

Detailed Program Description for ACVD Website

1. Program name and location: **Auburn University, Auburn AL**
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: **Dr. Amelia White (main mentor)**
 1. Years in the ACVD: 8
 2. Years as Mentor: 8
 - b. Name: **Dr. Robert Kennis,**
 1. Years in ACVD: 24
 2. Years as Mentor: 15
4. Specific requirements for applying to the program: **DVM or equivalent from AVMA accredited university and completion of a rotating internship or a minimum of 2 years private practice equivalent**
5. Length of residency in years: **3**
6. Is a Master's degree or PhD required? **NO, optional** If so, which? **Master's US citizens can opt into a non-degree-seeking or degree-seeking graduate program, whereas international students are required to complete a Master's degree.**
7. When the residency was first offered? **1987**
Has it been continuous since then? **YES**
If not continual what years was the residency offered? **N/A**
8. How many residents have been accepted into the program since inception? **11**
How many of these have become board certified dermatologists? **9 (2 in training)**
9. What is the average annual dermatology caseload for the institution over the past 5 years? **1995 cases per year**
10. What is the average total caseload seen the entire residency? **6433 cases cases seen in the last three years**
11. On average, how many new patients, rechecks and consults does the program see per year? (give these in actual numbers of cases)
 - a. New cases **40%**

- b. Rechecks **50%**
 - c. Consults **10%**
12. On average, what percentage of the program's cases are dogs and cats?
Dogs **70%** Cats **20%**
13. On average, how many exotic, equine and farm animal cases does the program see per year? Exotics **5-10** Equine **20** Farm animals **10-15**
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: **98%**; second: **95%**; and third: **90%**
(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 within one hour of being called.)
15. Does the program have access to other specialists?
If so, please list: **Ophthalmology (small animal and equine), internal medicine, soft tissue surgery, orthopedic surgery, surgical oncology, anesthesia, critical care, emergency care, cardiology, dentistry, neurology, theriogenology, endocrinology, clinical pathology, pathology, pharmacology, oncology, radiology, radiation oncology, small mammals and exotics, equine medicine and surgery, food animal medicine and surgery, primary care, acupuncture, physical therapy, basic sciences researchers in physiology& parasitology**
16. Please describe your library access: **On site library and excellent electronic access to journals and electronic books. Librarian on site to assist as needed.**
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 proposes? **YES**
If yes, please describe the types of laboratories available and interactions that the resident may have with them. **There are comparative genomics in animal health, canine performance sciences, endocrinology, parasitology, virology, bacteriology/mycology, pathobiology, clinical pharmacology and clinical pathology laboratory access. Interactions are dependent upon the interests of the resident and range from help with individual cases to support with research. There is a shared clinical research laboratory space with a dedicated laboratory technician and clinical research coordinator in the hospital.**

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.)
- a. Case rounds: **Daily with students & residents, discussion duration dependent upon the case load of the day**
 - b. Journal club: **biweekly for a minimum of 1 hour. The resident or mentor selects and leads the discussion of the articles. Resident practices writing multiple choice questions each week from material covered in JC. Additional journal articles are critically reviewed as part of the basic science dermatology course work.**
 - c. Histopathology training: **biweekly. Sessions are 1-2 hours. All clinical dermatology cases are reviewed with mentors using a multiheaded microscope. All biopsied cases have recut slides for the resident. Archived cases are reviewed to expand the breadth of material on species not seen on a regular basis. Dermatohistopathology rounds are performed with the board-certified pathologist and Dr. Amelia White.**
 - d. Basic science learning rounds: **Formal graduate classes provide the basic science learning over the course of the three-year period. Some examples include: clinical pathology, advanced medicine, immunology, dermatopathology, clinical pharmacology, mechanisms of diseases, and statistics. The mentors provide a class on structure and function, large animal dermatology and exotic animal dermatology, and immunology during the course of training. Additional topics of discussion are provided per the Education Committee guidelines.**
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) **Detailed information is available on the VIRMP website, and includes student medical insurance and paid personal leave (2 weeks). Recognized university holidays are in addition to the 2 weeks of personal leave.**
21. Does the program allow the resident to attend the NAVDF (North American Veterinary Dermatology Forum) meeting annually? **YES, it is a requirement**
22. Does the program pay for the resident to attend the NAVDF meeting annually? **Some funds are available but might not be sufficient to support the full expenses incurred.**
23. Average number of days a resident will spend on clinics per month: **15-20**

