

Detailed Program Description for ACVD Website

1. Program name and location: **Animal Dermatology South
7741 Congress Street
New Port Richey, FL 34653**

2. Is the program currently on ACVD Probation? **No.**
If yes, please describe the reasons for probation, what is being done to correct them and when the program is scheduled to be off probation? **N/A**

3. Mentor(s):
 - a. Name: **Michael Canfield, DVM, Diplomate ACVD**
 1. Years in ACVD: **9**
 2. Years as Mentor: **3.5**

4. Specific requirements for applying to the program:
As established by the ACVD, the resident will:
 - A. Be a graduate of an approved veterinary school or college.
 - B. Have completed a one-year internship or satisfactory practice equivalency.
 - C. Be licensed to practice veterinary medicine in the state of Florida.
 - D. Be a member of a national veterinary medical association (i.e. AVMA).
 - E. Be of satisfactory moral and ethical character including but not restricted to being honest and truthful, not be habitually intoxicated or addicted to drugs, and not to have been convicted of cruelty to animals.

5. Length of residency in years: **3**

6. Is a Master's degree or PhD required? **No.**
If so, which? **N/A**

7. When the residency was first offered? **June 2, 2015**
 1. Has it been continuous since then? **No**
 2. If not continual what years was the residency offered? **2015–2018; 2019-2020.**

8. How many residents have been accepted into the program since inception? **Two (2).**
 - a. How many of these have become board certified dermatologists? **One (1).** The program's second resident is anticipated to sit ACVD certifying examination in 2021.

9. What is the average annual dermatology caseload for the institution over the past 5 years? **> 2,500 cases per year**

10. What is the average total caseload seen the entire residency?
> 7,800 cases (average cases annually multiplied by the number of years of residency)

11. On average, how many new patients, rechecks and consults does the program see per year? (actual numbers of cases)

- | | |
|--------------|-------|
| 1. New cases | 864 |
| 2. Rechecks | 1,544 |
| 3. Consults | 192 |

12. On average, what percentage of the program's cases are dogs and cats?

- | | |
|---------|-----|
| 1. Dogs | 89% |
| 2. Cats | 10% |

13. On average, how many exotic, equine and farm animal cases does the program see per year?

- | | |
|-----------------|------|
| 1. Exotics | < 1% |
| 2. Equine | < 1% |
| 3. Farm animals | < 1% |

14. What percentage of time is the mentor in clinics with the resident while the resident is seeing cases during the resident's

first year: 90–100%

second year: 80–100%

third year: 80–100%

(This means that the mentor is either physically seeing patients with the resident or can be contacted by phone and available to see the case in person within one hour of being called.)

15. Does the program have access to other specialists? If so, please list:

- Internal medicine (2)
- Oncology (1)
- Ophthalmology (1)
- Pathology (3, including 2 dermatopathologists and 1 cytopathologist)
- Surgery (2)
- Critical Care (1)
- Dentistry (2)
- Radiology (2)
- Neurology (1)

16. Please describe your library access: The resident will have access to the ACVD library as well as an extensive in-hospital library. The mentor maintains subscriptions for Veterinary Clinics of North America and Immunology and Allergy Clinics of North America.

17. Does the program have statistical support for their residents' research projects? Yes.

18. Does the program have direct access to any basic science or clinical science laboratories that the resident can use for research purposes? No. The program mentor has relationships with multiple research scientists and research veterinarians with appropriate laboratories. If basic science or clinical science laboratories are needed for a resident's research project, formal access will be arranged.

If yes, please describe the types of laboratories available and interactions that the resident may have with them. N/A

19. How often do the residents and mentors have the following rounds? (For each type of rounds, please list how often they are held, how long each session is, and a detailed description of how they are conducted.)

1. Case rounds: 1 hour weekly.

- Formal case rounds are held a minimum of one-hour once weekly. Rounds are designed to assess resident's ability to concisely present cases and discuss relevant features of diagnosis, mechanisms of disease, case management, and therapeutic principles.

2. Journal club: 1 hour weekly.

- Journal club is held for one hour 45 weeks of the year. Non-meeting weeks account for holidays, annual meetings, and travel. Current and relevant articles selected from clinic and online libraries are assigned by preceptor, summarized by resident, and discussed by all attending personnel.

