

Detailed Program Description for ACVD Website (Modified 5/10/2021)

1. Program name and location:

University of Tennessee College of Veterinary Medicine, Knoxville, TN

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?

3. Mentor(s):

A. Name: Elizabeth May Drake, DVM

1. Years in ACVD: 17 years
2. Years as Mentor: 13 years (5 at Iowa State University; 7 at UT)

B. Name: Linda Frank, MS, DVM

1. Years in ACVD: 30 years
2. Years as Mentor: 28 years

4. Specific requirements for applying to the program:

Graduate of an accredited College of Veterinary Medicine, one year rotating internship or practice equivalent. The program enrolls residents through the VIRMP.

5. Length of residency in years:

3 year residency

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

7. When the residency was first offered? **1993**

Has it been continuous since then? **Yes**

If not continual, what years was the residency offered? _____

8. How many residents have been accepted into the program since inception?

14 + 1 transfer

How many of these have become board certified dermatologists?

13 (Two are current residents)

9. What is the average annual dermatology caseload for the institution over the past 5 years? **989.2** cases per year

10. What is the average total caseload seen the entire residency? **2967.6** cases (average cases annually times the number of years of residency)

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 233
- B. Rechecks 622
- C. Consults 133

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

Dogs: 82% cats 16.7%

13. On average, how many exotic, equine and farm animal cases does the program see per year? Exotics 5 - 10 (tigers mainly) Equine 10 - 12

Farm animals 7- 8

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: 100%, second: 99% and third: 98%?

(This means 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? Yes

If so, please list: Internal medicine, cardiology, emergency and critical care, oncology, ophthalmology, neurology, surgery, behavior, anesthesia, radiology, zoo and exotic animal medicine, social work.

16. Please describe your library access: We have a library in the building which houses all of the veterinary journals and text books and a number of human journals and text books. We have access to the medical school and main campus library and can have articles delivered to us the next day. We also have extensive on-line journal access.

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. We have pathology, clinical pathology, endocrinology, immunology, virology, microbiology, pharmacology, and parasitology laboratories. These laboratories are both for clinical and research studies. We have an active collaboration with the microbiology laboratory and have collaborated in the past with virology, endocrinology, pathology, immunology, and parasitology.

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: We have formal case rounds with the resident and students at least twice weekly. These usually last approximately 1.5 to 2 hours. We informally discuss cases daily and as we get all of the laboratory results.
 - B. Journal club: We have weekly journal club sessions for 1 hour. We usually review about 2-3 papers per session. The papers are chosen by the resident with guidance from the mentors.
 - C. Histopathology training: We meet formally every other week for approximately 2 hours. The resident writes a description with morphologic diagnosis for 1 or 2 cases. These may be unknown cases or ones we have biopsied over the past 2 weeks. We also review all biopsies taken by our service and by other services both in the hospital and mailed in. This either occurs during our histopathology session and in addition to this session so that we can evaluate the cases in a timely fashion. We consult with pathologists in the building that have a special interest in dermatology when needed.
 - D. Basic science learning rounds: We meet weekly for 1 hour to review various topics and books including immunology, structure and function, equine dermatology, infectious diseases, and others that we deem necessary for training.
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)
Individual, spouse and dependent health insurance coverage is available for a monthly premium as is dental insurance. The resident receives 10 days of vacation each year plus 1 week during the Christmas holidays. Potential candidates can contact either mentor for additional information. *In addition, residents are allowed up to 3 days for job interviews if their vacation time has been depleted.*
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?
Residents are provided a set amount of money to be used over the three years.
23. Average number of days a resident will spend on clinics per month: Residents will spend 20 days per month (5 days per week) on clinics when they are on duty. They will not be on clinics for 12 weeks each year.

