



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="(541) 737-6881"/>
E-mail:	<input type="text" value="Kate.Scollan@oregonstate.edu"/>
Mailing Address:	<input type="text" value="Clinical Sciences"/>
	<input type="text" value="281 Magruder Hall"/>
	<input type="text" value="Corvallis, OR 97331"/>

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

Primary Site:

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

[Local Hospital](#)

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.**

Katherine Scollan  
Nicole LeBlanc

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

Katherine Scollan - Cardiology  
Nicole LeBlanc - 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

Christopher Cebra - LAIM  
Jean Hall - SAIM  
John Schlipf - LAIM  
Helio de Moraes - SAIM  
Erica McKenzie - LAIM  
Jana Gordon - SAIM  
Shay Bracha - Oncology  
Kaitlin Curran - Oncology

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) \*

Julia Treseder 7.15.15 - 7.14.18 (Katherine Scollan)  
Meghan Allen 7.15.17 - 7.14.20 (Nicole LeBlanc)

**\* 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
Susan Tornquist, DACVP	Clinical	
Elena Gorman, DACVP	Clinical	
Rob Bildfell DACVP	Gross/Histo	
Jerry Heidel DACVP	Gross/Histo	
Christiane Lohr DACVP	Gross/Histo	
Beth Valentine, DACVP	Gross/Histo	
Duncan Russell DACVP	Gross/Histo	

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
Suzanne Stieger ECVDI	
Sarah Nemanic ACVR	
Stacy Cooley, ACVR	

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
Jennifer Warnock	ACVS	
Milan Milovancev	ACVS	
Katy Townsend	ACVS	
Jeff Biskup	ACVS	
Stacy Semevolos	ACVS	
Jill Parker	ACVS	
Katja Zelmer	ACVS	
Michael Huber	ACVS	
Sarah Maxwell	ACVO Off site	

Tom Riebold Ron Mandsager Charles Estill Hernan Montilla	ACVA ACVA ACVT ACVT	
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**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 is required to attend and present in weekly cardiology journal club (1 hr/week, Monday mornings 8-9am). Journal articles are selected from the most recent volumes of relevant human and veterinary journals. Additionally, some weeks are selected as "topic reviews" with a review of important human and veterinary literature from the past 20 years regarding a specific cardiovascular topic. This results in about 40-45 hours/year (minus holidays and resident vacation weeks) and 120-135 hours during the residency program for journal club.

- 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 resident is required to attend and present in weekly cardiology textbook review rounds (Comparative Cardiovascular Medicine, 1hr/week, Fridays 8-9am). In addition they attend rounds every Thursday morning (1 hr/wk) with a rotating schedule of ECG rounds, Evidence Based Medicine rounds, Salt and Water rounds, and Cardiac Pathology rounds. This results in about 90 hours/year (270 hours total) of structured educational experiences. In addition, residents in the Masters degree participate in structured educational experiences in their graduate coursework. The resident attends ACVIM annually and also attends a human cardiology conference once during their residency (ACC or AHA). Lastly, the hours of journal club attended by the resident exceed the 80 required and are additional structured experiences.

- 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.

(1) Residents will receive funding to attend ACVIM and encouraged to complete 2 or 3 of the short courses offered in literature evaluation, grant writing, and study design. (2) During the training program, residents are required to write and submit a research grant proposal for internal or external funding. (3) Residents are encouraged to submit at least 1 abstract for presentation at their specialty meeting. Residents are strongly encouraged to submit 1 or 2 additional case-based manuscripts with a cardiovascular medicine focus for publication in a veterinary journal. (4) Residents are required to perform a prospective independent research project, and may also perform a retrospective study in conjunction with the prospective study. Residents are required to prepare and submit a publication to a refereed journal following completion of their research project. (5) Residents enrolled in the

concurrent Masters degree program are required to complete course work in biostatistics and research ethics. Letters of documentation will be submitted with Resident Logs to the RTP.