3. Histopathology training: 2 hours twice a month.

- Primary training will be conducted by the preceptor. Dermatohistopathology training will emphasize histologic principles, normal histoanatomy, pattern analysis, vocabulary, use of special stains, and dermatohistopathology of neoplastic and non-neoplastic diseases.
- The resident will spend several hours per week studying histopathology specimens, including all samples from Animal Dermatology South's cases (not just the resident's cases).
- Formal histopathology rounds are scheduled to be held for two hours every other week for an average of 40 hours per year, allowing for holidays, travel, and continuing education meetings.
- By the second year the resident is expected to be capable of writing histopathology reports for his/her own cases and selected teaching slides. Written reports will be reviewed by the preceptor to identify any further study or emphasis required to strengthen the residents understanding and ability to interpret and describe dermatohistopathology specimens.
- If additional training or case variety is deemed necessary to achieve the goals listed by the ACVD Education Committee in section 7D of the Residency Program Guidelines (May 2017 revision), arrangements will be made to obtain glass or digital teaching slides to meet these objectives, or training at an additional site arranged.
- Formal training time may be scheduled with a dermatopathologist.

4. Basic science learning rounds: Average of 4 hours monthly; approximately 40-70 hours total per year.

- Courses are preceptor directed reviews of major topics of dermatology using text and journal articles to provide in depth instruction in Structure and Function, Immunology, Pharmacology, and Endocrinology.
- Topic selection and duration of study will be determined by ACVD Credentialing Examination study guide and examination focus, as well as resident self-identified and mentor identified topics in need of reinforcement.
- Courses include assigned reading, written question and answer, resident-created Power Point presentations and chapter summaries, and discussion with preceptor.
- Instruction is held for four hours every other week throughout the residency.

20. Resident's benefits: (Please give a general list of benefits and then whom a potential candidate should contact to get more specific information on salary and benefit packages). Vacation, health insurance, CE allowance, licenses, and uniform allowance. For further details, please contact Timberly C. at Animal Dermatology South.

21. Does the program allow the resident to attend the NAVDF (North American Veterinary Dermatology Forum) meeting annually? Yes

22. Does the program pay for the resident to attend the NAVDF meeting annually? Yes, up to the annual CE allowance.

23. Average number of days a resident will spend on clinics per month: 20

24. Average number of days a resident will spend on non-clinical pursuits per month (not including Sundays or holidays): 10

25. Does the resident have to take general medicine emergency duty? No
If so how often: N/A

26. Does the resident take Dermatology emergency duty? No
If so how often: N/A

27. Is time allotted for externships in other subspecialties or at other dermatology practices? Yes

If so explain: During Years 1 and 2, the resident will rotate for 3 weeks through internal medicine and oncology services approved by the mentor. If the mentor determines the resident's knowledge, previous experience, and clinical skills make these rotations unnecessary, the time may be redirected towards rotations at other dermatology practices, alternative specialties, or research/board preparation.

28. How much time is allotted off clinics for board preparation? For the last 6 weeks of the residency, the number of workdays decreases to 1.5 days/week. The residents also have the option of dedicating any unused externship time to board preparation.

29. How much time is allotted to carry out a research project (grant writing, data collection, paper preparation) during the residency (please report in number of weeks)? Any off-clinic time, including externship time can be used for the project. Clinical duty scheduling is flexible, so that each resident has enough time to fulfill all ACVD credentials.

30. What are the other responsibilities/duties of the resident?

- a. Develop skills necessary for clinical competency through all aspects of primary case responsibility: history, physical examination, create problem lists and differential diagnoses, perform diagnostic testing, interpret results, formulate treatment plans, provide client and referring veterinarian communication, and follow-up.
- b. Initiate review of cases and case management with supervisors. The preceptor or other board-certified mentor is available to consult with the resident daily.
- c. Personally receive patient follow-up examinations whenever possible. If not possible, the resident is responsible for telephone follow-up with the client, referring veterinarian, or receiving clinician. Follow-up is a critical part of the development of clinical competency; the resident is responsible for maintaining involvement and continuity of case management.
- d. Maintain a detailed case log as required by the ACVD, including date, name, signalment, working/definite diagnosis, and follow-up dates. Caselog is submitted for review by preceptor quarterly to ensure adequate follow-up of cases is being pursued by the resident.
- e. Maintain medical records in accordance with the standards of Animal Dermatology South.
- f. Maintain a photograph log of common and uncommon dermatologic lesions, diseases, and diagnostic procedures.
- g. Develop client education materials for common conditions, procedures, and treatments.
- h. Provide telephone consultations to local veterinarians regarding potential referrals.
- i. Give at least four educational lectures / scientific presentations as required of all ACVD residents, fulfilling the requirements of the ACVD Education Committee's current requirements for scientific presentations.
- j. Submit all documentation required of the ACVD according the current resident's timeline and credentialing requirements.

