**Minutes of BOD teleconference**

**May 7, 2020**

**5-7 PM EST**

In attendance -Drs. Grimm, Dunlop, Fischer, Aarnes, McMurphy , Posner, O, Goudie, Bauquier, Ebner, Schroeder ( Credentials), Reed ( resident training ), Kushner

**Administrative**

1. Approve agenda – Dr. O moved, and Dr. Ebner seconded – all were in favor

2. Approve minutes of the April teleconference- Dr. O moved- Dr. Posner seconded – all were in favor

**Old Business**

1.COVID-19 impact on meeting residency training, credentialing and MOC requirements- Dr. Schroeder (credentials) and Dr. Reed (Residency training) joined the call

 Required for submission of credentials : 104 residency weeks (Bylaws ) Required of the residency : 156 total weeks, 94 clinical weeks ( RTS guide)

 a. Dr. Reed -Clinical time -some residents have lost clinic time ; have been on emergency only /on call so are not on a 40 hr week. Some may be on 3 day week; can it count as a full week?

 i. Comment- LA services in some programs may not have cases every day – day is still counted as a day on clinics

 ii Reduced case load less likely to effect programs with 1 or few resident – but problematic with several residents

 iii. Decision- Residents will be able to log partial weeks (ie 3-day week if necessary) but they will still need to fulfill the 94 clinical weeks in the residency

 b. Case log requirements – Residents may not achieve the required numbers of non- core species due to the pandemic

 i. Out rotations have been cancelled –Residents in some programs lack such cases ( ie exotics, porcine,) so those case numbers will be inadequate .

 ii. RT Guide states the required numbers for species groups; ABVS says we cannot change previous requirements

 iii. Decision: Although not previously allowed, allow for more than one resident to log the same case providing that they are all involved, and they describe their role in the case logs

 iv. Dr. Grimm- suggests residents could provide consultations for non-core species as part of their log requirements- consultations would later be written up describing in detail with references, all the anesthetic concerns for that species; then approved and signed by the mentor/program leader

 a. Comment -Won’t they need experience first in order to consult?

 b. Decision: Consultations would supplement such cases and would count for no more than 10% of the 50 non -core species

 c. Research/Publication- likely affect first and second year residents

 Problem: some projects using live animals have already been cancelled/postponed

 i. Question raised: - can they sit the exam without the publication –get their certificate when publication is accepted?

 ii Dr. Dunlop : we cannot change rules as per ABVS. We can encourage publications that do not include live animals–ie- such as retrospective studies-

 a. Such studies must receive pre- approval from Credentials.

 b. Program leaders can provide other suggestions for the resident; BOD can look for examples from past publications

 iii. Suggestion: move exam date to early fall, which would give more time for manuscript acceptance –may not help if required submission date to journal stays at Sept 1 ; could move that date to July; keep the requirement for acceptance of publication at 60 days prior to exam

 iv. Dr. Bauquier- case reports are not acceptable, but consider systematic review of a research question to include an exhaustive literature review

 d. Drs. Fischer, Reed, Schroeder will work on submitting a letter to the ABVS outlining details of these plans \* (see addendum)

2. MOC document finalization-Dr. Bauquier made some changes and emailed the updated MOC

 a. Some changes in the minimal/max pts in each category for more flexibility

 b. 30 points minimum for CE /10 years (13 points/meeting) so one could attend 2 mtgs with 4hrs on -line CE ( 1 pt/hr) to reach the minimal requirement/10 yrs.

 c. If one cannot meet the set requirements /10yrs, to regain diplomate status if they still did not recertify with the MCQ based on questions from VAA , they must take the MCQ part of the board certifying exam

 d. No need to make changes specific to COVID 19 issues

 e. The BOD will vote on accepting the final MOC via email \*\*

3.Board exam update

 a. Dr. Posner spoke to Dr. Hansen – he was amenable to share proctors between our colleges Criticalists are allowed to proctor their own residents – ACVAA has not allowed that

 b. Any diplomate or any college could proctor and exam could be given at a university or private practice

 c. Dr. Grimm - Exam Soft offers automated proctoring; the proctoring is recorded during the exam however, in between sections of the exam, recording stops; need for human proctors in the room

 d. Dr. Grimm – Ask the candidates to nominate 3 diplomates who might agree to proctor\*\*\*

 e. Date of the exam: Must consider that candidates must receive the outcome of their exam within 45 days of the exam

 i. A proposed date of exam for first week in October would provide results to candidates a week before Thanksgiving

 ii Must consult with Dr. Dyson about the date – and then must verify the availability of Prometric for date of the cutscore

 iii Try to find proctors by July1

4. ACVAA anesthesia guidelines update- tabled

5. Update on U/S guided nerve blocks being performed by nurses-tabled

**New Business**

1. Virtual ACVAA annual meeting- was discussed as a possibility due to COVID19

 a. Although there was a survey sent by IVECCS to past attendees/members for an opinion about possible virtual meeting, there has been no direct communication from IVECCS about their plans \*\*\*\*

 b. IVECCS is scheduled for September 12-16- - can we hold our own virtual scientific meeting or do we have a financial obligation to IVECCS to attend?

 i. One idea raised - hold our meeting over 2 weekends

 ii. Decide on fees

 c. Dr. Fischer – asked for a motion to move forward with an ACVAA virtual meeting at or around September 12, 13 ; Dr. Posner moved, Dr. O seconded; Drs. Fischer, Posner, Aarnes, O, Ebner , Dunlop approved ( Drs. Bauquier, McMurphy had left the conference)

 c. Discussion about abstracts –Possibly- 2-3 days If there will be in person presentations, with a room of posters accompanied by author

 b. Expect around 30-35 abstracts to approve; and only residents would present

2. Submitting case logs to website for 2020 residents- Dr. Kushner -tabled

3. ABVS 3 year report- Drs. Kushner, Fischer tabled

4. New meeting platform- Dr. Posner – tabled

Meeting was adjourned 8 PM

Respectfully submitted,

Lynne I Kushner

ACVAA Executive Secretary

**Addendum**

\* - The letter that describes our solutions to circumvent the various resident problems that the pandemic is causing was sent to ABVS May 12. They responded citing concerns for our modification of research requirements and publication. They felt that we were proposing to accept a review paper to take the place of a research publication, hence changing the intent of the original requirement. Dr. Bauquier composed a response describing how a systematic review would be suitable for a research publication. The letter was unanimously approved by the BOD and sent to ABVS on May 22. There has not been a response yet, as of this writing.

\*\* May 19 – Via email, vote to approve the MOC proposal – Dr. Fischer called for a motion to approve, Dr. O seconded , Drs Ebner ,Posner, McMurphy, O, Goudie, Dunlop, Fischer all approved to accept the MOC proposal

\*\*\* Date of exam will be Oct1-3. Dr Grimm has written a letter that will be emailed to the candidates around June 1 providing the date, and plan for the exam . Another letter with details of the proctoring process will be sent to the nominated proctors sometime in July .

\*\*\*\* Email Communication from Dr. Rudloff , IVECCS Program coordinator May 14 - saying they cannot cancel onsite meeting but will hold a hybrid meeting but will go all virtual if the St Louis city restrict gatherings. Presenters may speak in person but all lectures will also be presented virtually; no speakers or attendees are required to be physically present. IVECCS intends to work with ACVAA/NAVAS . More email conversations followed with Dr. Dunlop.