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: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
g) Serum osmolality measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
h) Colloid oncotic pressure measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
i) Electrocardiography [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
j) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
k) Electroencephalography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l) Electromyography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n) Nuclear Medicine [access is desirable]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
o) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
p) Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
q) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Local human hospital
r) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
s) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
t) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
u) Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
v) Urethral pressure profile & cystometrography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site
w) Hemodialysis capability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
x) Total parenteral nutrition capability	<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.

Radiation therapy is available at the local human hospital, Good Samaritan, in town

Total Cardiology caseload per year:

1300

Number of cardiac catheterizations per year:

40-50

6. Number of echocardiographic examinations per year:

800

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)
Bryan Bottorff	7/15/2009	7/14/2012	Yes
Nicole LeBlanc	7/1/2011	6/30/2014	Yes
Courtney Smith	9/1/2013	8/31/2016	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 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(s) (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Julia Treseder	7/15/2015	7/14/2018	Katherine Scollan
Meghan Allen	7/15/2017	7/14/2020	Nicole LeBlanc

**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

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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: 3/2/2018

Program Director Name: Dr. Katherine Scollan

Name of Sponsoring Institution (Residency Training Program): Oregon State University

(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: Meghan Allen, 7/15/2017, 7/14/2020, Nicole LeBlanc

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?

Dr. Allen has elected not to pursue the offered Masters degree. Therefore, she will have time dedicated to her

prospective research project, but no specific time 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:

The Masters program consists of 45 credits of work, 9 of which is thesis. The major for the Masters degree is Clinical Sciences. Approximately 8 credits is in Medical Physiology and Internal Medicine courses. Four credits is statistics H524, Biostatistics. This course occurs on campus, although not in the same building as the Veterinary Hospital, therefore the resident is absent from clinical duty for about 3 hour/week during class term (10 weeks). The remainder of the day they are on clinical duty. The remaining credits are accumulated through Comparative Cardiovascular Medicine and Advanced Veterinary Cardiology Courses. These courses are given in the morning prior to clinical duties in the teaching hospital and there is minimal impact on the clinical schedule.

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

Briefly describe any secondary site supplemental outside experiences:

We encourage the resident to attend one or two weeks at a human pediatric cardiology facility or another veterinary cardiology program facility to broaden their perspective on the discipline of veterinary cardiology. In addition we encourage them and provide financial support to attend a large human cardiology conference (ACC or AHA).

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.

The resident is assigned to 49 weeks (11.5 months) clinical duty (Non-clinical: 2 weeks of vacation, 1 week ACVIM) during year 1 of the training program. During year 2 they are assigned to 43 weeks (10 months) of clinical duty (Non-clinical: 2 week vacation, 1 week ACVIM, 4 weeks study, 2-4 weeks research work). During year 3 they are assigned to approximately 40 weeks (9-10 months) clinical duty (Non-clinical: 2 week vacation/interview time, 1 week ACVIM, 8 weeks study, 4-6 weeks research work). The clinical duty is time dedicated entirely to primary cases presented to the cardiology service. The resident also performs cardiology consults daily. The resident is always directly supervised with a diplomate and they concurrently manage cases. This results in about 30 months of direct supervision in clinical work and 6 months of direct supervision of other scholarly activity.

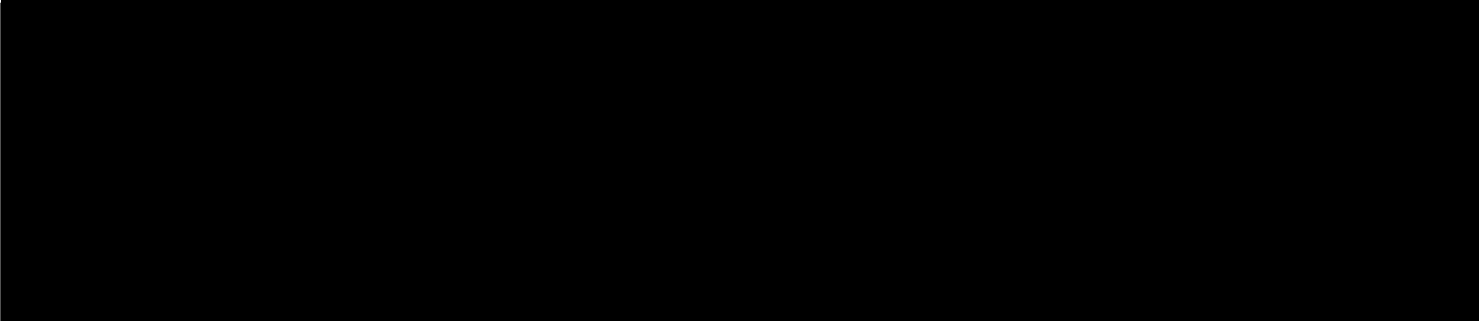
8. Please provide an outline of a typical weekly schedule

