



RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
CARDIOLOGY

Part One

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

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

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

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

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

Program Director Name:

[Dr. John D. Bonagura](#)

(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:	(614) 292-3551
E-mail:	bonagura.1@osu.edu
Mailing Address:	Clinical Sciences, CVM 601 Vernon L. Tharp St. Columbus, OH 43210

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

Primary Site:

[The Ohio State 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.**

John Bonagura Jaylyn Rhinehart

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

John Bonagura - Cardiology Jaylyn Rhinehart - Cardiology Karsten Schober - ECVIM-CA

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
Ramiro Toribio - LAIM
Catherine Langston - SAIM
Julie Byron - SAIM
Laurie Cook - Neurology
Ronaldo da Costa - Neurology
Sarah Moore - Neurology
Valerie Parker - SAIM
Emma Warry - Oncology
Joelle Fenger - Oncology
Adam Rudinsky - 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 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) *
Michelle Rohrbaugh 7.1.16 - 7.1.19 (John Bongagura)
Samantha Kochie 7.17.17 - 7.17.20 (John Bongagura)

*** 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
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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: March 1, 2018

Program Director Name: John D Bonagura, DVM, DACVIM (Cardiology, Internal Medicine-SA)

(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):

The Ohio State University College of Veterinary Medicine

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	Clinical or Gross	Comments
Chris Premadandan	Gross Anatomical	ALL ON SITE
Rachel Cianciolo	Gross Anatomical	
Maxie Wellman	Clinical	
Judith Radin	Clinical	
Ryan Jennings	Gross Anatomical	
Others (in transition)		

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	Comments
Tod Drost	ALL ON SITE
Eric Green (also radiation oncology)	
Eric Hostnik	
Amy Schkeeper	

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	Specialty	Comments
Lynette Cole	Derm	ALL ON SITE
Wendy Lorch	Derm	
Edward Cooper	ERCC	
Julien Guillamen	ERCC	
Paige Yaxley	ERCC	
Jonathan Dyce	ACVS	
Mary McLoughlin	ACVS	
Kat Ham	ACVS	

Marco DeSilva	ACVT	
Anne Metzler	ACVO	
David Wilkie	ACVO	
Eric Miller	ACVO	
Richard Benarski	ACVA	
Philip Lerch	ACVA	
Turi Aarnes	ACVA	
Carolina Ricco Pereira	ACVA	
Val Parker	ACVIM/ACVN	

4. 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 GIG D.2.d]:

- 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.

We meet most Fridays for Journal Club (or cardiopath conference, conducted on 2nd Friday of the month); Additionally, during most semesters we also meet with the residents on Wednesday or Thursday mornings in formal courses including those on Cardiac Catheterization, Echocardiography, Electrophysiology, Electrocardiography, and other Cardiac - Related Topics; these are one to two-hour sessions; Residents log their hours and topics

- B. **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.

Our residents all take research methods I and II (approximately 26 contact hours of formal research methods and biostatistics) as part of their masters of science program in which all residents enroll. Residents are required to complete a research project as part of the residency/MS program and to defend their "thesis" and present their data to the faculty. Our residents have also presented at ACVIM abstract sessions consistently over the past decade.

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 GIG E.1.h.1 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"/>	ALL 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 checked="" type="checkbox"/>	<input type="checkbox"/>	On site
l) Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
m) Brainstem Auditory Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
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"/>	On site
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"/>	Partial computerized; search available
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 checked="" type="checkbox"/>	<input type="checkbox"/>	On site
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.

6. Total Cardiology caseload per year:	1650 to 1700
Number of cardiac catheterizations per year:	70-75
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.

Name	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Diplomate Status (Yes or No)
Emily Chapel	2014	2017	yes
Jaylyn Rhinehart	2013	2016	yes
Lance Visser	2011	2014	yes
Keith Blass	2010	2013	yes
Agnieszka Kent	2008	2011	yes
Richard Cober	2007	2010	yes
Brian Scansen	2006	2009	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	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor First & Last Name
Michelle Rohrbaugh	2016	2019	John Bonagura
Samantha Kochie	2017	2020	John Bonagura

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.