31. How many residents has the program had over the past 10 years? 2 (1 completed; 1 current)

32. How many/what percentage of the above residents (question 31) passed credentials on the:

1. First submission? 1, the second resident has not yet submitted a credential's packet.
2. Second submission? N/A
3. Third submission or more? N/A
4. Never passed credentials? N/A

33. How many/what percentage of the above residents (question 31) sat boards for the first time:

1. The year they finished their residency? 0
2. One year after finishing their residency? 1
3. Two or more years after finishing? 0
4. They never took boards? N/A

34. How many/what percentage of the above residents (question 31) passed the board exam on their:

1. First time taking the exam? 1
2. Second time taking the exam? N/A
3. Third time or more taking the exam? N/A
4. Never passed? N/A

35. Is your residency program reviewed by an outside committee at your university?
N/A If yes, how often? N/A

36. Please list the papers published by your last 5 residents.

- **Ierace, MK**, Canfield MS, Peters-Kennedy J, and Kane CW. 2018. Combined carbon dioxide laser and cryosurgical ablation of rostral nasal septum squamous cell carcinoma in 10 dogs. *Veterinary Dermatology*, 29(5), 431-e142.
- Nagamori Y, Payton M, Coburn L, **Thomas J**, and Reichard M. Nymphal engorgement weight predicts sex of adult *Amblyomma americanum*, *Amblyomma maculatum*, *Dermacentor andersoni*, *Dermacentor variabilis*, and *Rhipicephalus sanguineus*. *Experimental and Applied Acarology* 2019; 77:401-410.
- Allen K, **Thomas J**, Wohltjen M, and Reichard M. Transmission of *Cytauxzoon felis* to domestic cats by *Amblyomma americanum* nymphs. *Parasites & Vectors* 2019; 12(1): 28.
- Schreeg M, Marr H, Tarigo J, Sherrill M, Outi H, Scholl E, Bird D, Vigil A, Hung C, Nakajima R, Liang L, Trieu A, Doolan D, **Thomas J**, Levy M, Reichard M, Felgner P, Cohn L, and Birkenheuer A. Identification of *Cytauxzoon felis* antigens via protein microarray and assessment of expression library immunization against cytauxzoonosis. *Clinical Proteomics* 2018; 15(1):44.
- Reichard M, Rugg J, **Thomas J**, Allen K, Barrett A, Murray J, Herrin B, Beam R, King V, and Vatta A. Efficacy of a topical formulation of selamectin plus sarolaner against induced infestations of *Amblyomma americanum* on cats and prevention of *Cytauxzoon felis* transmission. *Veterinary Parasitology* 2018; 270 (1): S31-37.
- **Thomas J**, and Reichard M. Managing Maggots and Bots in Dogs and Cats. *Veterinary Team Brief*, 2018; 6(4): 33–37.
- **Thomas J**, Ohmes C, Payton M, Hostetler J, and Reichard M. Minimum transmission time of *Cytauxzoon felis* by *Amblyomma americanum* to domestic cats in relation to duration of infestation, and investigation of ingestion of infected ticks as a potential route of transmission. *Journal of Feline Medicine and Surgery* 2018; 20(2): 67–72.
- Adolph C, Barnett C, Beall M, Drake J, Elsemore D, **Thomas J**, and Little S. Diagnostic strategies to reveal covert infections with intestinal helminths in dogs. *Veterinary Parasitology* 2017; 247: 108–112.
- Saleh M, **Thomas J**, Heptinstall J, Herbein J, Wolf R, Reichard M, and Zajac A. Immunologic Detection of *Giardia duodenalis* in a Specific Pathogen Free Captive Olive Baboon (*Papio cynocephalus anubis*) colony. *Journal of Veterinary Diagnostic Investigation* 2017; 29(6): 916–919.
- Reichard M, **Thomas J**, Chavez-Suarez M, Cullin C, White G, Wydysh E, and Wolf R. Efficacy of Ivermectin and Fenbendazole for Treating Captive Olive Baboons (*Papio anubis*) infected with *Strongyloides fülleborni* and *Trichuris trichiura*. *Journal of the*

American Association of Laboratory Animal Sciences 2017; 56(1):52–56.

