



RESIDENCY TRAINING PROGRAM REGISTRATION  
2018-2019  
CARDIOLOGY

Part One

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

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

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

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

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

Program Director Name:

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

Program Director's Contact Information:

Work Phone:	<input type="text" value="(706) 206-7947"/>
E-mail:	<input type="text" value="rapoport@uga.edu"/>
Mailing Address:	<input type="text" value="UGA Veterinary Teaching Hospital"/>
	<input type="text" value="2200 College Station Rd"/>
	<input type="text" value="Athens, GA 30602"/>

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

Primary Site:

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

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology. There is no restriction on the number of Resident Advisors; however, **each Resident Advisor can supervise only two residents concurrently.**

[Gregg Rapoport](#)  
[Amanda Coleman](#)

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

[Gregg Rapoport - Cardiology](#)  
[Amanda Coleman - Cardiology](#)

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

Name and Specialty

[Joe Bartges - SAIM](#)  
[Marc Kent - Neurology and SAIM](#)  
[Simon Platt - Neurology](#)  
[Cynthia Ward - SAIM](#)  
[Travis Laver - Oncology](#)  
[Nicole Northrup - Oncology](#)  
[Dawn Clarke - Oncology](#)  
[Amie Koenig - SAIM](#)  
[Joanne Smith - SAIM](#)  
[Corey Saba - Oncology](#)  
[Tracy Hill - SAIM](#)  
[Renee Barber - Neurology](#)  
[Andrew Bugbee - 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) \*

[Trevor Gerlach 7.15.16 - 7.14.19 \(Gregg Rapoport\)](#)  
[Samantha Salmon 7.15.17 - 7.14.20 \(Amanda Coleman\)](#)  
[Rebecca Bates 7.15.18 - 7.14.21 \(Gregg Repoport\)](#)

**\* 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
Dr. Uriel Blas-Machado	Anatomic	
Dr. Cathy Brown	Anatomic	
Dr. Corrie Brown	Anatomic	
Dr. Melinda Camus	Clinical	
Dr. Paige Carmichael	Anatomic	
Dr. Bridget Garner	Clinical	
Dr. Nicole Gottdenker	Anatomic	
Dr. Ian Hawkins	Anatomic	
Dr. Murray Hines II	Anatomic	
Dr. Elizabeth Howerth	Anatomic	
Dr. Marcia Ilha	Anatomic	
Dr. Paula Krimer-Rollison	Clinical	
Dr. Doris Miller	Anatomic	
Dr. Tamas Nagy	Anatomic	
Dr. Pauline Rakich	Clinical	
Dr. Kaori Sakamoto	Anatomic	
Dr. James Stanton	Anatomic	
Dr. Jaime Tarigo	Clinical	
Dr. Susan Turnquist	Anatomic	
Dr. Elizabeth Uhl	Anatomic	
Dr. Moges Woldemeskel	Anatomic	

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
Dr. Karine Gendron Dr. Scott Secrest Dr. Ajay Sharma	

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
Dr. Mike Barletta	Anesthesiology	
Dr. Jane Quandt	Anesthesiology	
Dr. Rachel Reed	Anesthesiology	
Dr. Benjamin Brainard	Anesthesiology and Emergency/Critical Care	
Dr. Jennifer Good	Emergency/Critical Care	
Dr. Amy Koenig	Emergency/Critical Care	
Dr. Selena Lane	Emergency/Critical Care	
Dr. Frane Banovic	Dermatology	
Dr. Fiona Bateman	Dermatology	
Dr. Sarah Czerwinski	Ophthalmology	
Dr. Katie Diehl	Ophthalmology	
Dr. Kate Myrna	Ophthalmology	
Dr. Steve Budsberg	Surgery	
Dr. Kevin Clarke	Surgery	
Dr. Janet Grimes	Surgery	
Dr. Spencer Johnston	Surgery	
Dr. Chad Schmiedt	Surgery	
Dr. Mandy Wallace	Surgery	
Dr. Maria Ferrer	Theriogenology	
Dr. Roberto Palomares	Theriogenology	

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.

1.25-hour once-weekly journal club attended by all cardiology faculty members and residents, for an expected total of approximately 150 hours over the course of a 3-year program, using a conservative estimate of 40 such meetings per year.

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]

1.25-hour once-weekly meeting, also attended by all cardiology faculty members and residents, comprised of: 1) a “book club,” wherein a cardiology textbook (typically 3-4 books over the course of the residency) is discussed chapter by chapter, and 2) advanced topic rounds, during which a specific subject aimed at future board certification (20-30 topics over the course of the residency) is presented by either a resident or faculty member. Like the journal club, this cardiology-focused forum totals a conservatively estimated 150 hours over the course of the three-year residency program.

