisor has considerable responsibilities to the Resident. Should these be unfulfilled, initially an internal investigation, via the institution's Resident Ombudsman should be undertaken, and steps taken to correct the deficiencies. If this fails to resolve the problem, the Education committee may initiate a programme review. A review of the programme may be initiated for any of the above reasons or because of poor performance of a Resident as determined by the Education Committee. If the Resident's poor performance is not due to deficiencies in the programme or the supervision, the programme may continue. If general programme deficiencies are identified, the Programme Director will be informed in writing and the programme in general may be put on probation. Programmes on probation are not allowed to enrol new ECVD-recognised Resident trainees until the deficiencies have been corrected to the satisfaction of the Education Committee. Should the latter not occur, for whatever reason, the general programme's approval by ECVD may be withdrawn. Once such withdrawal of approval has occurred, any Resident in training will not be recognised as ECVD-approved. The Supervisor is responsible for filling in his/her respective part of the annual report and verify the Resident's case log, activity log and presentation log. The resident is not responsible for the supervisor's report. If the Supervisor is not sending in his /her documents within 3 months fo annual report , her/his residency Programme is set out for one year

### Deficiencies in the Resident

Residents are reviewed annually by the Education Committee of the College by means of their Resident Supervisor's progress report form and of copies of the verified Resident case log, activity log and presentation log. As detailed above, it is the Resident's responsibility to initially provide the required logs to the Resident Supervisor who, after verification, submits them with the progress report form. If these

documents If the Resident does not send the annual report in in time, the Resident will have to face the following consequences: half of the resident grant if not in time /no resident grant at all if not received after 1 month /1 year delay of examination if annual report is not received after 3 months ( see above)

The reports are reviewed by the Education Committee. If weaknesses are identified, the Resident Supervisor will be notified and steps must be taken to correct these. If severe deficiencies are noted, the Resident may be placed on probation. Once on probation, the Resident must act on the Education Committee's directions and file reports as directed by its members. If the deficiencies cannot be corrected in a timely fashion, the Education Committee may permanently withdraw approval of the Resident.

### **APPEAL PROCEDURE**

An appeal against the decision of the Education Committee to recommend withdrawal of approval or putting on probation an institution's general Residency Programme, or terminating, suspending or placing on probation the programme of a specific Resident may be made by notice to the Secretary of the ECVD within 60 days of the postmarked notification of the Programme Director and the Resident. The appeal, which must be made in writing, will then be instituted as provided for in the bylaws. An appeal fee (currently 600 euro) will be charged in advance to cover administrative expenses.

A bank transfer to the ECVD should be done without charge for the ECVD. The ECVD bank account is the following: Banque internationale a Luxembourg; L-2953 Luxembourg; Account number 2-125/9804/284; Account name E.C.V.D. ASBL (European College of Veterinary Dermatology). In case of problems with the bank transfer you may contact the ECVD Treasurer.