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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.**

	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Samantha Kochie	07/15/2017	7/15/2020	John Bonagura, DACVIM-Cardiology & SAIM – co RA Jaylyn Durham Rhinehart, DACVIM-Cardiology – co RA

- 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"/>	Optional
PhD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

There is not a period of time devoted only to the graduate program except for the two months of 'off clinics' allowed each year that includes time for clinical research and preparation for general and certifying examinations (please see below). All residents in the Department have a total of 6 months out of clinics during their 36 months for vacation, research, studying. Please read next section.

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 graduate program is now optional for residents; however, whether enrolled in the MS program or not, the cardiology resident participates in the same program as resident-mates enrolled in the MS (except for registering for credit). Whether or not a resident registers for the MS depends mainly on their state-residency situation due to recent reclassification in resident positions at Ohio State, subsequent to changes in federal policies. In state residents have their tuition waived; whereas, out of state residents incur a substantial tax burden; therefore, the decision to formally enroll in the MS degree is based on what is best for the resident. Regardless, all cardiology residents participate in the same educational program and have the same research / publication expectations, including having a research committee of faculty members. In terms of "classes", these are integrated in the residency program, so that all classes are taken in the morning (7-9 AM) once or twice a week with some organized seminars (Clinical Confs, Journal Clubs) also counted as ungraded academic credit towards the degree (or completion of the residency, if the MS path is not chosen). Research is also required of all residents and is supervised by one of our three SDs. The classes and seminars are clinically relevant subjects and include formal 14-week courses led by supervising diplomates with topics in Echocardiography, Electrocardiography (2), Cardiac Catheterization & Angiography (2), Congenital Heart Disease (1), Electrophysiology (1 or 2), Respiratory Medicine (1) and Experimental Design & Data Analysis (biostatistics; 3) as well as research seminar (1). There is also a weekly clinicopathology conference with other ACVIM and ECC specialists and house officers and journal club. Additional seminars/conferences include Cardiopathology conference (2nd Friday of the month) and Nationwide Children's Hospital Pediatric Cardiology conference (once monthly). All classes and seminars are taught within the College and are scheduled too allow for each resident to take courses throughout their three year program. Thus, residents are not 'removed' from the residency for the graduate program for coursework; instead, it is expected that residents will always be in a class, conference, or seminar between 8 to 9 AM nearly every weekday (and between 7 - 9 AM on some days). As indicated above, each resident has 2 months out of primary clinics each year (they still provide emergency backup for interns) as well as vacation time (10 days/year); these are prescribed by our residency program. Otherwise for the remaining months, residents are on primary service with direct cardiology supervision with the exception of a two-week rotation in the Internal Medicine Service (with ACVIM supervisors) and a one-week rotation in radiology (with ACVR supervisors). Residents are allowed to attend ACVIM Forum during years 2 and 3 and we also support them to one human medical conf (e.g. AHA, ASE) during their residency if they elect to attend.

4. ACVIM Research Requirement:

Please describe how this trainee will satisfy the research requirements outlined in Part 1.9 of the Residency application (GIG D.2.d). Progress towards this requirement should be updated annually in the renewal application. Documentation of successful completion of the research requirement will need to be included in the form letter provided by the advisor that confirms the candidate's completion of this requirement. This letter should be submitted with the Resident Logs to the Residency Training Committee in the final year of their program.

There are approximately 40 formal class hours in research methods, biostatistics, and clinical epidemiology-EBM, and a research project associated with the residency program.

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 GIG E.1.a.4 for a listing of definitions related to training programs including active (direct) supervision. See GIG D.2.d]

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

If yes, describe in detail:

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

Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomate when appropriate. [See GIG E.1.a.4.]

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 type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

We accept cardiology residents from other programs and allow our residents to visit other programs for one or two weeks; most do not have time to do this but it is permitted during one of their three, 2-month off clinic periods.

7. Please provide a description of how the required one hundred fifty (150) hours of cardiology focused structured educational experiences will be met or exceeded. [See GIG E.g.1]

This is integrated into the residency program as previously described (above). In general, our residents have 5 to 6 hours per week of structured educational experiences including case conferences during normal work weeks (2-3 during the summer semester); this includes weeks when they are out of day clinical service.

