



RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Cardiology Residency Training Programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at www.ACVIM.org. If there is a discrepancy between this form and the CM, the CM will be considered correct, however, please contact the ACVIM office or the Residency Training Committee Chairperson for clarification.

Prior to making significant changes in a residency training program, approval of the ACVIM and Cardiology Residency Training Committee must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: This form contains questions for three separate purposes; data collection that ACVIM must maintain for its accreditation as a specialty college; data collection for each specialty to evaluate what is appropriate for residency programs; and data collection to evaluate this Residency Training Program for renewal. It is important that all questions be answered accurately and completely, even if the answer to a specific question is not essential for a program's renewal.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs which include multiple sites must provide detailed information as to which Diplomates in the specialty of Cardiology, as well as other Specialties, will be supervising the resident(s) at each site. In this program registration form, the Program Director must provide specific, detailed information regarding supervision and facilities available at each specific site(s).

The following forms must be completed and submitted annually: **Part One** is an online form and addresses general features of the program. **Part Two** addresses aspects of training that apply to all current residents. **Part Three** addresses aspects of training that may differ amongst residents enrolled in a single program. Part Three must be completed and submitted for EACH resident enrolled in the program.

Program Director Name:

[Dr. Rebecca L. Quinn](#)

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

Program Director's Contact Information:

Work Phone:	(617) 541-5038
E-mail:	rquinn@mspca.org
Mailing Address:	Angell Animal Medical Center 350 S. Huntington Ave. Boston, MA 02130

1. Location of Sponsoring Institution (Residency Training Program):

Primary Site:

[Angell Animal Medical Center](#)

Multi-site programs, if any, are listed in Part Two.

[None listed](#)

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology. There is no restriction on the number of Resident Advisors; however, **each Resident Advisor can supervise only two residents concurrently.**

Rebecca Quinn Nancy Laste Katherine Hogan

3. Supervising Diplomate(s) on-site: (Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology).

Nancy Laste - Cardiology Rebecca Malakoff - Cardiology Rebecca Quinn - Cardiology & SAIM Katherine Hogan - Cardiology
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4. Please list all **Diplomates** of ACVIM responsible for supervision of clinical training who are specialists in areas other than Cardiology. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty

Lisa Moses - SAIM Erika de Papp - SAIM Maureen Carroll - SAIM Shawn Kearns - SAIM Susan O'Bell - SAIM Kirstin Johnson - SAIM Zachary Crouse - SAIM Daniel Rob - Neurology Jessica Talbott - Oncology Jennifer Michaels - Neurology Michele James - Neurology
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5. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor. All current residents and incoming residents (if known) should be listed here. Unless specifically approved, in advance, by the CRTCC, the ratio of cardiology residents to on-site Cardiology Diplomates who are actively involved in resident training cannot exceed 2 to 1.

Resident Name, Dates of Program, (Resident Advisor) *

Ashley Lange 7.14.15 - 7.13.18 (Nancy Laste) Natalie Morgan 7.17.17 - 7.13.20 (Katie Hogan) Julia Lindholm 7.17.17 - 7.17.20 (Rebecca Quinn) Joseph Zarin July 2018 - July 2021 (Nancy Laste)
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* **There is no restriction on the number of Resident Advisors; however, each Resident Advisor can supervise only two residents concurrently.**

Please note, any Candidate that significantly changes or alters their Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program

- **enrolling in an institutional graduate program**
- **change of Program Director or Resident Advisor**



American College of **Veterinary** Internal Medicine

**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY**

Part Two

Part Two of the Cardiology Residency Training Program addresses general features that apply to all current residents. (Part Three must be completed and submitted for each resident.)

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

Name of Sponsoring Institution (Residency Training Program):

1. Please list all **Diplomates** of the American College of Veterinary Pathology in the areas of clinical pathology or gross/histopathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name of Diplomate(s)	Clinical or Gross	Comments
Patricia Ewing	Both	
Pamela Mouser	Gross	

2. Please list all **Diplomates** of the American College of Veterinary Radiology associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident.

