



EUROPEAN COLLEGE OF

Animal Welfare and Behavioural Medicine

EUROPEAN COLLEGE OF ANIMAL WELFARE AND BEHAVIOURAL MEDICINE BEHAVIOURAL MEDICINE SUB-SPECIALTY

REQUIREMENTS FOR A RESIDENCY PROGRAMME FOR ECAWBM (BM)

1. General requirements

Residency programmes should run for a minimum of 3 years full-time, or equivalent part-time. Full-time and part-time involvement are calculated on the basis of a 40 hour week.

Programmes (Standard and Alternative) should be supervised and overseen by an existing Diplomate of the ECAWBM (BM). This supervisor may authorise the assistance of other suitably qualified professionals to undertake specific aspects of training (e.g. research skills or practical dog training skills). Where these individuals are not employed by the host institution, the Supervising Diplomate may be required to submit a CV for these individuals in support of an application.

A residency programme should provide the resident with a full theoretical knowledge of canine, feline and equine behaviour (horses and/or other domestic species of the genus *Equus*). The scholar should also have full theoretical knowledge of the behaviour of the more common exotic including rabbits, other 'small pets', psittacine birds, and other non-domesticated species such as reptiles) kept as companion animals.

At the end of the residency the resident should be prepared to sit a theoretical examination in all relevant aspects regarding each of these species or groups of species.

It is recognised that not every centre may have a sufficient clinical case load in all four species or groups of species in order to offer full competency training in dogs, cats, horses, and exotic species commonly kept as companion animals. Specific centres must offer full clinical training with a sufficient case load in domestic dogs and cats, and *may* also offer cases in the one or both of the other categories. For example, a centre may offer a resident experience of cases in dogs, cats and horses, but not in exotic species. However, as stated above every approved residency should cover *theoretical* knowledge of *all* species. In addition, no more than 75% of a resident's total caseload should be related to a single species. In order to gain experience in additional species to those offered at an institution a resident may elect to spend some time in another centre, for example via an exchange programme.

2. Clinical skills

The resident should spend *at least* 60% of their time engaged in clinical activities. These duties include:

- Conducting behaviour consultations, involving taking a history, explaining the animal's behaviour to the client, devising a suitable treatment programme and imparting this to the client. The majority of these consultations should be *face-to-face* with the client: phone, e-mail and fax consultations should not make up more than 5% of first consultations.
- Conducting follow up sessions with clients to monitor progress, and / or demonstrate practical aspects of the treatment programme. Telephone, e-mail and fax correspondence may play a part in follow-up support.
- Writing reports to clients and referring veterinary surgeons.
- Liaising with other veterinary clinicians, trainers or other professionals about cases. This includes attending or taking the lead of clinical rounds.

The residency programme is a *training* position, and hence the responsibility taken by the resident for cases should increase over the period of the residency. Initially the resident will observe cases, and will gradually conduct more of the consultation under supervision.

The progression of the resident into taking a clinical history, explaining aspects of the treatment protocol, and explaining the development of the problem to the client may vary between individuals, and should be at the discretion of the supervising Diplomat. The residency programme is a training position, and hence the responsibility taken by the resident for cases should increase over the period of the residency. Initially the resident will observe cases, and will gradually conduct more of the consultation under supervision. The specific progress of each resident will vary, and progression is dependent on completing each stage to the satisfaction of the supervising Diplomat. However, as a guide, the resident is likely to initially observe approximately 25-30 cases conducted by the Diplomat, and then increase their role in cases over the first year of the residency programme. This may involve initially conducting elements of the consultation, such as history taking, then giving some aspects of the treatment programme, and building up to taking responsibility for the consultation. Residents should be fully supervised by the Diplomat in person when first conducting consultations. Once the resident has sufficient confidence, knowledge and skill to take the main responsibility for cases, they should discuss cases with the Diplomat as necessary, and cases should be regularly reviewed, for example through regular 'Rounds'. The resident should be taking the main responsibility for their cases before the start of their final year, but this may be sooner if approved by the supervising Diplomat(s). Residents should see a minimum of 100 new consultations a year, and conduct follow-up with these cases as required. Case records should be kept for all cases, and case logs signed off by the supervising Diplomat.

3. Centre requirements

The residency should *either* be conducted in a clinical environment where the resident has the opportunity to interact with clinicians of other specialities to enhance their understanding of the relationship between behavioural problems and other aspects of veterinary medicine, *or* the resident should have the opportunity to spend time with specialists of related disciplines from other institutions to consolidate their knowledge.

Overall, a centre should have sufficient cases for each resident to see or take responsibility for *a minimum of* 100 new clinical consultations during *each year* of their residency programme, of which no more than 5% should be telephone consultations. Residents will need to keep clear records of all clinical cases seen during their period of residency to support their application to the college. This should include a summary of cases by species, diagnostic category and summary of treatment. In addition, each individual case summary should clearly describe the level of involvement of the resident.