8. 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 GIG D.2.f and E.1.a.3 for definitions related to training programs including active (direct) supervision.]

Definitions from D.2.f:

Direct Supervision: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation.

Indirect Supervision: The Supervising Diplomate and resident, although participating in a clinical practice together, are not on duty simultaneously and so are not concurrently managing cases. To qualify as Indirect Supervision, the Supervising Diplomate(s) is required to have face-to-face contact with the resident for at least one (1) hour per day for four (4) days per week.

There is always a faculty member scheduled on clinical service, and (with rare exceptions <5 days/year) faculty backup for residents is also available on weekends and evenings. We receive patients and perform consults five weekdays/week and residents are always on service with a faculty member (Dr. Bonagura, DACVIM, Dr. Rhinehart, DACVIM, or Dr. Schober, DECVIM-Cardiology). Faculty supervise the service that includes residents in cardiology, occasional interns, and typically 5 senior students. We are with our residents and students throughout the day and end each day with formal case rounds and review of patient records and diagnostic studies. Residents are supervised during the day on cases they are managing alongside faculty members.

9. Please provide an outline of a typical weekly schedule

7 - 8 AM - Case pickups from ER when indicated
8 to 9 AM (or 7 to 9 AM) - Resident conferences, classes, and seminars; including - Cardiology Journal Club; Cardiology Book Club; Cardiology Classes; Cardiopath Conf; Clinicopathologic conference; VCS Departmental research conference (once weekly required during their last 6 months).

9 AM - 5 PM - Cases management with faculty and students - Clinics and in house consults are scheduled 5 days a week - AM-afternoon on M, T, R, F and in the afternoon on Weds. Weds is elective procedures day for cardiac catheterizations, vascular procedures in interventional medicine, and elective pacing.
All catheterizations and interventional procedures are done by a "team" consisting of the faculty member on service, the resident (primary operator), a second resident, and two veterinary technicians. Depending on the complexity of the case and experience of the residents, the faculty member might contribute as the primary operator, secondary operator (typical), or the "scrubbed-in" supervisor (standing behind the two residents who function as the main operators). .
5 - 6 PM - Case rounds - reviewing cases from the day with students and residents
PM – One cardiology resident is assigned evening or weekend backup duty for interns or ER/CC residents. There is a faculty member (on service) assigned to backup the cardiology resident if needed.

Name of Residency Training Program:

Ohio State University College of Veterinary Medicine

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

Samantha Kochie, DVM
Printed Name of Resident

Date

Signature of Program Director

John D. Bonagura, DVM, DACVIM
Printed Name of Program Director

Date

Signature of Resident Advisor

John D. Bonagura, DVM, DACVIM
Printed Name of Resident Advisor

Date

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- 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

CHANGES during program: The only change has been the addition of Jaylyn Rhinehart, DVM, DACVIM (Cardiology) as a resident advisor

John D Bonagura, DVM, DACVIM

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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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.

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- 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.**

	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Michelle Rohrbaugh	07/15/2016	7/15/2019	John Bonagura

- 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 checked="" type="checkbox"/>
PhD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

There is not a period of time devoted only to the graduate program except for the two months of 'off clinics' allowed each year (please see below). All residents in the Department have a total of 6 months out of clinics during their 36 months for vacation, research, studying. Please read next section.

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 graduate program is integrated in the residency so that required (graded) classes are taken in the morning (7-9 AM) once or twice a week with some organized seminars (Clinical Confs, Journal Clubs) also counted as ungraded academic credit towards the degree. Research is also required. Overall degree includes 22 semester hours of "graded" class credit (~280 class hours over 36 months) and 10 hours of seminar or research credit. The classes are clinically relevant subjects and include formal 14-week courses (with exams) in Echocardiography, Electrocardiography, Cardiac Catheterization & Angiography, Congenital Heart Disease, Electrophysiology, Respiratory Medicine, and Experimental Design & Data Analysis (biostatistics). There is also a weekly clinicopathology conference and journal club for which non-graded seminar credit is awarded. All classes are taught within the College and are scheduled too allow for each resident to take any of the offered courses during their three year program. Residents are not 'removed' from the residency for the graduate program for coursework; instead, it is expected that residents will always be in a class, conference, or seminar between 8 to 9 AM each day (and between 7 - 9 AM on some days). As indicated above, each resident has 2 months out of primary clinics each year (they still provide emergency backup for interns) as well as vacation time (10 days/year). Otherwise for the remaining months, residents are on primary service with direct cardiology supervision with the exception of a two-week rotation in the Internal Medicine Service (with ACVIM supervisors) and a one-week rotation in radiology (with ACVR supervisors). Residents are allowed to attend ACVIM Forum during years 2 and 3 and we also support them to one human medical conf (e.g. AHA, ASE) during their residency.