Clinic Receiving- Monday, Tuesday, Thursday, Friday 9AM-12PM  
Case Management, Consults, Large Animal Cases- Monday-Friday 1-6PM  
Invasive Procedures- Wednesdays with occasional Thursday daytime or any weekday evening  
Comparative Cardiovascular Medicine Course- Fridays 8-9AM  
House Officer Grand Rounds- Wednesdays 8-8:30 AM  
Weekly Rotating Rounds Topics: ECGs/Thoracic Radiography, Evidence Based Medicine, Salt and Water, Cardiac Pathology- Thursdays 8-9AM (each topic occurs once per month)  
Cardiology Journal Club- Mondays 8-9AM

Name of Residency Training Program:

Oregon State University

**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

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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 Treseder	7/15/2015	7/14/2018	Katherine Scollan

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

resident is given time off of clinics over the 3 year program to complete data analysis and thesis preparation. The time varies with the project, but over the 3 years they receive approximately 4 months that are solely 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:

The Masters program consists of 45 credits of work, 9 of which is thesis. The major for the Masters degree is Clinical Sciences. Approximately 8 credits is in Medical Physiology and Internal Medicine courses. Four credits is statistics H524, Biostatistics. This course occurs on campus, although not in the same building as the Veterinary Hospital, therefore the resident is absent from clinical duty for about 3 hour/week during class term (10 weeks). The remainder of the day they are on clinical duty. The remaining credits are accumulated through Comparative Cardiovascular Medicine and Advanced Veterinary Cardiology Courses. These courses are given in the morning prior to clinical duties in the teaching hospital and there is minimal impact on the clinical schedule.

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

Briefly describe any secondary site supplemental outside experiences:

We encourage the resident to attend one or two weeks at a human pediatric cardiology facility or another veterinary cardiology program facility to broaden their perspective on the discipline of veterinary cardiology. In addition we encourage them and provide financial support to attend a large human cardiology conference (ACC or AHA).

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.

The resident is assigned to 49 weeks (11.5 months) clinical duty (Non-clinical: 2 weeks of vacation, 1 week ACVIM) during year 1 of the training program. During year 2 they are assigned to 43 weeks (10 months) of clinical duty (Non-clinical: 2 week vacation, 1 week ACVIM, 4 weeks study, 2-4 weeks graduate work). During year 3 they are assigned to approximately 38 weeks (8-9 months) clinical duty (Non-clinical: 2 week vacation/interview time, 1 week ACVIM, 8 weeks study, 4-8 weeks graduate work). The clinical duty is time dedicated entirely to primary cases presented to the cardiology service. The resident also performs cardiology consults daily. The resident is always directly supervised with a diplomate and they concurrently manage cases. This results in about 30 months of direct supervision in clinical work and 6 months of direct supervision of other scholarly activity.

**8. Please provide an outline of a typical weekly schedule**

Clinic Receiving- Monday, Tuesday, Thursday, Friday 9AM-12PM  
Case Management, Consults, Large Animal Cases- Monday-Friday 1-6PM  
Invasive Procedures- Wednesdays with occasional Thursday daytime or any weekday evening  
Comparative Cardiovascular Medicine Course- Fridays 8-9AM  
House Officer Grand Rounds- Wednesdays 8-8:30 AM  
Weekly Rotating Rounds Topics: ECGs/Thoracic Radiography, Evidence Based Medicine, Salt and Water, Cardiac Pathology- Thursdays 8-9AM (each topic occurs once per month)  
Cardiology Journal Club- Mondays 8-9AM

Name of Residency Training Program:

Oregon State University

**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.**