



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:
(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:	(865) 974-8387
E-mail:	RGompf@utk.edu
Mailing Address:	SA Clinical Sciences, CVM C247-VTH Knoxville, TN 37996-4544

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

Primary Site:

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.**

[Rebecca Gompf](#)

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

[Rebecca Gompf - 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

[Dianne Mawby - SAIM](#)
[Kimberly Anderson - Neurology](#)
[Aude Castel - Neurology](#)
[William Thomas - Neurology](#)
[Jennifer Stokes - SAIM](#)
[Jacqueline Whittemore - SAIM](#)
[Amy Holford - SAIM](#)
[Elizabeth Lennon - SAIM](#)
[Katie Tolbert - SAIM](#)
[Olya Smrkovski - Oncology](#)
[Shelly Olin - 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) *

[Kiira Rodriguez 7.15.15 - 7.14.18 \(Rebecca Gompf\)](#)

*** 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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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
Robert Donnell	Gross	
Linden Craig	Gross	
Bente Flatland	Clinical	
Michael Fry	Clinical	
Kim Newkirk	Gross	
Shelley Newman	Gross	
Mee-Ja Sula	Gross	

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
Marie deSwarte Constance Fazio Silke Hecht Adrien Hespel Federica Morandi Isabella Pfeiffer	

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
Julie Albright	Behavior	
Jeffrey Biskup	Surgery	
Thomas Chen	Ophthalmology	
Andrew Cushing	Exotics	
Elizabeth Drake	Dermatology	
Marti Drum	Physical Therapy	
Amanda Dykstra	Shelter Medicine	
Chris Egger	Anesthesia	

Viacheslav Eroshin Linda Frank Cheryl Greenacre Ralph Harvey Diane Hendrix Amy Hodshon Amy Holford Michael Jones Jeanne Larson Elizabeth Lennon Cassie Lux Olya Martin Dianne Mawby Darryl Millis Maryanne Murphy Zenithson Ng Adesola Odunayo Shelly Olin Ed Ramsay Reza Seddighi Kyle Snowdon Jennifer Stokes Billy Thomas Karen Tobias Katie Tolbert Dan Ward Joe Weigel Jacqui Whittemore Angela Witzel	Dentistry Dermatology Exotics Anesthesia Ophthalmology Neurology Internal Medicine Exotics Oncology Internal Medicine Surgery Oncology Internal Medicine Surgery Nutrition Practitioner Boards ECC Internal Medicine Exotics Anesthesia Surgery Internal Medicine Neurology Surgery Internal Medicine Ophthalmology Surgery Internal Medicine Nutrition	
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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 every Tuesday for Journal Club and have also had JC on Thursday mornings when we have not been doing ECG rounds or book club.

- 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.

A grant proposal was submitted but not accepted for funding. However, another prospective research

project was done and completed and the abstract was accepted by ACVIM for presentation as a poster at the 2017 Convention.

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

6. Total Cardiology caseload per year:	500-700
Number of cardiac catheterizations per year:	4-6
Number of echocardiographic examinations per year:	500

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)
Sara Johns	7/15/12	7/14/15	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)
Kiira Rodriguez	7/15/15	7/14/18	Rebecca Gompf

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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- 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.