



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:	<input type="text" value="(540) 231-4621"/>
E-mail:	<input type="text" value="abbottj@vt.edu"/>
Mailing Address:	<input type="text" value="SA Clin. Sci., VA-MD CVM"/>
	<input type="text" value="205 Duckpond Dr., Virginia Tech"/>
	<input type="text" value="Blacksburg, VA 24061-0442"/>

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.**

Jonathan Abbott

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

Jonathan Abbott - Cardiology Sunshine Lahmers - Cardiology Michele Borgarelli - ECVIM-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) *

Giulio Menciotti 7.15.17 - 7.15.20 (Jonathan Abbott)
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*** 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: February 27, 2018

Program Director Name: Jonathan Abbott

(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): Virginia Tech

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. Tom Cecere	Gross	
Dr. Kevin Lahmers	Gross	
Dr. Tanya LeRoith	Gross	
Dr. Kurt Zimmerman	Clinical and Gross	
Dr. Katie M. Boes	Clinical	

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. Gregory B. Daniel Dr. Kemba Clapp Dr. Martha Moon Dr. Jeffrey Ruth	Dr. Daniel currently serving as Interim Dean.

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. Jennifer Davis - ACVP	Clinical Pharmacology	
Dr. Jeff Wilcke - ACVCP	Clinical Pharmacology	
Dr. David Moore - ACLAM	Laboratory Animal	
Dr. Ian Herring - ACVO	Ophthalmology	
Dr. Megan Shepherd - ACVN	Nutrition	
Dr. Terry Swecker - ACVN	Nutrition	
Dr. Sabrina Barry - ACVS	Surgery	
Dr. Otto Lanz - ACVS	Surgery	
Dr. Sherrie Clark - ACT	Theriogenology	
Dr. Julie Cecere - ACT	Theriogenology	
Dr. Natalia Guerrero - ACVA	Anesthesiology	

Dr. Noah Pavlisko - ACVA
Dr. Jeffrey Wilson - ACVA

Anesthesiology
Anesthesiology

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.

Cardiology residents participate in a small animal internal medicine journal club. The club meets weekly for 35 minutes. On a rotating basis, participants present papers that have recently been published in the refereed literature. Recent is defined as publication in the past two years. The presenter and attendees critically analyze study design, data analysis, and presentation of results. Participation in this journal club comprises approximately 85 hours during the course of the three-year program. There is, in addition to the journal club, a seminar/discussion series that is presented by faculty in small animal internal medicine, cardiology and neurology. Sixty-minute seminars are presented weekly. For approximately 25% of these seminars, readings from the refereed literature are assigned and then critically analyzed during the meeting of the seminar group.

- 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]

Supervising Diplomates of the Specialty of Cardiology participate with trainees in all of the experiences listed below:

Cardiology Journal Club: Residents or graduate students present papers that have recently published peer-reviewed papers in cardiovascular science. The presenter and attendees critically analyze study design, data analysis, and presentation of results. This journal club meets on a weekly basis.

Clinical Case Conference (ECG/Echo/Hemodynamic Rounds): Each conference consists of hour-long meetings that will provide a forum for detailed consideration of clinical cases. Case material will be selected in order to illustrate specific diagnostic or pathophysiologic principles. These sessions will be distinct from routine case rounds intended to optimize case management and are scheduled on a weekly basis, but "Topic Rounds" (see below) substitute for this experience on an occasional basis as determined by the interests of the resident and faculty.

Topics in Cardiovascular Medicine (Topic Rounds/ "Book Club") consist of one-hour discussions of cardiovascular anatomy, physiology, pharmacology, pathophysiology, therapeutic management and related topics. Readings, which may consist of journal articles or textbook chapters, will be assigned in advance of meetings. The order of presentation as well as the specific topics of discussion is subject to change depending on resident interest, aptitude and questions that may arise during meetings. The incomplete bibliography below will be supplemented by articles from the refereed literature and may be modified based on resident or advisor interest or perception of knowledge deficits on the part of the resident:

Pediatric Cardiology, 2nd ed. Anderson RH, Baker, E.J., Macartney, F.J., Rigby, M.L., Shinebourne, E.A., Tynan, M., ed. Edinburgh: Churchill Livingstone; 2002:37-56.

Adams' Heart Disease in Infants, Children and Adolescents, 5th ed. Emmanouilides GC, Riemenshneider, T.A., Allen, H.D., Gutgesell, H.P., ed. Moss and Blatimore: Williams and Wilkins; 1995:70-105.

Feigenbaum's Echocardiography 6th ed. Feigenbaum H, Armstrong WF, Ryan T. 2005 Lippincott/Williams & Wilkins.

Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, Libby, Bonow, Zipes, Mann 8th

ed. 2007 Saunders/ Elsevier.

Heart Physiology: From Cell to Circulation 4th ed. Opie LH. 2003 Lippincott/Williams& Wilkins.

Drugs for the Heart. 7th ed. Opie LH and Gersh BJ. 2009 Saunders/Elsevier.

Principles and Practice of Echocardiography, 2nd ed. Weyman AE, ed. Philadelphia: Lea and Febiger; 1994:282-301.

Cardiac Electrophysiology: From Cell to Bedside 4th ed. Zipes DP and Jalife J. 2004 Saunders/Elsevier.

- 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 enrolls in the VMCVM Biomedical and Veterinary Sciences Graduate (BMVS) program; completion of a research project and course work intended to lead to the Master of Science (MS) degree is mandatory. Through activities that fulfill the requirements of the graduate program, the candidate will complete task B.4*. The resident is encouraged to present the findings of their research at the ACVIM forum.

