



**RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
CARDIOLOGY**

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee (RTC) 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 current version of the CM is available on the ACVIM website at www.ACVIM.org.

Prior to making significant changes in a residency training program, approval of the ACVIM and Cardiology RTC must be obtained. The Candidate and/or Program Director 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 the following: 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: The data collected in this form is necessary both for the ACVIM to maintain its accreditation as a Registered Veterinary Specialty Organization and also is required for renewal of the residency training program. Some of the data collected is required of every specialty and some is specific to the specialty of Cardiology.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, will be addressed by the Program Director in Part Two.

Program Director Name: [Dr. Rebecca L. Quinn](#)

Must be an active Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology

Program Director's Contact Information:

Work Phone:	(617) 541-5038
Mobile Phone:	
E-mail:	rquinn@mspca.org
Mailing Address:	Angell Animal Medical Center 350 S. Huntington Ave. Boston, MA 02130

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

Primary Site Location:	Length of Training Program:
Angell Animal Medical Center	3 year

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 up to two residents concurrently.**

[Rebecca Quinn](#)
[Katherine Hogan](#)

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

[Rebecca Malakoff - Cardiology](#)
[Rebecca Quinn - Cardiology & SAIM](#)
[Katherine Hogan - Cardiology](#)

4. Diplomates of ACVIM responsible for supervision of clinical training who specialize 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	Comments
Daniel Rob - Neurology Jennifer Michaels - Neurology Michele James - Neurology Jessica Talbott - Oncology Lisa Moses - SAIM Erika de Papp - SAIM Maureen Carroll - SAIM Shawn Kearns - SAIM Susan O'Bell - SAIM Kirstin Johnson - SAIM Zachary Crouse - SAIM	

5. 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 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	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Natalie Morgan 7.17.17 - 7.13.20 (Katie Hogan) Julia Lindholm 7.17.17 - 7.17.20 (Rebecca Quinn) Joseph Zarin 7.16.18 - 7.18.21 (Rebecca Quinn) Elizabeth Wiley 7.TBD.19 - 7.TBD.22 (Katie Hogan)			



American College of **Veterinary** Internal Medicine

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Part Two

Part Two of the Cardiology Residency Training Program addresses general features that apply to all current residents. These questions will be used to provide the Residency Training and Credentials Committees with information needed to judge the structure, quality, scope, and consistency of training provided. *(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 and the European 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	ACVP or ECVF	Comments
Patty Ewing	Clinical, Gross	ACVP	
Pamela Mouser	Gross	ACVP	

2. Please list all Diplomates of the American College of Veterinary Radiology and European College of Veterinary Diagnostic Imaging associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident.

Name of Diplomate(s)	ACVR or ECVDI	Comments
Steven Tsai	ACVR	
Ruth Van Hatten	ACVR	
Naomi Ford	ACVR	
Heather Spain	ACVR	

3. Please list all Diplomates of the American College or equivalent European colleges of Dermatology, Surgery, Ophthalmology, Anesthesiology, ECC, clinical nutrition, clinical pharmacology, and/or theriogenology associated with residency training. . If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomate(s)	Specialty	Comments
Stephanie Krein	Anesthesiology	
Megan Whelan, Kiko Bracker, Virginia Sinnott	ECC	
Mike Pavletic, Sue Casale, Andrew Goodman, Nick Trout	Surgery	
Daniel Biros, Martin Coster	Ophthalmology	

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

All equipment and facilities marked as available are available on-site. We also have access to TEG
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5. Clinical caseload information (this information should reflect the caseload of the prior 12 months at the primary site)

Total Cardiology caseload per year:	2900, including 2500 echocardiograms
Number of echocardiographic examinations per year:	

6. 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, B and one of C [See CM 5.E and 5.F]:

- A. **Journal Club:** Critical review of literature, minimum of eighty (80) hours during the program. Describe how this requirement is met or exceeded.

Journal club is offered by the cardiology department to all residents on average 3 hours a month (108 hours over 3 years). Additional journal club is offered by the ECC department, radiology service, and internal medicine specialists. Cardiology residents are required to attend cardiology journal club, and strongly encouraged to attend journal club with other departments.

- B. **Cardiology-focused Educational Experiences:** Minimum of one hundred fifty (150) hours during the program. Describe how this requirement is met or exceeded. [See CM 5.E.2]

Didactic cardiology rounds, including ECG rounds, book club, and topic rounds, are offered at minimum 3 hours a month (108 hours over 3 years).

The residents are presented with a weekly quiz entitled: Cardiology Image of the Week. These sessions allow residents to interpret and discuss interesting cardiology cases, disease processes, and images. This experience allows for an additional 1 hour of didactic rounds each month (36 hours over 3 years)

Patient cardiology rounds, including examination of patients, review of patient history, and discussion regarding echocardiographic images/techniques/diagnosis are completed daily. This averages about 20 hours a month

Each resident spends 1 week annually attending cardiology-based CE (ACVIM, ECVIM, other)

Each resident spends 2 - 3 weeks (total in 3 years) rotating in a human hospital, participating in teaching rounds, pharmacology rounds, and patient rounds.

Each resident spends 2 weeks (total in 3 years) rotating with another cardiology-residency training program

Each resident designs and executes a retro- or prospective cardiology based research project, and is allowed 3 weeks (total in 3 years) per program preparing research

- 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.

Each Angell resident must design and execute a research project during their 3 year program. This includes submission of a study design, grant proposal, and funding approval. Each resident is expected to complete this project by the final year of their program.

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.

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.