

# AMERICAN BOARD OF VETERINARY OPHTHALMOLOGY

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## RESIDENCY TRAINING PROGRAM APPLICATION

Name document file: INSTITUTION.YearProgramBegins.APPLICATION  
EXAMPLE: VT.2017.APPLICATION.doc

SEND TO: [office17@ACVO.org](mailto:office17@ACVO.org)

### DEFINITIONS AND ROLES:

1. Corresponding Supervising Diplomate: A Supervising Diplomate, designated by the institution or practice, who is responsible for all communications regarding the Resident, particularly with the Residency, Credentials, and Examination Committees. The Corresponding Supervising Diplomate does not need to be the same individual for each Resident in a multi-resident practice.
2. Direct supervision: That time a Supervising Diplomate or Associate Mentor is physically present in the clinical facility and actively engaged with the Resident in clinical service to patients.
3. Associate Mentor: A Diplomate of the American College of Veterinary Ophthalmologists (DACVO) who provides supervision of a Resident for <100 days of their RTP. Examples include those with a low clinical appointment in veterinary teaching hospitals, those providing coverage when Supervising Diplomates are unavailable, and those exposing the Resident to surgical techniques, instrumentation or species not routinely available at the RTP institution or practice.
4. Residency Training Program (RTP): A training program approved by the Residency Committee of the American Board of Veterinary Ophthalmology (ABVO).
5. Resident: A veterinarian who has been accepted into an ABVO-approved RTP by the sponsoring institution, who has been accepted by the ABVO Credentials Committee as an ABVO-approved Resident, and who is actively engaged in the RTP.
6. Supervising Diplomate: A DACVO who provides direct supervision to the Resident in the clinical setting for  $\geq 100$  days during the RTP. Diplomates involved in the RTP, but providing less than 100 days of Direct Supervision, may be considered Associate Mentors. Exceptions may be made on a case-by-case base; DACVOs with limited clinical appointments should contact the Residency Committee chairs for further information.

## APPLICATION INSTRUCTIONS

1. Complete RTP Applications from institutions that are currently training 1 or more Residents must be submitted no less than **90 days** prior to the requested starting date of the RTP. RTP Applications from institutions that are not currently training a Resident must be submitted no less than **120 days** prior to the requested starting date of the RTP. No time accrued by an individual prior to RTP approval shall count toward completion of the RTP.
2. The RTP Application and all attachments must be submitted to the ABVO ([office17@ACVO.org](mailto:office17@ACVO.org)) in digital format with digital signature. Incomplete RTP Applications will not be reviewed; however, the Corresponding Supervising Diplomat will be notified of Application deficiencies.
3. One RTP Application is required for each Resident.
4. The original Application must be signed by all Supervising Diplomates, Associate Mentors, and the Department Chairperson or individual in an equivalent administrative rank (such as practice owner or hospital director). Lack of all appropriate signatures will render the Application incomplete.
5. Supervising Diplomates for the RTP must also submit paperwork as required by the ABVO Credentials Committee during the credentialing process. Supervising Diplomates who leave the program are also required to submit appropriate credentials documentation, as dictated by the ABVO Credentials Committee requirements.
6. A copy of the approved Application form and supporting documents will be sent to the Resident at the beginning of the program, to ensure that they have clear knowledge of the RTP.

## **RESIDENCY TRAINING PROGRAM REQUIREMENTS**

Specific requirements for ABVO residency training programs are outlined in the following sections. All Supervising Diplomates and Associate Mentors should review these requirements and the relevant sections of the Residency Committee and other Committees' Policies and Procedures, available at [www.ABVO.us](http://www.ABVO.us), and are responsible for compliance with them throughout the RTP.

### **Resident candidates:**

1. The candidate must possess a DVM/VMD or equivalent degree.
2. The candidate must have at least 12 months of clinical veterinary experience after veterinary graduation.
3. The candidate must be authorized to practice veterinary medicine through licensure or other means stipulated by the relevant regulatory board in the state/province/country of the RTP and in the external rotations with Associate Mentors.

