

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. Melanie Hezzell](#)

(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: [44 1173 319306](tel:441173319306)

E-mail: mh16511@bristol.ac.uk

Mailing: [University of Bristol Veterinary School](#)

Address: [Langford House, Langford
Bristol, HAM BS40 5DU
United Kingdom](#)

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

Primary Site:

[University of Bristol](#)

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.**

Kieran Borgeat Melanie Hezzell Jessie Payne

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

Kieran Borgeat - Cardiology Melanie Hezzell - Cardiology Jessie Payne - Cardiology
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4. Please list all **Diplomates** of ACVIM responsible for supervision of clinical training who are specialists in areas other than Cardiology. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty

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) *
Samantha Gomart 7.9.18 - 7.8.21 (Melanie Hezzell)

*** 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
Kathleen Tennant	Clinical	Fellow of the Royal College of Pathology (FRCP)
Marta Costa	Clinical	FRCP
Ross Harley	Gross	FRCP

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
Christopher Warren-Smith	Dip. ECVDI (European College of Veterinary Diagnostic Imaging)
Kate Bradley	Dip. ECVDI
Lucy Meehan	Dip. ECVDI
Alison Major	Dip. ECVDI

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
Aiden Foster	Dermatology	Dip. ECVD
Guillaume Chanoit	Surgery	Dip. ACVS
Mickey Tivers	Surgery	Dip. ECVS
Kevin Parsons	Surgery	Dip. ECVS
Sorrel Langley-Hobbs	Surgery	Dip. ECVS
Nicolas Barthelemy	Surgery	Dip. ECVS
Lee Meakin	Surgery	Dip. ECVS
Joanna Murrell	Anaesthesia	Dip. ECVAA
Emma Love	Anaesthesia	Dip. ECVAA
Paul Macfarlane	Anaesthesia	Dip. ECVAA
Hugo van Oostrom	Anaesthesia	Dip. ECVAA
Joanne Walsh	Anaesthesia	Dip. ECVAA
Gwen Covey-Crump	Anaesthesia	Dip. ECVAA

Sophie Adamantos	Emergency/ Critical Care	Dip. ACVECC
Caroline Smith	Emergency/ Critical Care	Dip. ACVECC
Aarti Kathrani	Clinical Nutrition	Dip. ACVN, Dip ACVIM (SAIM)
Claudia Hartley	Ophthalmology	Dip. ECVO
David Donaldson	Ophthalmology	Dip. ECVO
Alistair Poole	Clinical Pharmacology	Professor of Pharmacology

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.

Cardiovascular journal club occurs weekly year-round. The trainee will also attend Internal Medicine journal club, which occurs weekly, year-round

- 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 trainee will attend fortnightly seminars in cardiology-related topics with a Diplomate, totalling 26 hours per year. In addition they will attend fortnightly ECG rounds, totalling 13 hours per year and fortnightly "book club" (in which pertinent texts, such as a cardiac physiology book, will be reviewed), totalling 13 hours per year. The trainee will also attend Internal Medicine journal and book clubs (weekly, year round). They will attend ACVIM Forum or ECVIM Congress annually, totalling 10 hours per year. Pathology teaching will be scheduled on an information basis, based on availability of cases and material. The candidate will be encouraged to pursue additional educational opportunities, e.g. attendance at gross pathology rounds.

- 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.

The resident will attend the ACVIM Forum and is encouraged to participate in the ACVIM workshops available to them (at Forum or online). With guidance and supervision the resident will develop a research hypothesis pertinent to veterinary cardiology, design a prospective study to investigate their hypothesis, submit a grant proposal and undertake the study. The results will be presented as an abstract at a scientific meeting (e.g. ACVIM Forum) with the final goal being publication in an appropriate journal (e.g. JVIM or the Journal of Veterinary Cardiology).

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

6. Total Cardiology caseload per year:	1500
Number of cardiac catheterizations per year:	45
Number of echocardiographic examinations per year:	>2000

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

Name(s)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Diplomate Status (Yes or No)
None	N/A	N/A	N/A

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

Resident Name(s) (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Samantha Gomart	07/09/2018	07/08/2021	Melanie Hezzell

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

Significant changes could include, but are not limited to:

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

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



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Part Three

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

Current Date:

Program Director Name:

Name of Sponsoring Institution (Residency Training Program):

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

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

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

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

Resident Name (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor (first/last)
Samantha Gomart	07/09/2018	07/08/2021	Melanie Hezzell

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

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

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

The Masters program has been specifically designed to complement and enhance the residency experience and it is fully integrated into the residency program. Students will receive subject specific training in a number of relevant areas including project design and implementation, statistical analysis, presentation skills, journal paper review, paper writing and clinical skills. The course work will center on journal critiques, case reports, the echocardiographic and catheterisation logs, a teaching exercise, an oral and poster presentation and a written submission of the residency project in a form suitable for publication in a peer-reviewed journal.

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:

N/A

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:

N/A

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

N/A

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:

An externship at another institution with active ACVIM diplomates in cardiology will be encouraged to broaden the experience of the trainee. An externship with physician working in either pediatric cardiology or electrophysiology will be encouraged.

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

Definitions from 5.B:

Direct Supervision: The SD and resident are participating in a clinical practice in which both the Diplomat and the resident are on the clinic floor interactively, and concurrently managing cases. The Diplomat need not personally

examine each patient seen by the resident, but must remain physically available on-site and review the case with the resident.

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

The resident will be scheduled for clinic duty (in hospital consults and/ or receiving clinician for scheduled appointments) for at least 37 weeks of each year under the direct supervision of either Melanie Hezzell, Kieran Borgeat or Jessie Payne.

8. Please provide an outline of a typical weekly schedule

Mondays - 8-9am: assessment of any in patients. 9-10am: morning case rounds (in association with ECC and internal medicine services). 10am-4pm: appointments and internal consults. 4-5pm: cardiology case rounds
Tuesdays - 7.30-8.00am: assessment of any in patients. 8-8.30am: book club. 8.30-9am internal medicine journal club. 9-10am: morning cases rounds (in association with ECC and internal medicine services). 10am-4pm: appointments and internal consults. 4-5pm: cardiology case rounds.
Wednesdays - 7.30-8am: assessment of any in patients. 8-9am: cardiology journal club (8.30-9am biweekly ECG rounds). 9-10am: morning case rounds (in association with ECC and internal medicine services). 10-3pm: appointments and internal consults. 3-4pm: biweekly cardiology topic seminar. 4-5pm: cardiology case rounds
Thursdays - 7.30-8.15am: assessment of any in patients. 8.15-9am: morning case rounds (in association with ECC and internal medicine services). 9-10am: hospital grand rounds. 10-4pm: appointments and internal consults. 4-5pm: cardiology case rounds.
Fridays - 8.8.30am: assessment of any in patients. 8.30-9am: morning case rounds (in association with ECC and internal medicine services). 9-10am: internal medicine, ECC and cardiology grand rounds. 10-4pm: appointments and internal consults. 4-5pm: cardiology case rounds

Name of Residency Training Program:

University of Bristol

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

Signature of Resident

Printed Name of Resident

Date

Signature of Program Director

Printed Name of Program Director

Date

Signature of Resident Advisor

Printed Name of Resident Advisor

Date

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- transferring from one program to another
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- switching to a 'dual board' program
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As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.