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 specific way in which this requirement will be fulfilled, and likely exceeded, will vary from resident to resident. At a minimum, each resident will complete a prospective or retrospective research study during his/her program. Submission of a grant proposal and presentation of an abstract are additional goals that we hope will be met by each resident. Completion of the above-mentioned ACVIM workshops and or graduate courses may apply to individual residents.

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"/>	
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) Echocardiography equipment [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d) Cardiac catheterization capability [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e) Endoscopy equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
g) Serum osmolality measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h) Colloid oncotic pressure measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i) Electrocardiography [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l) Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n) Nuclear Medicine [access is desirable]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
p) Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
q) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
r) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
s) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
t) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
u) Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
v) Urethral pressure profile & cystometrography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
w) Hemodialysis capability	<input type="checkbox"/>	<input type="checkbox"/>	
x) Total parenteral nutrition capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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.

w) patients are referred to the University of Florida VMTH for hemodialysis when necessary

6. Total Cardiology caseload per year:	800-1000
Number of cardiac catheterizations per year:	20-30
Number of echocardiographic examinations per year:	500-700

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)
Dr. Justin Thomason	05/01/2010	04/30/2013	Yes
Dr. Amy Dixon-Jimenez	11/12/2010	06/30/2015	Yes
Dr. Amelia Sinkin	08/01/2014	07/31/2017	Yes

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

Resident Name(s) (first/last)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s) (first/last)
Dr. Trevor Gerlach	07/15/2016	07/14/2019	Gregg Rapoport
Dr. Samantha Salmon	07/15/2017	07/14/2020	Amanda Coleman
Dr. Rebecca Bates	07/15/2018	07/14/2021	Gregg Rapoport

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

Significant changes could include, but are not limited to:

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

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



American College of Veterinary Internal Medicine

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Part Three

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

Current Date: 02/19/2018

Program Director Name: Gregg Rapoport, DVM, DACVIM (Cardiology)

Name of Sponsoring Institution (Residency Training Program): University of Georgia

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

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

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

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

Table with 4 columns: Resident Name (first/last), Program Start Date (mm/dd/yyyy), Program End Date (mm/dd/yyyy), ACVIM Cardiology Resident Advisor (first/last). Row 1: Rebecca Bates, 07/15/2018, 07/14/2021, Gregg Rapoport

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

Yes [X] No [ ]

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

[Empty text box for explanation]

- 3. Advanced Degree:

Table with 4 columns: Degree, Yes, No, Required. Row 1: Masters: [ ], [X], [ ], [ ]. Row 2: PhD: [ ], [X], [ ], [ ].

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

N/A



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

--

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

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

If no, explain how the resident will fulfil the requirements:

--

5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

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

If yes, describe in detail:

--

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

--

**Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomat when appropriate. [See CM 5.G]**

6. Additional secondary site experiences that do not fulfill a portion of the required twenty four (24) months of active (direct) supervision or the required five hundred (500) echocardiograms, two hundred thirty (230) hours of structured educational experiences or fifteen (15) invasive procedures are supplemental (optional) experiences and do not require documentation from supervising Diplomates.

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

Briefly describe any secondary site supplemental outside experiences:

It is anticipated that during Dr. Bates's program, she will spend one to two weeks in a human electrophysiology laboratory, and possibly one to two additional weeks in a human pediatric cardiology unit and/or an adult human heart failure unit.
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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.

Our general plan for this cardiology residency includes 9 weeks off of the cardiology service during the first year of the program (two for vacation, three on the Internal Medicine service, and the remainder for research and/or an off-site rotation), 12 weeks off of the cardiology service during the second year of the program (two for vacation, four for study time prior to the general exam, and the remainder for research and/or off-site rotations), and 15 weeks off of the cardiology service during the third year of the program (two for vacation, six for study time prior to the specialty exam, and the remainder for research and/or off-site rotations). The remainder of the resident's time, which amounts to 120 weeks or approximately 26 months, is spent on the cardiology service under the direct supervision of Dr. Coleman or Dr. Rapoport.

8. Please provide an outline of a typical weekly schedule

Monday	
7:30a	Inpatient case transfer rounds
8a	Alternating rounds (monthly topic didactic rounds, book club, graphic rounds – see #7 above)
9a-5p	Scheduled appointments ( $\geq 3$ )
9a-5p	Internal consults
5p	Service case rounds / cageside inpatient rounds
Tuesday	
7:30a	Inpatient case transfer rounds
8a	Internal Medicine conference (time permitting, encouraged in general and required when cardiopulmonary focus)
9a-5p	Scheduled appointments ( $\geq 3$ )
9a-5p	Internal consults
5p	Service case rounds
Wednesday (set aside as procedure day – cleared of appointments as necessary)	
7:30a	Inpatient case transfer rounds
8a	Journal club
9a-5p	Scheduled appointments ( $\geq 3$ )
9a-5p	Internal consults
5p	Service case rounds
Thursday	
7:30a	Inpatient case transfer rounds
8a	Internal Medicine ACVIM/board preparatory rounds
9a-5p	Scheduled appointments ( $\geq 3$ )
9a-5p	Internal consults
5p	Service case rounds
Friday	
7:30a	Inpatient case transfer rounds
8a	Hospital-wide grand rounds
9a-5p	Add-on appointments (discretionary)
9a-5p	Internal consults
5p	Service case rounds