24. Average number of days a resident will spend on non-clinical pursuits per month (not including Sundays or holidays): **The first year there are 6-8 weeks for research and +/- 8 weeks other nonclinical training (graduate course work, journal club, dermatopathology, basic science training, etc.); 8-10 weeks for research and +/- 8 weeks other nonclinical training in the second year; and 8-10 weeks for research and +/- 8 weeks other nonclinical training in the third year.**
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? **YES, but always under the guidance of the mentor. The residents will split this duty amongst themselves. On average fewer than 5 emergency calls occur per year. Responsibilities are primarily handled via the phone. Rarely, the resident and mentor may be required to come in to evaluate a dermatological emergency.**
If so how often: **all weekends, holidays**
27. Is time allotted for externships in other subspecialties or at other dermatology practices? **YES** If so explain: **2 weeks are allowed to take internal medicine rotation the first year (more if needed) and 2 weeks are allowed for externships outside of the university in subsequent years.**
28. How much time is allotted off clinics for board preparation? **8-10 weeks in the third year, depending upon the time used for research and credentials. Time should be divided evenly throughout the year.**
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)? **Year 1 – 6-8 weeks, Year 2 – 8-10 weeks, Year 3 – 8-10 weeks**
30. What are the other responsibilities/duties of the resident? **See detailed residency description for complete information. Provide back-up duty after hours and weekends and holidays to be available to provide consultations to other services within the VTH. Back-up duty is primarily handled via phone consultation; however, rarely the resident and mentor will be required to come into the hospital to evaluate dermatological emergency cases after-hours. The resident is expected to participate and contribute to M+M rounds and to attend resident seminars. The resident is expected to present a minimum of 1 resident seminar each year during the program. The resident is to abide by the requirements and ethics of graduate students within the College of Veterinary Medicine at Auburn which includes attendance and participation in research seminars and defense seminars. The resident is required to abide by the honesty and ethics policies defined by the ACVD, and to meet the ACVD Benchmarks**

annually. The resident is required to provide approximately 3-6 total lectures to the third year students during the core dermatology course over the course of the residency. The resident is required to lead topic rounds with fourth-year clinical students on a regular basis.

31. How many residents has the program had over the past 10 years? **5**
32. How many/what percentage of the above residents (question 31) passed credentials on the
- a. First submission - **3 (2 residents are in training)**
 - b. Second submission
 - c. Third submission or more
 - d. Never passed credentials
33. How many/what percentage of the above residents (question 31) sat boards for the first time
- a. The year they finished their residency - **3 (2 residents are in training)**
 - b. One year after finishing their residency
 - c. Two or more years after finishing
 - d. They never took boards
34. How many / what percentage of the above residents (question 31) passed the board exam on their
- a. First time taking the exam - **2**
 - b. Second time taking the exam - **1**
 - c. Third time or more taking the exam
 - d. Never passed
(2 residents are in training still)
35. Is your residency program reviewed by an outside committee at your university? **YES**
If yes how often? **2 times annually**
36. Please list the papers published by your last 5 residents.

Hicks K, Yongjun Tan, Wenqi Cao, Terri Hathcock, Dawn Boothe, Robert Kennis, Dapeng Zhang, Xu Wang, and Amelia White. Genomic and *in vitro* pharmacodynamic analysis of rifampicin resistance at clinically relevant concentrations in multidrug-resistant canine *Staphylococcus pseudintermedius* isolates. . *Vet Dermatol.* 2021 Jun;32(3):219-e67..