Name of Diplomate(s)	Comments
Steve Tsai	Radiology
Ruth Van Hatten	Radiology
Naomi Ford	Radiology

3. Please list the **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomate(s)	Specialty	Comments
Daniel Biros	Ophthalmology	
Martin Coster	Ophthalmology	
Kiko Bracker	E/CC	
Megan Whelan	E/CC	
Virginia Sinnott	E/CC	
Michael Pavletic	Surgery	
Sue Casale	Surgeru	
Nicholas Trout	Surgery	
Meghan Sullivan	Surgery	
Elisabeth Simone-Freilicher	Avian	
Katherine Cummings	Anesthesiology	
Stephanie Krein	Anesthesiology	

4. **Didactic Learning Opportunities and Research Requirements:** In recognition of the importance of scientific discovery as a critical mission of the ACVIM, all Residency Training Programs shall include an assessment period or instruction and/or participation in creative scholarship which will foster an appreciation of, competency in, and

contribution to the knowledge base of their respective specialty and which will support their development as clinician scientists. This requirement is fulfilled through satisfactory completion of A and one of B [See CM 5.E and 5.F]:

- A. Journal Club: Routine and regular participation in a critical review of the literature, a minimum of eighty (80) hours during the program. Describe how this requirement is met or exceeded.

Weekly didactic cardiology rounds are held Wednesday mornings from 8:30am – 10am; didactic cardiology rounds include both journal club and additional learning topics. Cardiology specific Journal Club occurs approximately twice a month, providing a range of 27-36 hours of cardiology specific journal club per year (cumulatively 81 – 108 hours over a 3 year period). Additional Journal Club hours are available through the Internal Medicine and Emergency/Critical Care Departments.

- B. Cardiology-focused Educational Experiences: Please provide a description of how the required one hundred fifty (150) hours will be met or exceeded. [See CM 5.E.2]

Weekly didactic cardiology rounds are held Wednesday mornings from 8:30am – 10am; cardiology rounds include both journal club and additional learning topics. As noted above, residents attend a minimum of 81 - 108 hours of cardiology journal club over a 3 year period.

Learning topics occurs approximately twice a month, focussing on book club, topic rounds, and interpretation of echocardiogram, electrocardiogram, angiography, and cardiac gross and histopathology. This provides an additional 36 hours of didactic teaching rounds per year (cumulatively 108 hours over a 3 year period).

Outside of Angell AMC, residents spend 1 week annually attending a cardiology-based CE. They also spend 2 weeks (per residency) cross training with another veterinary cardiology group, and 2 - 3 weeks (per residency) cross training in the human sector (electrophysiology, heart failure, echocardiogram, or interventional rotations)

Daily patient rounds, including review of echocardiograms, electrocardiograms, and angiography are completed 6 days a week. Patient rounds offer an additional 144 - 288 hours per year (cumulatively over 400 hours over a 3 year period).

- C. Successful completion of any one of the options listed below. Describe how this will be fulfilled or exceeded in the individual trainee’s specific application.

1. Successful completion of at least two (2) of the following three (3) short courses/workshops offered by ACVIM either on-line or at the Forum:
 - A. Critical evaluation of veterinary medical/biomedical literature
 - B. Grant Writing
 - C. Study, design and participation in clinical trials
2. Documented submission of a grant proposal (by advisor letter)
3. Acceptance and presentation at a scientific meeting of an abstract (oral or poster) of original work
4. Documented completion (by advisor letter) of a prospective or retrospective research program pertinent to the candidate’s specialty
5. Documented completion (by advisor letter) of graduate course work in biostatistics, research methods, and/or research ethics.

Option 4 – Document completion of a prospective or retrospective research project

Note: Letters of documentation by advisors will need to accompany the final submission of the Resident Logs to the Residency Training Committee in order to qualify for a resident certificate.

5. Please indicate the availability of the following facilities or equipment. Indicate if these are available on-site at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section. See CM 5.D for details.

Available?	Location of equipment?
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	Yes	No	(On-site or list site name)
a) Standard radiological equipment [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Echocardiography equipment [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Cardiac catheterization capability [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Endoscopy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g) Serum osmolality measurement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h) Colloid oncotic pressure measurement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i) Electrocardiography [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l) Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n) Nuclear Medicine [access is desirable]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
p) Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
q) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
r) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
s) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
t) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
u) Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
v) Urethral pressure profile & cystometrography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
w) Hemodialysis capability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
x) Total parenteral nutrition capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If any of the above equipment or facilities are available off-site, please explain how the resident can access them for case management, research, or study.

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6. Total Cardiology caseload per year:	2150
Number of cardiac catheterizations per year:	10 - 20
Number of echocardiographic examinations per year:	2000

7. Please list the residents who have completed the cardiology training programs at your site within the last five years, including the year that each individual's training program started and ended. If at all possible, please indicate whether the individual has completed the board certification process.