*Our current resident completed a PhD [thesis title: Advanced Echocardiographic Imaging in Dogs with Myxomatous Valvular Disease] with our group, immediately prior to beginning the training program. He will complete an MS degree during the residency, but some course requirements that typically are part of the VMCVM-BMVS program will be waived.

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
- Rhinoscopy
- Laparoscopy
- f) Clinical Pathology capabilities:
(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)
- g) Serum osmolality measurement
- h) Colloid oncotic pressure measurement
- i) Electrocardiography [must be on-site]
- j) Blood Pressure Measurement
- k) Electroencephalography
- l) Electromyography
- m) Brainstem Auditory Evoked Response Equipment
- n) Nuclear Medicine [access is desirable]
- o) Computed Tomography
- p) Magnetic Resonance Imaging
- q) Radiation Therapy Facility

- r) Veterinary Library w/Literature Searching Capabilities
- s) Computerized Medical Records w/Searching Capabilities
- t) Medical Library w/Literature Searching Capabilities
- u) Intensive Care Facility – 24 hours
- v) Urethral pressure profile & cystometrography
- w) Hemodialysis capability

- x) Total parenteral nutrition capability

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Available NCSU, UT and Springfield VA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Private Practice - MD
<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.

Equipment or facilities required for practise of cardiology are all on-site.

6. Total Cardiology caseload per year:	620
Number of cardiac catheterizations per year:	24
Number of echocardiographic examinations per year:	750

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)
Michael A. Aherne	07/15/2014	07/15/2017	Y
Sonya R. Wesselowski	07/15/2011	07/15/2014	Y
Mari I. Waterman	07/15/2010	07/15/2013	N (passed examination/MS incomplete)

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)
Giulio Menciotti	07/15/2017	07/15/2020	Jonathan Abbott

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:

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)
Giulio Mencioti	07/15/2017	07/15/2018	Jonathan Abbott

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

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

The resident is assigned to clinical duties with the Cardiology Service for all but 36 weeks of the three-year program. For 6 weeks of the 36, the resident is assigned to clinical duties with the Internal Medicine Service. Of the 30 weeks during which the resident is free of clinical responsibilities, 12 are allocated to preparation for the ACVIM General and Certifying Examinations. Vacation is taken during the 30 weeks for which the resident is free of clinical duty. The remaining time - ~3.5 months - is allocated to graduate studies.

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:

Satisfactory completion of the requirements of a thesis MS degree is required for a candidate to receive his/her residency completion certificate.

Dr. Mencioti completed a PhD [thesis title: Advanced Echocardiographic Imaging in Dogs with Myxomatous Valvular Disease] with our group, immediately prior to beginning the training program. He will complete an MS degree during the residency, but the course requirements that typically are part of the VMCVM-BMVS program will be waived.

The graduate program is integrated with the clinical residency. Some of the structured educational opportunities – for example, seminar series and journal clubs – partly fulfill the "elective courses in the major research area" requirement of the MS degree program so that there is minimal disruption of clinical training. Time away from clinical responsibilities is provided so that the resident can complete a research project.

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 type="checkbox"/>

Briefly describe any secondary site supplemental outside experiences:

none planned...

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.

General Description

The residency program is 36 months in duration.

During the first two years of the program, the resident will have clinical responsibilities for a total of 21 months. Eighteen of these months will consist of clinical practice with the cardiology service in the veterinary teaching hospital. The remaining three months will allow for rotations through the internal medicine service – three weeks in each of the first and second years. The resident’s clinical practice during the first two years will be under the direct (active) supervision of Diplomate of the Specialty of Cardiology. During year 3, in accordance with departmental and hospital policies, and depending on the resident’s progress, the resident may be designated “Chief Resident”. The Chief Resident will be assigned primary responsibility for the clinical service during time periods to be specified by the resident advisor. A cardiologist will be assigned to consult with the resident on a daily basis and oversee the resident's activities to insure that service and teaching requirements are met. The times during which the resident is assigned primary responsibility for the clinical service constitute periods of indirect supervision and in total, will not exceed 3 months.

Summary:

Year 1: (minimally) 9.25 months direct supervision

Year 2: (minimally) 8.75 months direct supervision

Year 3: (minimally) 7 months but exact figures will be determined by clinic schedules and the progress shown by the resident.

8. Please provide an outline of a typical weekly schedule

The caseload of the Teaching Hospital is adequate for resident training, but is not excessive. This allows close supervision of the resident; during years I and II, case management rounds occur during the day, as case care demands.

Monday

08:00 – 09:00 Clinical Case Conference

09:00 – 17:00 Receiving/Internal Consults

Tuesday

08:00 – 09:00 Student Rounds

09:00 – 09:30 Medicine Journal Club

09:00 – 17:00 Receiving/Internal Consults

Wednesday

08:00 – 09:00 Student Rounds

09:00 – 17:00 Receiving/Internal Consults

Thursday

08:00 – 09:00 Cardiology Journal Club

09:00 – 13:00 Interventional Procedures
13:00 – 17:00 Receiving / Internal Consults

Friday

08:00 – 09:00 Internal Medicine / Pathophysiology Seminar
09:00 – 12:00 Receiving (pre-breeding evaluations) / Internal Consults
13:00 – 17:00 Internal Consults/Chart Review-Sign records

Name of Residency Training Program:

Virginia Tech - Cardiology

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