24. Average number of days a resident will spend on non-clinical pursuits per month (not including Sundays or holidays): Residents will have 3 months each year for non-clinical pursuits.
25. Does the resident have to take general medicine emergency duty? No
If so how often:
26. Does the resident take Dermatology emergency duty? Yes If so how often: available by phone for consultation by the emergency service. This is shared and a very infrequent occurrence.
27. Is time allotted for externships in other subspecialties or at other dermatology practices? Yes
If so explain: We encourage the resident to take 2 weeks during their residency to pursue an externship at another dermatology practice or academic institute.
28. How much time is allotted off clinics for board preparation? Currently the off-clinic time is divided among writing the research proposal, performing the research, writing case reports, and board preparation. We usually schedule the resident the last 2 weeks of their residency off for 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)? The resident is scheduled 12 weeks off each year and includes a 2-week vacation. Approximately 30 weeks/150 days remain for research, case reports, and board preparation.
30. What are the other responsibilities/duties of the resident? The resident's clinical duties are to see cases, call veterinarians, write referral letters, and follow up on their cases. They are also important in student teaching and training. The resident will present a minimum of 1 lecture per year in the dermatology course taught in the second year of the veterinary curriculum. In addition, they deliver a 30 minute case presentation to the faculty and house officers once to twice yearly as well as presenting their research to the faculty.
31. How many residents has the program trained over the past 10 years?
7* (2 currently in training)
32. How many/what percentage of the above residents (question 31) had credentials accepted on the
- A. First submission **100%**
 - B. Second submission
 - C. Third submission or more
 - D. Never passed credentials

33. How many/what percentage of the above residents (question 31) took the board examination for the first time
- A. The year they finished their residency **100%**
 - 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 examination on their
- A. First time taking the exam **3/5**
 - B. Second time taking the exam **2/2**
 - C. Third time or more taking the exam
 - D. Never passed
35. Is your residency program reviewed by an outside committee at your university? **No** If yes, how often?
36. Please list the papers published by your previous 5 residents.

Bryan J, Frank LA. Food allergy in the cat: a diagnosis by elimination. *Journal of Feline Medicine and Surgery* 2010; 12: 861-866.

Bryan J, Frank LA, Cain C, et al. Treatment outcome of dogs with meticillin-resistant and meticillin-susceptible *Staphylococcus pseudintermedius* pyoderma. *Vet Dermatol* 2012; 23: 361-368.

Milosevic M, Frank LA, Brahmhatt R, Kania SA. PCR amplification and DNA sequencing of *Demodex injai* from otic secretions of a dog. *Vet Dermatol* 2013; 24: 286-288.

Milosevic M, Cain C, Frank LA, Rohrbach B. Effects of butorphanol versus dexmedetomidine sedation on intradermal allergen and histamine responses in dogs with atopic dermatitis. *Vet Dermatol* 2013; 24: 582-586.

Frank LA, Watson JB. Treatment of alopecia X with medroxyprogesterone acetate. *Vet Dermatol* 2013; 24: 624-627.

Foster A, Morandi F, May E. Incidence of ear disease in dogs undergoing multidetector thin-slice computed tomography of the head. *Vet Radiol Ultrasound* 2015; 56: 18-24.

Ackermann AL, Frank LA, McEntee M, May ER. Erythema multiforme associated with zonisamide in a dog. *Vet Dermatol* 2015; 26: 391-e91.

Ackermann AL, May E, Frank L. Use of mycophenolate mofetil to treat immune mediated skin disease of dogs: a retrospective evaluation. *Veterinary Dermatology* 2016; 27 (Supplement 1): 34.

Aufox EE, May ER, Frank LA, Kania SA. PCR analysis of a prescription vegetarian diet and use in three dogs with cutaneous adverse food reactions. *Vet Dermatol* July 2018; 29:345-e122.

Aufox EE, Frank LA, May ER, Kania SA. The prevalence of *Dermatophilus congolensis* in horses with pastern dermatitis. *Vet Dermatol* September 2018; 29: 435-e144.

Aufox EE, Frank LA, Grieco LF. Hot spot identification, treatment, and prevention. *Clinician's Brief*, September 2019;17:13-20.

Hoppers S, May E, Frank L, Springer C. Feline bilateral inflammatory aural polyps: a descriptive retrospective study. *Vet Dermatol* Sept 2020;31:385-389.

37. Please list the names of your last 5 residents and whether they are willing to be contacted by potential residents:

Susan Baiz (1st year resident)
Sarrah Hoppers (3rd year resident)
Erin Aufox
Mandy Ackermann
Allison Foster (Transferred for last year of residency)
Mel Milosevic
Jacqueline Bryan Watson

All are willing to be contacted.