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. Sonya G. Gordon
(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: (979) 845-2351
E-mail: sgordon@cvm.tamu.edu
Mailing Address: SA Clinical Sciences
College Station, TX 77843-4474

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

Primary Site: Texas A&M University

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.

| Sonya Gordon | Ashley Saunders | Crystal Hariu-Damore | Sonya Wesselowski |

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

| Sonya Gordon - Cardiology | Ashley Saunders - Cardiology | Crystal Hariu-Damore - 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.

<table>
<thead>
<tr>
<th>Name and Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudia Barton - Oncology and SAIM</td>
</tr>
<tr>
<td>Audrey Cook - SAIM</td>
</tr>
<tr>
<td>Kenita Rogers - Oncology</td>
</tr>
<tr>
<td>Joerg Steiner - SAIM</td>
</tr>
<tr>
<td>Debra Zoran - SAIM</td>
</tr>
<tr>
<td>Kate Crevey - SAIM</td>
</tr>
<tr>
<td>Johanna Heseltine - SAIM</td>
</tr>
<tr>
<td>Sharon Kerwin - Neurology</td>
</tr>
<tr>
<td>Jonathan Levine - Neurology</td>
</tr>
<tr>
<td>Heather Wilson - Oncology</td>
</tr>
<tr>
<td>Jonathan Lidbury - SAIM</td>
</tr>
<tr>
<td>Joseph Mankin - Neurology</td>
</tr>
<tr>
<td>Beth Boudrea - Neurology</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Resident Name, Dates of Program, (Resident Advisor) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruno Boutet 7.15.15 - 7.15.18 (Sonya Gordon)</td>
</tr>
<tr>
<td>Derek Matthews 7.15.16 - 7.15.19 (Ashley Saunders)</td>
</tr>
<tr>
<td>Katrina Cusack 7.15.17 - 7.15.20 (Sonya Wesselowski)</td>
</tr>
</tbody>
</table>

* 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
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: Feb 23, 2018

Program Director Name: Sonya Gordon

(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): Texas A&M University

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.

<table>
<thead>
<tr>
<th>Name of Diplomate(s)</th>
<th>Clinical or Gross</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Russel</td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td>Mark Johnson</td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td>Gwen Levine</td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td>Mary Nabity</td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td>Unity Jeffery</td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td>John Edwards</td>
<td>Gross</td>
<td></td>
</tr>
<tr>
<td>Joanne Mansell</td>
<td>Gross</td>
<td></td>
</tr>
<tr>
<td>Roy Pool</td>
<td>Gross</td>
<td></td>
</tr>
<tr>
<td>Brain Porter</td>
<td>Gross</td>
<td></td>
</tr>
<tr>
<td>Aline Rodriguez</td>
<td>Gross</td>
<td></td>
</tr>
<tr>
<td>Raquel Rech</td>
<td>Gross</td>
<td></td>
</tr>
</tbody>
</table>

All are on site (Drs Pool and Edwards plan to retire in Fall 2018)

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.

<table>
<thead>
<tr>
<th>Name of Diplomate(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey Gilmor</td>
<td>All are on site</td>
</tr>
<tr>
<td>Andra Voges</td>
<td></td>
</tr>
<tr>
<td>Jay Griffin</td>
<td></td>
</tr>
<tr>
<td>Cathy Ruoff</td>
<td></td>
</tr>
<tr>
<td>Michael Deveau (Rad Onc)</td>
<td></td>
</tr>
</tbody>
</table>

All are on site

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.

<table>
<thead>
<tr>
<th>Name of Diplomate(s)</th>
<th>Specialty</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Patterson</td>
<td>Derm</td>
<td>ACVD</td>
</tr>
<tr>
<td>Alison Diesel</td>
<td>Derm</td>
<td>ACVD</td>
</tr>
<tr>
<td>Christine Rutter</td>
<td>ECC</td>
<td>ACVECC</td>
</tr>
</tbody>
</table>

ACVD: American College of Veterinary Dermatology
ACVECC: American College of Veterinary Emergency and Critical Care
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.

This requirement will be met or exceeded as part of the regular rounds schedule described in Part 3

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]

| Wednesday (2hrs) and Thursday or Friday (1 hr) (approximately 40 weeks/year): Each rounds session consists of 1 hour of cardiology diplomate supervised cardiology focused rounds. 1 hour of Wednesday rounds are dedicated ECG rounds. Hour 2 of Wednesday and Thursday (or Friday) are topic related rounds and guided by a schedule designed to cover the recommended topics listed in the GIG over the course of 3 years and involves textbook reading and journal article review. In addition, there are departmental seminars that cover a variety of topics on Fridays that are intermittently attended. The minimum total rounds hours will exceed the 150 cardiology GIG + 80 hr ACVIM GIG requirements. Specific details are documented in logs. |

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.

All residents will meet/exceed this requirement by completion of a prospective research study. Residents take part in the writing and submission of a grant proposal, writing and submission of supporting documents (AUP and CRRC), data collection, analysis and presentation/publication of the study. A prospective study is a requirement of this program.
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.