- Gruntmeir J, Adolph C, **Thomas J**, Reichard M, Blagburn B, and Little S. Increased detection of *Dirofilaria immitis* antigen in cats after heat pretreatment of samples. *Journal of Feline Medicine and Surgery* 2017; 19(10): 1013–1016.
- **Thomas J**, Staubus L, Goolsby J, and Reichard M. Ectoparasites of free-roaming cats in the central United States. *Veterinary Parasitology* 2016; 228:17–22.
- Reichard M, Logan K, Criffield M, **Thomas J**, Paritte J, Messerly D, Intersiano M, Marucci G, and Pozio E. Occurrence of *Trichinella* species in the cougar, *Puma concolor cougar*, from the state of Colorado and other regions of North and South America. *Journal of Helminthology* 2016; 91(3), 320–325.
- **Thomas J**, Podichetty J, Shi Y, Belcher D, Dunlap R, McNamara K, Reichard MV, Smay J, Johannes A, and Foutch G. Effect of temperature and shear stress on the viability of *Ascaris suum*. *Journal of Water, Sanitation, and Hygiene for Development* 2015; 5(3): 402–411.
- Reichard M, Criffield M, **Thomas J**, Paritte J, Cunningham M, Onorato D, Logan K, Interisano M, Marucci G, and Pozio E. High prevalence of *Trichinella pseudospiralis* in Florida panthers (*Puma concolor coryi*). *Parasites & Vectors* 2015; 8(1): 67.
- Little S, Hostetler J, **Thomas J**, Bailey K, Barrett A, Gruntmeir K, Gruntmeir J, Starkey L, Basel C, and Blagburn B. Moxidectin steady state prior to inoculation protects cats from subsequent, repeated infection with *Dirofilaria immitis*. *Parasites & Vectors* 2015; 8(1): 1-7.
- Little S, Raymond M, **Thomas J**, Gruntmeir J, Hostetler J, Meinkoth J, and Blagburn B. Heat treatment prior to testing allows detection of antigen of *Dirofilaria immitis* in feline serum. *Parasites & Vectors* 2014; 7(1): 1–4.
- Reichard M, **Thomas J**, Arther R, Hostetler J, Raetzel K, Meinkoth J, and Little S. Efficacy of an imidocloprid 10% / flumethrin 4.5% collar (Seresto,® Bayer) for preventing the transmission of *Cytauxzoon felis* to domestic cats by *Amblyomma americanum*. *Parasitol Res* 2013; 112(1): S11–S20.
- **Thomas J**, and Reichard M. Mange in cattle. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised April 2015.
- **Thomas J**, and Reichard M. Mange in sheep and goats. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised April 2015.
- **Thomas J**, and Reichard M. Mange in horses. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised April 2015.
- **Thomas J**, and Reichard M. Mange in pigs. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised April 2015.
- **Thomas J**. Lice of cattle. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised February 2015.
- **Thomas J**. Lice of horses and donkeys. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised February 2015.
- **Thomas J**. Lice of swine. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised February 2015.
- **Thomas J**. Lice of sheep and goats. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised February 2015.
- **Thomas J**. Lice of dogs and cats. In: *The Merck Veterinary Manual*. Whitehouse Station, N.J.: Merck & Co.; revised February 2015.

- **Thomas J**, and Reichard M. Ticks. In: *Greene's Infectious Diseases of the Dog and Cat*, Expert Consult, 5th edition. Sykes J, ed. Elsevier, Philadelphia, PA. (*Accepted, publication date not released*).

37. Names of your last 5 residents and whether they are willing to be contacted by potential residents:

- Maria Ierace, DVM, DACVD – yes.
- Jennifer Thomas, DVM – yes.