Name(s)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Diplomate Status (Yes or No)
Rebecca Quinn	8/2009	8/2012	Yes
Adam Kane	7/2011	7/2014	Yes
Katie Hogan	7/2014	7/2017	Yes

8. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor. All current residents and incoming residents (if known) should be listed here. Part Three of this form must be completed for each resident listed here. Unless specifically approved, in advance, by the CRTC, the ratio of cardiology residents to on-site Cardiology Diplomates who are actively involved in resident training cannot exceed 2 to 1.

Resident Name(s) (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Ashley Lange	7/2015	7/2018	Nancy Laste
Natalie Morgan	7/2017	7/2020	Katie Hogan
Julia Lindholm	7/2017	7/2020	Rebecca Quinn
TBA	7/2018	7/2021	TBA

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

As Program Director, I verify that I have read the Certification Manual and that the above information is an accurate reflection of this Residency Training Program.



American College of **Veterinary** Internal Medicine

RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY

Part Three

Part Three of the Cardiology Residency Training Program addresses general features of the program that apply to each resident enrolled in the program. Please complete a separate Part Three for each resident enrolled in the program.

Current Date:

Program Director Name:

Name of Sponsoring Institution (Residency Training Program):

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

- 1. Please provide the name of the cardiology resident for whom this application applies (leave blank at time of submission for program approval if name is not known). *Information contained in Part Three is applicable to one resident. If more than one resident is involved in the RTP, please complete one separate Part Three for each resident.*

Resident Name (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Julia Lindholm	07/2017	7/2020	Rebecca Quinn

- 2. Is the duration of your program thirty six (36) months?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain why the program is longer than thirty six (36) months:

- 3. Advanced Degree:

Degree	Yes	No	Required
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What is the approximate time (months) dedicated to graduate work?

Please provide a description of the graduate degree program if offered, including the didactic program (course work) and inter-relationship with the residency program. Be sure to make clear how the residency requirements will be met:

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4. Will the resident fulfil the didactic learning opportunities and research requirements as stated in the Part 2 form, section 4?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain how the resident will fulfil the requirements:

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5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, describe in detail:

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Please list the Secondary Site and responsible Advisor at that site (list all, if more than one):

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Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomate when appropriate. [See CM 5.G]

6. Additional secondary site experiences that do not fulfill a portion of the required twenty four (24) months of active (direct) supervision or the required five hundred (500) echocardiograms, two hundred thirty (230) hours of structured educational experiences or fifteen (15) invasive procedures are supplemental (optional) experiences and do not require documentation from supervising Diplomates.

Required
Recommended

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

- | |
|--|
| <p>(1) Veterinary School Cardiology Service (location TBD): 2 weeks
(2) Human cardiac catheterization service (Children's Medical Center of Boston): 1 week
(3) Human electrophysiology service (Brigham and Women's Medical Center): 1 week
(3) Human echocardiography service (Brigham and Women's Medical Center): 1 week
*** We provide 1 - 3 human rotations to each resident, per program. Rotations in human medicine are contingent upon Angell's relationship with the human medical community. These rotations are subject to change/cannot be guaranteed should relationships change or should the human hospitals alter their policies.
(4) +/- Independent study at Angell's satellite cardiology clinic as time allows: 1 - 4 days per month</p> |
|--|

7. Please provide a description of how the required twenty four (24) months of active (direct) supervision will be met or exceeded as well as additional (indirect) supervision to complete the thirty six (36) month training period. [See CM 5.B and 5.C.1 for definitions related to training programs including active (direct) supervision.]

Definitions from 5.B:

Direct Supervision: The SD and resident are participating in a clinical practice in which both the Diplomate and the resident are on the clinic floor interactively, and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available on-site and review the case with the resident.

Indirect Supervision: The SD and resident although participating in a clinical practice together, are not on the clinic floor simultaneously and so are not concurrently managing cases. To qualify as indirect supervision, the SD is required to be on-site and have face to face contact with the resident at least one hour per day for the entire week that the resident is on duty.

Drs. Quinn, Hogan, and Laste are on clinics supervising residents, with the exception of vacation time, professional development time, and time spent conducting administrative duties. There is always a boarded cardiologist present managing the service and supervising resident (minimum of 5 days a week, more often 5 – 6 days a week). The cardiology residents spend approximately 30 months of their residencies on the cardiology service. The remaining time is spent on elective rotations (human hospitals, anesthesia, radiology, SAIM, ECC), vacation time, study time, and professional development.