### **Program structure and supervision:**

1. Two Supervising Diplomates may train 1-3 Residents, and 3 Supervising Diplomates may train 1-4 Residents. All Residents (ABVO, ECVO, etc.) count towards this equation. Solo Supervising Diplomat programs have additional requirements that can be found in the ABVO Policies & Procedures, Section 4.04(b).
2. The minimum length of an RTP is 156 weeks. The ABVO requires that all residents receive clinical ophthalmology training for a minimum of 104 of those 156 weeks. For both requirements, a week is defined as 5 full working days (at least 40 hours), thus an RTP must be  $\geq 780$  days of which  $\geq 520$  days must be spent in clinical ophthalmology training.
3. The minimum required "off clinic time" for professional development is 15% of the duration of the program (117 days in a 3-year program). This time does not include vacation or weekend days and should be free from all clinic duties including after-hours emergency duty. Note that a Resident's "off clinic"/professional development time must be considered when calculating the 100-day minimum period of Direct Supervision required for a DACVO to fulfill the "Supervising Diplomat" title. I.e., a Resident's "off clinic"/professional development time must be taken at times that do not reduce a Supervising Diplomates period of Direct Supervision of that Resident below the minimum of 100 days over the course of the program.
4. The minimum requirement for clinical ophthalmology training is 520 days. Days that the clinic is normally closed, but the Resident is on emergency duty, do not count toward the minimum requirement for clinical ophthalmology training, but Supervising Diplomates or Associate Mentors should still be available for emergency/after-hours consultation.
5. During the RTP,  $\geq 80\%$  (i.e.  $\geq 416$  days) of all clinical training must be under Direct Supervision by a Supervising Diplomat or Associate Mentor.

6. A minimum of at least 2 hours per month of journal/literature review is required. At least one Supervising Diplomate or Associate Mentor is required to participate in these reviews either in person or via electronic transmission.
7. A minimum of 12 hours of histopathology training, with a maximum of 2 hours/month is required annually. At least one Supervising Diplomate, Associate Mentor or board-certified veterinary pathologist is required to participate in these training sessions either in person or via electronic transmission.
8. For RTPs hosted by > 1 institution/practice (i.e. joint mentorship programs), a 3-year RTP Master Schedule must be provided to the Residency Committee before the program can be approved. RTP Master Schedules or 6-month schedules may, at the discretion of the Residency Committee, also be requested from the Corresponding Supervising Diplomate of any other RTP.
9. One Supervising Diplomate or Associate Mentor may provide Direct Supervision to a maximum of 2 Residents on the clinic floor at any one time. Additional Residents on the clinic floor during that time cannot count this as time under Direct Supervision.
10. All Supervising Diplomates and Associate Mentors are expected to guide the Resident through medical, surgical, and academic training by direct, personal, one-on-one instruction throughout the entire program. Initially, supervision and instruction are expected to be intensive, while gradually allowing the Resident more independence with experience. However, it is expected that continued interaction on the clinic floor would be the norm for the entirety of the program. A junior Resident working with a senior Resident is not considered supervision for the purposes of fulfilling RTP requirements.
11. Supervising Diplomates are required to provide the Resident with a written progress evaluation at 6-month intervals. In addition, a Program Evaluation Form from the Resident and Corresponding Supervising Diplomate must be completed and submitted to the ABVO Residency Committee every 6 months. These forms are available on the [www.abvo.us](http://www.abvo.us) in the member portal. Forms are due January 5 and July 5.
12. If a Supervising Diplomate or Associate Mentor leaves the program and, as a result, any Resident training requirements in this document can no longer be met, the Residency Committee must be notified in writing within 30 business days, and the program must be amended within the same time period or be subject to potential termination.
13. If a Resident is terminated for any reason, the Residency Committee must be notified in writing by all Supervising Diplomates and the ex-Resident within 10 business days.

### **Equipment and Additional Resources:**

1. The RTP facilities must have the following equipment, in sufficient quantity and in working order:
  - a. Direct ophthalmoscope
  - b. Binocular indirect ophthalmoscope
  - c. Electronic tonometer
  - d. Slit lamp biomicroscope
  - e. External camera

- f. Goniolens
  - g. Electroretinogram
  - h. Ophthalmic laser
  - i. Cryosurgical unit
  - j. Operating microscope
  - k. Phacoemulsification unit
  - l. Microsurgical instruments
  - m. Microscope (for cytology, etc.)
  - n. Ocular ultrasound (on or off site)
  - o. CT or MRI capability (on or off site)
2. The RTP must provide access to a medical library (direct or on-line) that contains the texts and journal titles listed as sources of test material by the ABVO Examination Committee.
  3. The RTP must provide access to professional support services in clinical pathology, microbiology, and virology.