Name of Residency Training Program:

University of Georgia

**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.**

<u>Rebecca Bates</u> Signature of Resident	<u>Rebecca Bates</u> Printed Name of Resident	<u>2-19-2018</u> Date
<u>Gregg Rapoport</u> Signature of Program Director	<u>Gregg Rapoport</u> Printed Name of Program Director	<u>2/19/2018</u> Date
<u>Gregg Rapoport</u> Signature of Resident Advisor	<u>Gregg Rapoport</u> Printed Name of Resident Advisor	<u>2/19/2018</u> Date

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

**Significant changes could include, but are not limited to:**

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

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



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.

**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)
Trevor Gerlach	07/15/2016	07/14/2019	Gregg Rapoport

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

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

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

- 3. Advanced Degree:

Degree	Yes	No	Required
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

--

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

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

If no, explain how the resident will fulfil the requirements:

--

5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

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

If yes, describe in detail:

--

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

--

**Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology 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	<input type="checkbox"/>
Recommended	<input checked="" type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

It is anticipated that during Dr. Gerlach's program, he will spend one to two weeks in a human electrophysiology laboratory, and possibly one to two additional weeks in a human pediatric cardiology unit and/or an adult human heart failure unit.
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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.

Our general plan for this cardiology residency includes 9 weeks off of the cardiology service during the first year of the program (two for vacation, three on the Internal Medicine service, and the remainder for research and/or an off-site rotation), 12 weeks off of the cardiology service during the second year of the program (two for vacation, four for study time prior to the general exam, and the remainder for research and/or off-site rotations), and 15 weeks off of the cardiology service during the third year of the program (two for vacation, six for study time prior to the specialty exam, and the remainder for research and/or off-site rotations). The remainder of the resident's time, which amounts to 120 weeks or approximately 26 months, is spent on the cardiology service under the direct supervision of Dr. Coleman or Dr. Rapoport.

8. Please provide an outline of a typical weekly schedule

Monday

7:30a Inpatient case transfer rounds  
8a Alternating rounds (monthly topic didactic rounds, book club, graphic rounds – see #7 above)  
9a-5p Scheduled appointments ( $\geq 3$ )  
9a-5p Internal consults  
5p Service case rounds / cageside inpatient rounds

Tuesday

7:30a Inpatient case transfer rounds  
8a Internal Medicine conference (time permitting, encouraged in general and required when cardiopulmonary focus)  
9a-5p Scheduled appointments ( $\geq 3$ )  
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5p Service case rounds

Wednesday (set aside as procedure day – cleared of appointments as necessary)

7:30a Inpatient case transfer rounds  
8a Journal club  
9a-5p Scheduled appointments ( $\geq 3$ )  
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Thursday

7:30a Inpatient case transfer rounds  
8a Internal Medicine ACVIM/board preparatory rounds  
9a-5p Scheduled appointments ( $\geq 3$ )  
9a-5p Internal consults  
5p Service case rounds

Friday

7:30a Inpatient case transfer rounds  
8a Hospital-wide grand rounds  
9a-5p Add-on appointments (discretionary)  
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Name of Residency Training Program:

University of Georgia

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

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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



American College of **Veterinary** Internal Medicine

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:

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 Salmon	07/15/2017	07/14/2020	Amanda Coleman

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

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

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

- 3. Advanced Degree:

Degree	Yes	No	Required
Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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



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

--

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

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

If no, explain how the resident will fulfil the requirements:

--

5. Is training provided at a secondary site to fulfill a portion (not to exceed four (4) months) of the twenty four (24) months of required active (direct) supervision or to fulfill invasive procedural requirements? If Yes, please complete the remainder of this section. [See CM 5.G]

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

If yes, describe in detail:

--

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

--

**Required training provided by supervising Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervisor at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomat when appropriate. [See CM 5.G]**

6. Additional secondary site experiences that do not fulfill a portion of the required twenty four (24) months of active (direct) supervision or the required five hundred (500) echocardiograms, two hundred thirty (230) hours of structured educational experiences or fifteen (15) invasive procedures are supplemental (optional) experiences and do not require documentation from supervising Diplomates.

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

Briefly describe any secondary site supplemental outside experiences:

It is anticipated that during Dr. Salmon's program, she will spend one to two weeks in a human electrophysiology laboratory, and possibly one to two additional weeks in a human pediatric cardiology unit and/or an adult human heart failure unit.
--

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.

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University of Georgia

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Signature of Resident

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Printed Name of Resident

\_\_\_\_\_  
Date

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Signature of Program Director

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

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Signature of Resident Advisor

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