8. Please provide an outline of a typical weekly schedule

Monday

Morning consults and transfers

Afternoon appointments

Evening case and patients rounds

Tuesday

Morning consults

Afternoon consults

Evening case and patient rounds

Wednesday

Cardiology rounds

Afternoon interventional procedure or study time

Evening case and patient rounds

Thursday

Morning consults

Afternoon appointments

Internal medicine didactic rounds

ECC didactic rounds

Evening case and patient rounds

Friday

Morning consults

Hospital grand rounds lecture

Saturday

Residents work two Saturdays a month. When a resident works a Saturday, he/she is given a weekday off. For example, residents work Mon-Fri with Saturday and Sunday off, and the next week work Mon-Thurs and Saturday with Friday and Sunday off.

Morning consults

Afternoon consults

Evening case and patient rounds

Sunday

Off

Name of Residency Training Program:

Angell Animal Medical Center

Note: Signatures are only required on the original application submitted at the time of program registration, not on the annual updates unless significant changes to the training program occur.



Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.



American College of Veterinary Internal Medicine

RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY

Part Three

Part Three of the Cardiology Residency Training Program addresses general features of the program that apply to each resident enrolled in the program. Please complete a separate Part Three for each resident enrolled in the program.

Current Date: 2/1/18

Program Director Name: Rebecca Quinn

Name of Sponsoring Institution (Residency Training Program): Angell Animal Medical Center

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

- 1. Please provide the name of the cardiology resident for whom this application applies (leave blank at time of submission for program approval if name is not known). Information contained in Part Three is applicable to one resident. If more than one resident is involved in the RTP, please complete one separate Part Three for each resident.

Table with 4 columns: Resident Name (first/last), Program Start Date (mm/dd/yyyy), Program End Date (mm/dd/yyyy), ACVIM Cardiology Resident Advisor (first/last). Row 1: Natalie Morgan, 07/2017, 7/2020, Katie Hogan

- 2. Is the duration of your program thirty six (36) months?

Yes No
[X] []

If no, explain why the program is longer than thirty six (36) months:

3. Advanced Degree:
Degree Yes No Required
Masters: [] [X] []
PhD: [] [X] []

What is the approximate time (months) dedicated to graduate work?

Please provide a description of the graduate degree program if offered, including the didactic program (course work) and inter-relationship with the residency program. Be sure to make clear how the residency requirements will be met:

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4. Will the resident fulfil the didactic learning opportunities and research requirements as stated in the Part 2 form, section 4?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain how the resident will fulfil the requirements:

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5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, describe in detail:

--

Please list the Secondary Site and responsible Advisor at that site (list all, if more than one):

--

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Required	<input type="checkbox"/>
Recommended	<input checked="" type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

- | |
|---|
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(4) +/- Independent study at Angell's satellite cardiology clinic as time allows: 1 - 4 days per month |
|---|

7. Please provide a description of how the required twenty four (24) months of active (direct) supervision will be met or exceeded as well as additional (indirect) supervision to complete the thirty six (36) month training period. [See CM 5.B and 5.C.1 for definitions related to training programs including active (direct) supervision.]

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Name of Residency Training Program:

Angell Animal Medical Center

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American College of Veterinary Internal Medicine

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2018-2019
CARDIOLOGY

Part Three

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Current Date: 2/1/18

Program Director Name: Rebecca Quinn

Name of Sponsoring Institution (Residency Training Program): Angell Animal Medical Center

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

- 1. Please provide the name of the cardiology resident for whom this application applies (leave blank at time of submission for program approval if name is not known). Information contained in Part Three is applicable to one resident. If more than one resident is involved in the RTP, please complete one separate Part Three for each resident.

Table with 4 columns: Resident Name (first/last), Program Start Date (mm/dd/yyyy), Program End Date (mm/dd/yyyy), ACVIM Cardiology Resident Advisor (first/last). Row 1: Joseph Zarin, 07/2018, 7/2021, Nancy Laste

- 2. Is the duration of your program thirty six (36) months?

Yes No
[X] []

If no, explain why the program is longer than thirty six (36) months:

[Empty text box for explanation]

- 3. Advanced Degree:

Table with 4 columns: Degree, Yes, No, Required. Row 1: Masters: [] [X] [] Row 2: PhD: [] [X] []

What is the approximate time (months) dedicated to graduate work?

[Empty text box for graduate work time]

Please provide a description of the graduate degree program if offered, including the didactic program (course work) and inter-relationship with the residency program. Be sure to make clear how the residency requirements will be met:

4. Will the resident fulfil the didactic learning opportunities and research requirements as stated in the Part 2 form, section 4?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, explain how the resident will fulfil the requirements:

5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, describe in detail:

Please list the Secondary Site and responsible Advisor at that site (list all, if more than one):

Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomate when appropriate. [See CM 5.G]

6. Additional secondary site experiences that do not fulfill a portion of the required twenty four (24) months of active (direct) supervision or the required five hundred (500) echocardiograms, two hundred thirty (230) hours of structured educational experiences or fifteen (15) invasive procedures are supplemental (optional) experiences and do not require documentation from supervising Diplomates.

