

A Memorandum on ACVSMR Virtual/ Remote Training

The COVID pandemic has limited in-person training and in-person mentor-resident interaction, thus virtual/ remote training weeks may be necessary in order to allow residents to progress in their program. While Program Directors are likely to be the best able to gauge what type and amount of remote training is equivalent to an in-person training week, the following list provides some examples. In general, a minimum of 5 virtual contact hours with the mentor per week is recommended. If you have specific questions, and/or want to ensure that your training plan will meet the standards, please feel free to email residency@vsmr.org.

The following are provided as examples, for reference:

ACVSMR training week

- Have residents perform follow-up with previous cases as this can provide very valuable feedback regarding outcome of the cases. Discuss case outcomes with their ACVSMR mentor and/or supervisor to provide multiple case examples to the resident. Have resident discuss findings and therapeutic plan with supervisor.

Specialty training week- Diagnostic Imaging

- Radiologists send a history and images (mixture of ultrasound, X-ray, CT, MRI, and nuclear medicine cases), the resident then gives diagnosis and treatment and submit back to the radiologist to assess. Follow up with a remote meeting (e.g. zoom).

Specialty training week- Diagnostic Imaging

- Assign 10 sports medicine imaging cases per day for the resident to read out; the resident writes a brief imaging report of their findings/ conclusions. Resident meets with mentor for ~1 hour each day to review the cases.

Specialty training week- Neurology

- Neurologist to give resident case studies with history, clinical findings and images; resident to develop diagnosis, treatment and rehabilitation plan; discuss remotely. Additionally, have resident remotely view videos of consults done by the neurologist, with scheduled time to discuss cases. Have resident video themselves performing a complete neuro exam, to be reviewed with the neurologist.

Specialty training week- Pain Management

- Divide the week into the topics that need to be covered. Resident is required to read at least 3 recent research papers and relevant textbook chapters on each topic. 5 hours of direct contact with anesthesiologist via Skype/Facetime/Zoom per week is required to discuss topics and determine understanding.

Specialty training week- Surgery

- Read through 5 cases per day. Write a report on each case that includes the initial presentation, examination findings, diagnostics performed, treatment options, surgical procedure performed, synopsis of relevant surgical principles, synopsis of

recent literature/research applicable to the case, and outcome. Discuss these cases remotely with the surgeon for 1 hour per day.

According to the residency guidelines, each resident must participate in 250 hours of continuing education, seminars, journal club, clinical cases rounds, conferences and/or other similar educational experience. Due to the COVID pandemic, in-person attendance in those activities has become difficult or impossible. The scientific community has responded to this challenge by developing a huge number of virtual events that can be considered valid for the residents to use in their training, provided they fulfill some basic criteria.

- Continuing education must be related to sports medicine and rehabilitation sponsored by local, state, national veterinary or human medical organizations.
- Seminars, journal clubs and clinical case rounds must be organized in such a way they allow active participation of the resident into the discussion or presentation of cases (no recorded sessions allowed)
- All seminars, journal clubs and clinical case rounds must be clearly documented with date, topics discussed, and credit hours.