



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](http://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:   
(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:	<input type="text" value="(201) 262-0010"/>
E-mail:	<input type="text" value="dpsdvm@optonline.net"/>
Mailing Address:	<input type="text" value="580 Winters Ave. Paramus, NJ 07652"/>

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

Primary Site:

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

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.**

[Donald Schrope](#)

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

[Donald Schrope - Cardiology](#)

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

[Mary Ann Crawford - SAIM](#)  
[Dennis Bailey - Oncology](#)  
[Dara Zerrenner Franks - SAIM](#)  
[Deborah Hall Fonte - SAIM](#)  
[Andrew Farabaugh - Neurology](#)  
[Kerry Bailey - Neurology](#)  
[Stephan Brenn - Oncology](#)  
[Michaela Esteban - Neurology](#)  
[John Lucy - SAIM](#)

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 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, Dates of Program, (Resident Advisor) \*

[Nate Deering 7.2.15 - 7.2.18 \(Donald Schrope\)](#)

**\* 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

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**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

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
Justin Goggin	In house interpretation and possible off site rotation

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
Michael Brown	Ophthalmology	
Brad Holmberg	Ophthalmology	
Carol Carberry	Surgery	
Arthur Fetig	Surgery	
Jonathan Miller	Surgery	
Kristi Gannon	ACVECC	
Yonaira Cortes	ACVECC	
Pam Fetig	ACVECC	
Laura Eirmann	Nutrition	
Dan Bowden	Dermatology	

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.

The resident will have the option to attend general medicine/internal medicine/oncology/neurology/radiology rounds on a regular basis. These rounds are presented 3 to 4 times a week.  
 In addition the resident will attend weekly critical care rounds as well as regular journal club (all hospital) rounds.  
 Last, the resident will attend and present at weekly cardiology topic rounds

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]

The candidate will be attending ACVIM Conference during their second and third year. During their first year they will attend a conference of their choosing other than ACVIM. The candidate will be attending human cardiology rounds at Columbia University once a week (approximately 1-2 hours). The resident will also be attending and possibly present at twice monthly ECG rounds performed for the hospital staff (1 hour duration). The resident will be attending/presenting focused cardiology education series presented for entire hospital staff 1-2 times a year (3 hours per session). Pre-board review sessions including gross pathology, histopathology, angiography, and cardiac physiology will be attended.

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. The resident will perform a research program with the goal of publication

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? (On-site or list site name)
	Yes	No	
a) Standard radiological equipment [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
c) Echocardiography equipment [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
d) Cardiac catheterization capability [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
e) Endoscopy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
f) Clinical Pathology capabilities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site

(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)

- g) Serum osmolality measurement
- h) Colloid oncotic pressure measurement
- i) Electrocardiography [must be on-site]
- j) Blood Pressure Measurement
- k) Electroencephalography
- l) Electromyography
- m) Brainstem Auditory Evoked Response Equipment
- n) Nuclear Medicine [access is desirable]
- o) Computed Tomography
- p) Magnetic Resonance Imaging
- q) Radiation Therapy Facility
- r) Veterinary Library w/Literature Searching Capabilities
- s) Computerized Medical Records w/Searching Capabilities
- t) Medical Library w/Literature Searching Capabilities
- u) Intensive Care Facility – 24 hours
- v) Urethral pressure profile & cystometrography
- w) Hemodialysis capability
- x) Total parenteral nutrition capability

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Below
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site

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.

- q) Local boarded Oncologist works with boarded radiation oncologist to offer radiation therapy at local human hospital
- t) We have online access to most major veterinary journals and the medical library at the University of Medicine and Dentistry of New Jersey (UMDNJ) is within 20 minutes of hospital.

6. Total Cardiology caseload per year:  
 Number of cardiac catheterizations per year:  
 Number of echocardiographic examinations per year:

2000-3000
15-20
1500-2000

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)
Jennifer Mulz	09/01/2009	09/01/2012	Yes
Julia Shih	07/15/2012	07/15/2015	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)
Nate Deering	07/02/2015	07/02/2018	Donald Schroepe

**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.**



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**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)
Nate Deering	07/02/2015	07/02/2018	Donald Schrope

- 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:

--

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

Briefly describe any secondary site supplemental outside experiences:

The resident has spent 1 week studying large animal cardiology at the New Bolton Center (University of Pennsylvania) with Dr. Reef. The resident has spent a one week rotation with a board certified radiologist (Dr. Justin Goggin).
--

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 Diplomat and the resident are on the clinic floor interactively, and concurrently managing cases. The Diplomat 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.



75% of the 36 month period that the resident spends working in the hospital is under the direct supervision of the program director

8. Please provide an outline of a typical weekly schedule

Monday:

8-9:30 AM : In hospital patient evaluation and patient rounds  
9:30-12:00 : PM Outpatient appointments and in hospital consults  
1:00-2:00 PM : Optional medicine journal club or Intern rounds  
2:00-5:00 PM : Outpatient appointments and in hospital consults and inpatient discharges

Tuesday

8-9:30 AM : In hospital patient evaluation and patient rounds  
9:30-12:00 PM : Outpatient appointments and in hospital consults  
1:00-2:00 PM : Optional medicine journal club or Intern rounds  
2:00-3:30 PM : Critical care rounds  
3:30-5:00 PM : Outpatient appointments and in hospital consults and inpatient discharges

Wednesday

8:00 AM-1:00 PM : Outpatient appointments and in hospital consults and inpatient discharges  
1:00-2:00 PM : Optional medicine topic rounds, surgery topic rounds, or grand rounds  
2:00-5:00 PM : Outpatient appointments and in hospital consults and inpatient discharges

Thursday

7:30 AM-9:00 AM : Cardiology Journal / Topic rounds  
9-9:30 AM : In hospital patient evaluation and patient rounds  
9:30-1:00 PM : Invasive procedures (or if none schedule outpatients or study time)  
2:00-5:00 PM : Outpatient appointments and in hospital consults and inpatient discharges

Friday

8-9:30 AM : In hospital patient evaluation and patient rounds  
9:30-12:00 PM : Outpatient appointments and in hospital consults  
1:00-2:00 PM : ECG/Cardiology topic rounds  
2:00-5:00 PM : Resident study/research time

Saturday (Resident will work every other Saturday)

8-9:30 AM : In hospital patient evaluation and patient rounds  
9:30-12:00 PM : Outpatient appointments and in hospital consults  
2:00-5:00 PM : Outpatient appointments and in hospital consults and inpatient discharges

Sunday

Resident has no in-hospital responsibilities

All Days

6:30 PM – 9:30 PM : 1-2 times a month a lecturer is brought in through the hospital itself or through the Northern New Jersey VMA regarding various medicine/surgical topics

Name of Residency Training Program:

Oradell Animal Hospital Cardiology Residency Program

**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.**

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Printed Name of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Printed Name of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident Advisor

\_\_\_\_\_  
Printed Name of Resident Advisor

\_\_\_\_\_  
Date

**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.**