**Minimum case examination requirements:**

1. The following minimum case examination requirements are intended to ensure that Residents are broadly versed in common ocular disease findings and normal ocular variations in the species most commonly examined and managed by ACVO Diplomates. Meeting these minimums does not ensure that Residents are qualified to practice competently and independently. This is incumbent upon the Supervising Diplomates and Associate Mentors to ascertain over the course of the RTP.
2. Residents are required to maintain a species log throughout their program that is summarized with the Program Evaluation Form at 6-month intervals and at the end of the RTP. The species case log should indicate in sequential columns: 1) the species evaluated, 2) the date of the clinical evaluation, 3) the Supervising Diplomate/Associate Mentor providing Direct Supervision, and 4) the hospital case identification number for dogs, cats, and horses.
3. During the course of their RTP, Residents are required to examine a minimum of **1,500 dogs, 150 cats, 50 horses, and 35 individual cases of at least 3 “additional species”** (cows, pigs, goats, sheep, camelids, birds, lab animal/exotic/pocket pets). These examinations must be performed with the Supervising Diplomate/Associate Mentor examining the animal directly preceding or following the Resident and discussing/critiquing the Resident’s findings with them.
  - a. For dogs, cats, and horses, examinations must be performed on a case with an ophthalmic complaint/condition, and not on a normal animal or animals presenting for eye certification examinations. Initial and recheck examinations on these clinical patients may both be counted towards fulfilling case minimum requirements.
  - b. For the “additional species”, clinical patients or normal animals may be examined to contribute towards the required minimums. However, each individual *normal* animal in this category may only be counted once by the Resident towards

examination minimum numbers.

- c. Repeat examinations of hospitalized patients cannot be counted as additional case examinations for *any* species.

### **Minimum surgical requirements**

1. The following minimum surgical requirements are intended to ensure that Residents have been exposed, as primary surgeon, to a minimum number of ophthalmic surgical procedures commonly performed by ACVO Diplomates. Meeting these minimums does not ensure that Residents are qualified to practice competently and independently. This is incumbent upon the Supervising Diplomates and Associate Mentors to ascertain over the course of the RTP.
2. Residents are required to maintain a surgical log throughout their program that is summarized with the Program Evaluation Form at 6-month intervals and submitted at the end of the residency period. The surgical logs should indicate in sequential columns: 1) patient medical record number, 2) patient species, 3) date of surgery 4) surgery performed, 5) role of the Resident in the surgery (Level 1-3, A or B), and 6) name of ACVO Diplomate supervising the surgery if Level 1 or 2, or name of other clinician/Resident supervising surgery if Level A or B.
3. Levels of surgery are defined as follows:
  - a. Level 1 The procedure is performed by a Supervising Diplomate/Associate Mentor with the Resident assisting.
  - b. Level 2 The procedure is performed by the Resident with a Supervising Diplomate/Associate Mentor providing Direct Supervision. The Supervising Diplomate/Associate Mentor must either participate in the capacity of assistant surgeon or be in the operating room throughout the procedure. The Resident must perform all critical steps of the procedure for it to count towards Level 2 required minimums.
  - c. Level 3 The procedure is performed by the Resident without Supervising Diplomate/Associate Mentor assistance.
    - i. Level 3A: The procedure is performed under the supervision of another ABVO Resident.
    - ii. Level 3B: The procedure is performed under the supervision of a veterinarian who is not an ACVO Diplomate or ABVO Resident.
4. During the course of their RTP, Residents are required to perform a minimum number of the following **Level 2 surgeries** (\* indicates surgeries that may be performed on cadaver specimens):
  - a. **25 lens extractions:**
    - i. 20-25 phacoemulsification/irrigation and aspiration
    - ii. 5 \*intracapsular or \*extracapsular lens extractions may count towards the required 25 lens extractions.