4. Knowledge

The residency programme should include training in the following areas (the topics listed are intended to give the resident a better understanding of the aspects that are relevant; the lists are not complete):

1. *Principles of ethology*: Domestication: the process and its effects on behaviour. Ethology of domestic companion animals, their social behaviour and communication (including perceptual abilities), and behavioural ontogeny. Interactions between animals and humans.
2. *Animal welfare science*: ethological, psychological and physiological concepts; physiological and behavioural indicators of welfare in vertebrate animals; welfare considerations in management, welfare issues in training and in clinical practice.
3. *Theory of animal learning*: habituation; sensitisation, classical conditioning, operant conditioning, insight and social learning. An understanding of where and how these processes occur within the mammalian brain. Animal cognition and concepts of consciousness. Theory underlying the development of learned problem behaviours. The application of learning theory in practical training and re-training situations.
4. *Functional anatomy and physiology of the vertebrate nervous and endocrine systems*: This should include an understanding of how endocrine changes influence behaviour; the neurobiological processes by which behaviours develop, including the structures and pathways involved in emotions; and an understanding of how diet and ageing processes influence behavioural development.
5. *Genetics*: An understanding of how genetic factors influence behaviour, including differences between species and breeds, as well as individual differences.

6. *Psychopharmacology* and other biological therapies (e.g. pheromones, nutraceuticals): This should include knowledge of the classes of drugs used in clinical animal behaviour, and the individual drugs within each class group. The sites of action, pharmacodynamics, side-effects and contra-indications should be understood, as well as an overview of how each agent influences the dynamics of different biological pathways.
7. *Family psychology*: including attitude theory, processes of inter-personal relationships, grief and bereavement. Counselling skills; facilitation and maintenance of behavioural change. Ethical issues, professionalism in relationships with clients.
8. *Clinical procedures*: taking case-histories, methods for effective communication with clients and professionals. Applying principles of ethology and learning to techniques for diagnosis and treatment of common problems. Assessing effectiveness of treatments, approaches to extended treatment and follow-up.
9. *Animal law*: legal obligations of owners, legal implications of providing behavioural advice, professional liability. Legislation in relation to animal welfare, and injury to humans. The legal process applying in *at least one* European country, plus an understanding of the processes of European courts.
10. *Interaction between health and behaviour in vertebrates*. Understanding of the behavioural consequences of medical disorders, and the influence of pathological conditions on learning and behaviour. An understanding of the medical differentials for behavioural presentations, and also an understanding of the influence of environmental stressors on the development of disease.
11. *Behavioural medicine, animal welfare and public health*. The impact of dog bites; feral and stray animals.
12. *Research methodology*: experimental design, qualitative and quantitative analysis and critical evaluation of data. Evidence based medicine.

These principles *may* be taught through formal lecture courses, tutorials, seminars, or partly through directed private study. These courses should be academically recognised, for example by the host institution. Attendance at courses external to the host institution should be academically accredited at post-graduate level, or accredited by national veterinary associations. Each host institution will need to demonstrate how each of the required areas will be taught during the period of the residency.

5. Research project

The resident must conduct *at least one* research project during the duration of the programme. The resident should take a primary role in the experimental design, data collection, analysis and interpretation of data.

6. Publications and conference presentations

The resident should normally:

- Have *at least one* case report or review paper accepted for publication in a peer reviewed journal during the second year of their programme, and *at least one* experimental paper accepted for publication in a peer reviewed journal during their third year of study. The resident should appear as first author on *at least one* paper in all. These papers should be accepted for publication prior to the resident sitting their final examination.
- Present *at least one* oral or poster presentation in each of their second and third years, at a national or international veterinary or animal behaviour congress (not including continuing education presentations). *At least one* of these presentations should be at the ECAWBM (BM) annual meeting. In addition, *at least one* of these presentations should be based on research / data from the resident's own research.

7. Conference attendance

In order to ensure a broad and up to date knowledge, residency programmes should provide residents with sufficient time to attend the ECAWBM annual meeting during each year of a residency, plus *at least one* other relevant major international conference (e.g. IVBM, ISAE, ABS) during the period of the residency.

8. Teaching

The residency should enable the resident to develop some experience of teaching. This may be formal teaching classes, or informal clinical tutorials, for example with undergraduate veterinary students. The residency programme should also include seminar sessions where the resident prepares and presents topics to colleagues. This may be one mechanism by which some required topics are covered within the programme. By the end of the residency period, the resident should have sufficient opportunities for feedback on presentations to be able to confidently present material to others, e.g. peers.