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

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.

NA

6. Total Cardiology caseload per year: >800
   Number of cardiac catheterizations per year: >70
   Number of echocardiographic examinations per year: >1500
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.

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Program Start Date (mm/dd/yyyy)</th>
<th>Program End Date (mm/dd/yyyy)</th>
<th>Diplomate Status (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Hariu</td>
<td>Jul 15, 2008</td>
<td>Jul 15, 2011</td>
<td>Yes</td>
</tr>
<tr>
<td>Ryan Fries</td>
<td>Jul 15, 2009</td>
<td>Jul 15, 2012</td>
<td>Yes</td>
</tr>
<tr>
<td>Justin Carlson</td>
<td>Jul 15, 2010</td>
<td>Jul 15, 2013</td>
<td>Yes</td>
</tr>
<tr>
<td>Randolph Winter</td>
<td>Jul 15, 2011</td>
<td>Jul 15, 2014</td>
<td>Yes</td>
</tr>
<tr>
<td>Jordan Vitt</td>
<td>July 15, 2013</td>
<td>July 15, 2016</td>
<td>Yes</td>
</tr>
<tr>
<td>Kelley Doocy</td>
<td>July 15, 2014</td>
<td>July 15, 2017</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Resident Name(s) (first/last)</th>
<th>Program Start Date (mm/dd/yyyy)</th>
<th>Program End Date (mm/dd/yyyy)</th>
<th>Resident Advisor Name(s) (first/last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruno Boutet</td>
<td>July 15, 2015</td>
<td>July 15, 2018</td>
<td>Sonya Gordon</td>
</tr>
<tr>
<td>Derek Matthews</td>
<td>July 15, 2016</td>
<td>July 15, 2019</td>
<td>Ashley Saunders</td>
</tr>
<tr>
<td>Katrina Cusack</td>
<td>July 15, 2017</td>
<td>July 15, 2020</td>
<td>Sonya Wesselowski</td>
</tr>
</tbody>
</table>

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.
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:-Feb 23, 2018

Program Director Name: Sonya Gordon

Name of Sponsoring Institution (Residency Training Program): Texas A&M 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.

Resident Name (first/last)
Bruno Boutet

Program Start Date (mm/dd/yyyy)
July 15, 2015

Program End Date (mm/dd/yyyy)
July 15, 2018

ACVIM Cardiology Resident Advisor (first/last)
Sonya Gordon

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

Yes ☒ No ☐

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

3. Advanced Degree:

Degree Masters: Yes ☐ No ☒ Required ☒

Degree PhD: Yes ☐ No ☒ Required ☒

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

NA

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

Yes [x] No [ ]

If no, explain how the resident will fulfill 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 [x]

If yes, describe in detail:

NA

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

NA

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 [x]

Briefly describe any secondary site supplemental outside experiences:

Travel to attend board preparation sessions. Attendance of ACVIM in 2017 and 2018.

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.
Dr. Boutet submitted and passed his credentials and has submitted his logs which met all requirements for completion of the program. He passed the qualifier and is registered to take the certifier exam at the 2018 Forum.

In general the following is an overview of the TAMU program.

Year 1: 9.5 months on the clinical cardiology service (9.5 months direct supervision by ACVIM boarded cardiologist; 1 month on an internal medicine service with direct supervision by an ACVIM boarded internist; 1 month professional development time to develop research project and prepare first required departmental seminar; approximately 2 weeks vacation. First Seminar scheduled for spring 2016.

Year 2: 8.5 months on the clinical cardiology service (8.5 months direct supervision by ACVIM boarded cardiologist; 1 month on a medicine or emergency service with direct supervision by an ACVIM Medicine or ECC Diplomate; 2 months professional development time (1 month to study for qualifier exam and 1 month to continue work on research project and prepare second required departmental seminar); approximately 2 weeks vacation.

Year 3: 8.5 months on the clinical cardiology service (7.5 months direct supervision by ACVIM boarded cardiologist, 4 weeks indirect supervision if and when as the third year resident they are acting as service chief with indirect supervision); 3 months professional development time (2 weeks to prepare credentials, 2 months to study for certifier exam and 2 weeks to continue work on research project and prepare final required departmental seminar); approximately 2 weeks vacation.

Shared emergency after hours cardiology back up with the other cardiology residents with indirect cardiology diplomat back-up and direct back-up for emergency catheterizations or whenever indirect back-up is inadequate. Back-up is covered by faculty if and when all residents are off on professional development preparing for boards simultaneously.