- b. **15 anterior segment:**
    - i. Penetrating keratoplasty, corneconjunctival transposition, lamellar keratectomy, corneal laceration repair, corneal graft, conjunctival flap/graft, \*suprachoroidal CsA implant placement, etc.
    - ii. Diamond burr, grid keratotomy, anterior stromal puncture, and debridement techniques may not be counted toward minimum anterior segment surgical procedures.
  - c. **15 adnexal:**
    - i. Entropion, ectropion or eyelid laceration repair, eyelid/conjunctival mass removal, eyelid reconstruction, etc.
  - d. **15 orbit and globe:**
    - i. Orbitotomy, enucleation, evisceration, exenteration, etc.
  - e. **5 nasolacrimal:**
    - i. \*Parotid duct transposition, third eyelid gland replacement, nasolacrimal duct reconstruction
  - f. **5 vision-sparing glaucoma techniques:**
    - i. \*Cycloablation, \*shunt placement, or \*combination techniques
5. The Resident must perform all of the critical steps of the procedure to count towards Level 2 or Level 3 surgeries. The following lists the critical steps for each procedure:
- a. Phacoemulsification:
    - i. Corneal groove, paracentesis of the anterior chamber, capsulorhexis, phacoemulsification, irrigation/aspiration, plus/minus placement of an intraocular lens, corneal suturing.
  - b. Intracapsular lens extraction:
    - i. Corneal groove, paracentesis of the anterior chamber, extension of corneal incision, delivery of the lens, corneal suturing.
  - c. Extracapsular lens extraction:
    - i. Corneal groove, paracentesis of the anterior chamber, capsulorhexis, delivery of the lens, irrigation/aspiration, corneal suturing.
  - d. Conjunctival graft:
    - i. Preparation of the wound, graft dissection, graft suturing
6. Additional information on logging surgeries:
- a. For bilateral procedures, each eye may be counted as separate surgery
  - b. For multiple procedures performed on the same eye, each procedure may be counted provided one procedure is not necessary/an integral part of the second procedure, i.e.:
    - i. A corneal incision performed as a part of an intraocular surgery cannot be counted as a separate corneal procedure.
    - ii. A ciliary body ablation procedure and shunt placement on the same eye

- may be counted as 2 procedures.
- iii. A lamellar keratectomy performed prior to placing a conjunctival graft, cannot be counted as a separate corneal procedure.

**Insufficient case examination minimums or Level 2 surgeries:**

1. Residents not achieving these case examination or Level 2 surgery minimums will not have successfully completed an ABVO-approved RTP and will therefore be ineligible to take their certification examination until this is remedied.
2. If the Supervising Diplomates determine that these minimums will not be met by the end of the RTP, the Corresponding Supervising Diplomate and Resident must contact the Residency Committee with a mutually agreed upon written plan to meet the requirements. For example, this may involve extending the RTP or involving (additional) Associate Mentors. The Residency Committee will review the plan and determine if it is viable/acceptable.



**RESIDENCY TRAINING PROGRAM APPLICATION  
PLEASE COMPLETE THE FOLLOWING**

PROGRAM INFORMATION

Beginning Date of Program (be specific): \_\_\_\_\_

Ending Date of Program (be specific): \_\_\_\_\_

Sponsoring Institution/Practice(s): \_\_\_\_\_

Address(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residents Now in Training  
(List all ophthalmology Residents  
in training: ABVO, ECVO, etc.)

Expected Date of Program Completion

1. _____	_____
2. _____	_____
3. _____	_____

Supervising Diplomat(e)(s):

E-mail address:

Expected # of  
days in the  
clinic per  
year:

1.* _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\* Indicates the Corresponding Supervising Diplomat(e) for this program

Associate Mentor(s): \*

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

\*The Corresponding Supervising Diplomat(e) must provide a **separate electronic document** detailing the role and approximate time commitment of each Associate Mentor. The Associate Mentor(s) must sign this document.

CLINICAL TRAINING:

Indicate the *number of days* of the Resident's time that will be devoted to the clinical ophthalmology service.

Year one \_\_\_\_\_  
Year two \_\_\_\_\_  
Year three \_\_\_\_\_  
Year four (if applicable) \_\_\_\_\_

Does the RTP facility possess the equipment, in sufficient quantity and in working order, as outlined above in the "Equipment and Additional Resources" section? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a medical library available at the RTP location that meets the requirements outlined above in the "Equipment and Additional Resources" section? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*If the response is "No" indicate below how library services are to be provided, including the distance from your practice/institution to the library used, if applicable*

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Are professional support services in clinical pathology, microbiology, and virology available at the RTP location? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*\*If the response is "No", indicate below how those services that are not available at the RTP location will be provided.*

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By signing below, each Supervising Diplomate acknowledges that they have read and will comply with the residency training standards of the ABVO, as defined in the preceding pages and in the Policies and Procedures of the ABVO Residency Committee available at [www.abvo.us](http://www.abvo.us). and that they will forward within prescribed time limits to the ABVO office all information concerning changes in the RTP.

Supervising Diplomate(s):

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Signature of Department Head (or equivalent) acknowledging the institution will provide all RTP requirements:

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_