Required	<input type="checkbox"/>
Recommended	<input checked="" type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

(1) Veterinary School Cardiology Service (location TBD): 2 weeks
(2) Human cardiac catheterization service (Children's Medical Center of Boston): 1 week
(3) Human electrophysiology service (Brigham and Women's Medical Center): 1 week
(3) Human echocardiography service (Brigham and Women's Medical Center): 1 week
***We provide 1 - 3 human rotations to each resident, per program. Rotations in human medicine are contingent upon Angell's relationship with the human medical community. These rotations are subject to change/cannot be guaranteed should relationships change or should the human hospitals alter their policies.
(4) +/- Independent study at Angell's satellite cardiology clinic as time allows: 1 - 4 days per month

7. Please provide a description of how the required twenty four (24) months of active (direct) supervision will be met or exceeded as well as additional (indirect) supervision to complete the thirty six (36) month training period. [See CM 5.B and 5.C.1 for definitions related to training programs including active (direct) supervision.]

Definitions from 5.B:

Direct Supervision: The SD and resident are participating in a clinical practice in which both the Diplomate and the resident are on the clinic floor interactively, and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available on-site and review the case with the resident.

Indirect Supervision: The SD and resident although participating in a clinical practice together, are not on the clinic floor simultaneously and so are not concurrently managing cases. To qualify as indirect supervision, the SD is required to be on-site and have face to face contact with the resident at least one hour per day for the entire week that the resident is on duty.

Drs. Quinn, Hogan, and Laste are on clinics supervising residents, with the exception of vacation time, professional development time, and time spent conducting administrative duties. There is always a boarded cardiologist present managing the service and supervising resident (minimum of 5 days a week, more often 5 – 6 days a week). The cardiology residents spend approximately 30 months of their residencies on the cardiology service. The remaining time is spent on elective rotations (human hospitals, anesthesia, radiology, SAIM, ECC), vacation time, study time, and professional development.

8. Please provide an outline of a typical weekly schedule

Monday

Morning consults and transfers
Afternoon appointments
Evening case and patients rounds

Tuesday

Morning consults
Afternoon consults
Evening case and patient rounds

Wednesday

Cardiology rounds
Afternoon interventional procedure or study time
Evening case and patient rounds

Thursday

Morning consults
Afternoon appointments
Internal medicine didactic rounds
ECC didactic rounds
Evening case and patient rounds

Friday

Morning consults
Hospital grand rounds lecture

Saturday

Residents work two Saturdays a month. When a resident works a Saturday, he/she is given a weekday off
For example, residents work Mon-Fri with Saturday and Sunday off, and the next week work Mon-Thurs and Saturday with Friday and Sunday off.
Morning consults
Afternoon consults
Evening case and patient rounds

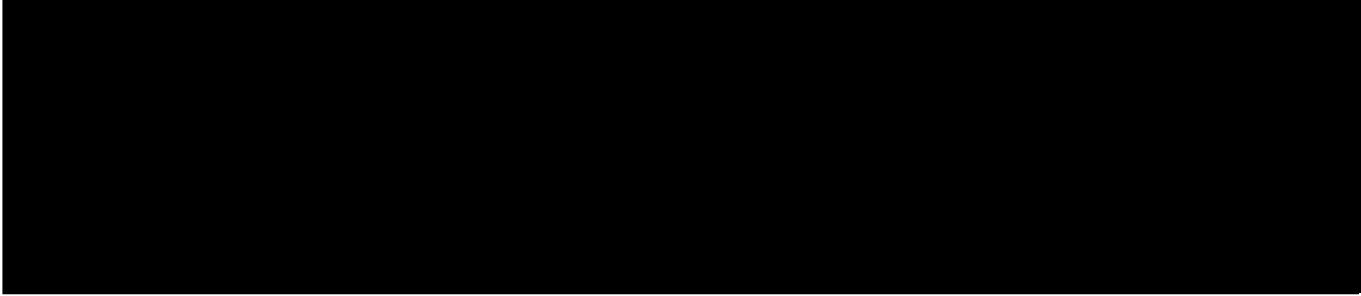
Sunday

Off

Name of Residency Training Program:

Angell Animal Medical Center

Note: Signatures are only required on the original application submitted at the time of program registration, not on the annual updates unless significant changes to the training program occur.



Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.