Total time with direct cardiology supervision = 25.5 months, up to 1 month of indirect supervision

8. Please provide an outline of a typical weekly schedule

| Monday: cardiology receiving all day + in house consults and cardiology emergencies |
| Tuesday: cardiology receiving all day + in house consults and cardiology emergencies |
| Wednesday: Rounds (2hr, 7-9 am), catheterization day + in house consults and cardiology emergencies |
| Thursday: Rounds (1hr, sometimes shifted to Friday am), receiving all day + in house consults and cardiology emergencies |
| Friday: Departmental seminars (8 months of the year), limited receiving (research cases and overflow from rest of week) with breeder screening clinics scheduled once per month |
| Saturday & Sunday and statutory holidays: shared, emergency after hours cardiology back up with the other cardiology residents with indirect cardiology diplomat back-up and direct back-up for emergency catheterizations or whenever indirect back-up is inadequate. Back-up is covered by faculty if and when all residents are off on professional development preparing for boards simultaneously. |

Note:
- On a standard receiving day we have 5-6 standing appointment slots on Mon, Tues, and Thurs (we add more as needed including on Fridays) and then perform 0-10 consults (average of 3 per day).
- We can accommodate 3 caths on Wednesdays but sometimes have to cath on thurs or Friday or as needed for emergency procedures.
- Daytime cardiology emergencies are covered by cardiology service time permitting otherwise they are admitted through the emergency service and coverage is provided by consultation.

Name of Residency Training Program:

Texas A&M 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.
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: Feb 23, 2018

Program Director Name: Sonya Gordon

Name of Sponsoring Institution (Residency Training Program): Texas A&M 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>
<thead>
<tr>
<th>Resident Name (first/last)</th>
<th>Program Start Date (mm/dd/yyyy)</th>
<th>Program End Date (mm/dd/yyyy)</th>
<th>ACVIM Cardiology Resident Advisor (first/last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katrina Cusack</td>
<td>July 15, 2017</td>
<td>July 15, 2020</td>
<td>Sonya Wesselowski</td>
</tr>
</tbody>
</table>

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

   Yes [ ] No [ ]

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

   NA

3. Advanced Degree:

   Degree    Yes  No  Required
   Masters:  [ ]  [X]  [ ]
   PhD:      [ ]  [X]  [ ]

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

   NA
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: [NA]

4. Will the resident fulfill the didactic learning opportunities and research requirements as stated in the Part 2 form, section4?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If no, explain how the resident will fulfill 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] 
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If yes, describe in detail: [NA]

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

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 | [X]

Briefly describe any secondary site supplemental outside experiences:

Attendance of ACVIM in 2019 and 2020.

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.
Dr. Cusack is on track for a 1st year resident with respect to her logs and time spent under direct supervision.

In general the following is an overview of the TAMU program.

Year 1: 9.5 months on the clinical cardiology service (9.5 months direct supervision by ACVIM boarded cardiologist; 1 month on an internal medicine service with direct supervision by an ACVIM boarded internist; 1 month professional development time to develop research project and prepare first required departmental seminar; approximately 2 weeks vacation. First Seminar scheduled for spring 2018.

Year 2: 8.5 months on the clinical cardiology service (8.5 months direct supervision by ACVIM boarded cardiologist; 1 month on a medicine or emergency service with direct supervision by an ACVIM Medicine or ECC Diplomate; 2 months professional development time (1 month to study for qualifier exam and 1 month to continue work on research project and prepare second required departmental seminar); approximately 2 weeks vacation.

Year 3: 8.5 months on the clinical cardiology service (7.5 months direct supervision by ACVIM boarded cardiologist; 4 weeks indirect supervision); when as the third year resident they are acting as service chief with indirect supervision); 3 months professional development time (2 weeks to prepare credentials; 2 months to study for certifier exam and 2 weeks to continue work on research project and prepare final required departmental seminar); approximately 2 weeks vacation.

Shared emergency after hours cardiology back up with the other cardiology residents with indirect cardiology diplomat back-up and direct back-up for emergency catheterizations or whenever indirect back-up is inadequate. Back-up is covered by faculty if and when all residents are off on professional development preparing for boards simultaneously.

Total time with direct cardiology supervision = 25.5 months, up to 1 month of indirect supervision

8. Please provide an outline of a typical weekly schedule

Monday: cardiology receiving all day + in house consults and cardiology emergencies
Tuesday: cardiology receiving all day + in house consults and cardiology emergencies
Wednesday: Rounds (2 hr. 7-9 am), catheterization day + in house consults and cardiology emergencies
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Note:
- On a standard receiving day we have 5-6 standing appointment slots on Mon, Tues, and Thurs (we add more as needed including on Fridays) and then perform 0-10 consults (average of 3 per day)
- We can accommodate 3 caths on Wednesdays but sometimes have to cath on Thurs or Friday or as needed for emergency procedures
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Name of Residency Training Program:

Texas A&M 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 original program are made. 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.
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: Feb 23, 2018

Program Director Name: Sonya Gordon

Name of Sponsoring Institution (Residency Training Program): Texas A&M University

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

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<tr>
<td>Derek Matthews</td>
<td>July 15, 2016</td>
<td>July 15, 2019</td>
<td>Ashley Saunders</td>
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2. Is the duration of your program thirty six (36) months?

```markdown
Yes [x]  No [ ]
```

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<td>Masters:</td>
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Yes ☐ No ☒

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NA

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