Hicks K, Brinker E, Neto R, Smith A, Matz B, and White A. Feline exfoliative dermatitis secondary to a thymoma with concurrent paragonimiasis. *J Am Vet Med Assoc.* 2020. Accepted for publication 2021.

White A, Bello B, Malmstrom A, **Hicks K**, and Starkey L. Peripheral vestibular disease caused by *Raillietia auris* in a Barzona bull. *Vet Rec Case Reortsp*. 2021;e28. <https://doi.org/10.1002/vrc2.28>

Cao W, **Hicks K**, White A, Hathcock T, Kennis R, Boothe D, Zhang D, and Wang X. Draft genome assembly of two *Staphylococcus pseudintermedius* strains isolated from canine skin biopsy. *Microbiol Resour Announc*. 2020. 9(22):e00369-20.

Hicks K, Sandey M, Newcomer BJ, Kennis R, White AG. Acquired cutaneous angiomatosis and Chorioptes sp. dermatitis in an adult llama. *Vet Rec Case Reports*. 2020. 8:e001184.

Pritchard H, **Hicks K**, and White A. Nodular dermatofibrosis with renal cystadenocarcinoma in a German Shepherd dog. *National Association of Veterinary Technicians in America*. 2020. June/July issue: 32-38.

Hicks K and White AG. Proliferative necrotizing otitis externa. VINCyclopedia of Diseases. *Veterinary Information Network*. November 2019. Address (URL): <https://www.vin.com/Members/Associate/Associate.plx?from=GetDzInfo&DiseaseId=5986>

Hicks K and White AG. Nodular dermatofibrosis. VINCyclopedia of Diseases. *Veterinary Information Network*. November 2019. Address (URL): <https://www.vin.com/Members/Associate/Associate.plx?from=GetDzInfo&DiseaseId=5987>

Hicks K and White AG. Vesicular cutaneous lupus erythematosus. VINCyclopedia of Diseases. *Veterinary Information Network*. October 2019. Address (URL): <https://www.vin.com/Members/Associate/Associate.plx?from=GetDzInfo&DiseaseId=5945>

White A, **Hicks K**, Bizikova P, Bailey J, Linder K, Kennis R. Probable drug-triggered pemphigus foliaceus in a dog following administration of afoxolaner (NexGard®). *Vet Rec Case Reports*. May 2019;7: e000735. doi: 10.1136/vetreccr-2018-000735.

Ho K, Conley A, Kennis R, Hathcock T, Boothe D, White A. Minimum inhibitory concentration and killing properties of rifampicin against canine *Staphylococcus pseudintermedius* isolates from dogs in the southeast USA. *Vet Dermatol*. May 2018. DOI: 10.1111/vde.12653.

Ho K, Kennis R, Sandey M, White A. Successful medical management of cutaneous *Nocardia* sp. infection in a dog receiving cyclosporine (Atopica®). *Vet Rec Case Reports*. 2017. 5: e000493. doi: 10.1136/vetreccr-2017-000493.

Ho K, Cobiella D, Walz H, Kennis RA, White A. Cutaneous candidiasis infection in two alpacas. *Vet Rec Case Reports*. Dec. 2016. doi: 10.1136/vetreccr-2016-000354.

Gimmler JR, White AG, Kennis RA, Cruz-Espindola C, Boothe DM. Determining canine skin concentrations of terbinafine to guide the treatment of *Malassezia dermatitis*. *Vet Dermatol*. 2015 Dec;26(6):411-e96.

Gimmler J, White A, and Kennis R. Successful management of cutaneous pythiosis in a dog with subsequent cutaneous vasculitis. *Vet Rec Case Reports* 2014;2:e000143 doi:10.1136/vetreccr-2014-000143.

37. Names of your last 5 residents and whether they are willing to be contacted by potential residents: **Annette Lundberg (in training – finishes in 2024), Sarah Lewis (in training - finishes in 2023), Karly Hicks, Karen Ho, Jacqueline Gimmler**