4. ACVIM Research Requirement:

Please describe how this trainee will satisfy the research requirements outlined in Part 1.9 of the Residency application (GIG D.2.d). Progress towards this requirement should be updated annually in the renewal application. Documentation of successful completion of the research requirement will need to be included in the form letter provided by the advisor that confirms the candidate's completion of this requirement. This letter should be submitted with the Resident Logs to the Residency Training Committee in the final year of their program.

Coursework, MS degree, classes in biostatistics and research methods and completion of the MS research project more than fulfill the published ACVIM requirements. There are approximately 40 formal class hours in research methods and a research project associated with the M.S. degree.

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 GIG E.1.a.4 for a listing of definitions related to training programs including active (direct) supervision. See GIG D.2.d]

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 GIG E.1.a.4.]

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

Recommended

Briefly describe any secondary site supplemental outside experiences:

We accept cardiology residents from other programs and allow our residents to visit other programs for one or two weeks; most do not have time to do this but it is permitted during one of their three, 2-month off clinic periods.

7. Please provide a description of how the required one hundred fifty (150) hours of cardiology focused structured educational experiences will be met or exceeded. [See GIG E.g.1]

This is integrated into the graduate program described above. In general, our residents have 3 to 5 hours per week of structured educational experiences during normal work weeks, including weeks when they are out of day clinical service.

8. 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 GIG D.2.f and E.1.a.3 for definitions related to training programs including active (direct) supervision.]

Definitions from D.2.f:

Direct Supervision: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation.

Indirect Supervision: The Supervising Diplomate and resident, although participating in a clinical practice together, are not on duty simultaneously and so are not concurrently managing cases. To qualify as Indirect Supervision, the Supervising Diplomate(s) is required to have face-to-face contact with the resident for at least one (1) hour per day for four (4) days per week.

There is always a faculty member on clinical service, and (with rare exceptions <5 days/year) faculty backup for residents on weekends and evenings. We receive patients five weekdays/week and residents are always on service with a faculty member (Dr. Bonagura, DACVIM, Dr. Rhinehart, DACVIM, or Dr. Schober, DECVIM-Cardiology). Faculty supervise the service that includes residents in cardiology, occasional interns, and 4-5 senior students. We are with them throughout the day and end each day with formal case rounds and review of patient records and diagnostic studies.

9. Please provide an outline of a typical weekly schedule

7 - 8 AM - Case pickups from ER when indicated
8 to 9 AM (or 7 to 9 AM) - Resident conferences, classes, and seminars; including - Cardiology Journal Club; Cardiology Book Club; Cardiology Classes; Cardiopath Conf; Clinicopathologic conference; VCS Departmental research conference (once weekly required during their last 6 months).
9 AM - 5 PM - Cases management with faculty and students - Clinics and in house consults are scheduled 5 days a week - AM-afternoon on M, T, R, F and in the afternoon on Weds. Weds is elective procedures day for cardiac catheterizations, vascular procedures in interventional medicine, and elective pacing.
All catheterizations and interventional procedures are done by a "team" consisting of the faculty member on service, the resident (primary operator), a second resident (observer), and veterinary technicians.
5 - 6 PM - Case rounds - reviewing cases from the day with students and residents
PM - One cardiology resident is assigned evening or weekend backup duty for interns or ER/CC residents.

Name of Residency Training Program:

Ohio State University College of Veterinary Medicine

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.

Previously Signed

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

CHANGES during program: The only change has been the addition of Jaylyn Rhinehart, DVM, DACVIM (Cardiology) as a resident advisor

John D Bonagura, DVM, DACVIM

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