



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. Lance C. Visser

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:	(530) 752-0334
Mobile Phone:	
E-mail:	visserla@gmail.com
Mailing Address:	VMTH, Medicine & Epidemiology One Shields Ave Davis, CA 95616-8737

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

Primary Site Location:	Length of Training Program:
University of California	4 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.

[Joshua Stern](#)
[Lance Visser](#)
[Catherine Gunther-Harrington](#)

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.

[Joshua Stern - Cardiology](#)
[Lance Visser - Cardiology](#)

Catherine Gunther-Harrington - 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
John Madigan - LAIM K. Magdesian - LAIM Monica Aleman - LAIM Carrie Finno - LAIM Karen Vernau - Neurology Marguerite Knipe - Neurology Michael Kent - Oncology Katherine Skorupski - Oncology Robert Rebhun - Oncology Jenna Burton - Oncology Jennifer Wilcox	

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 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	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Joanna Kaplan	8.1.17	7.31.21	(Joshua Stern)
Ashley Sharpe	8.1.18	7.31.22	(Catherine Gunther-Harrington)



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: February 28, 2019

Program Director Name: Lance C. Visser, DVM, MS, DACVIM (Cardiology)

(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): University of California, Davis

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 ECVP	Comments
Brian Murphy	Gross	ACVP	
Denise Imai	Gross	ACVP	
Dennis Wilson	Gross	ACVP	
Kevin Keel	Gross	ACVP	
Kevin Wooldard	Gross	ACVP	
Patricia Pesavento	Gross	ACVP	
Rebekah Keesler	Gross	ACVP	
Verena Affolter	Gross	ECVP	
Mai Mok	Gross	ACVP	
Katherine Olstad	Gross	ACVP	
Rachel Reader	Gross	ACVP	
Amir Kol	Clinical	ACVP	
Dori Borgesson	Clinical	ACVP	
Mary Christopher	Clinical	ACVP	
Sean Owens	Clinical	ACVP	
Shir Gilor	Clinical	ACVP	
William Vernau	Clinical	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
Eric Johnson	ACVR	
Derek Cissell	ACVR	
Kathryn Phillips	ACVR	

Rachel Pollard	ACVR	
Mathieu Spriet	ACVR, ECVDI	
Erik Wisner	ACVR	
Allison Zwingenberger	ACVR, ECVDI	

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
Stephen White, ACVD	Dermatology	
Catherine Outerbridge, ACVD, ACVIM	Dermatology	
Michele Steffey, ACVS	Soft Tissue Surgery	
Ingrid Balsa, ACVS	Soft Tissue Surgery	
William Culp, ACVS	Soft Tissue Surgery, IR	
Michelle Giuffrida, ACVS	Soft Tissue Surgery	
Philipp Mayhew, ACVS	Soft Tissue Surgery	
Denis Marcellin-Little, ACVS	Orthopedic Surgery	
Po-Yen Chou, ACVS	Orthopedic Surgery	
Barbro Filliquist, ACVS, ECVS	Orthopedic Surgery	
Amy Kapatkin, ACVS	Orthopedic Surgery	
Kathryn Good, ACVO	Ophthalmology	
Steven Hollingsworth, ACVO	Ophthalmology	
Mary Lassaline, ACVO	Ophthalmology	
David Maggs, ACVO	Ophthalmology	
Christopher Murphy, ACVO	Ophthalmology	
Sara Thomasy, ACVO	Ophthalmology	
Linda Barter, ACVAA	Anesthesiology	
Robert Brosnan, ACVAA	Anesthesiology	
Pauline Wong, ACVAA	Anesthesiology	
Bruno Pypendop, ACVAA	Anesthesiology	
Joao Soares, ACVAA	Anesthesiology	
Amandeep Chohn, ACVAA	Anesthesiology	
Alessia Cenani, ACVAA	Anesthesiology	
Steven Epstein, ACVECC	Emergency/Critical Care	
Jamie Burkitt, ACVECC	Emergency/Critical Care	
Kate Hopper, ACVECC	Emergency/Critical Care	
Karl Jandrey, ACVECC	Emergency/Critical Care	
Ronald Li, ACVECC	Emergency/Critical Care	
Angela Borchers, ACVECC	Emergency/Critical Care	
Jennifer Larsen, ACVN	Nutrition	
Andrea Fascetti, ACVN	Nutrition	
Ghislaine Dujovne, ACT	Theriogenology	
Janice Cain	Theriogenology	
Autumn Davidson	Theriogenology	

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?
Yes	No	(On-site or list site name)

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

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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.

N/a - all on-site

5. Clinical caseload information (this information should reflect the caseload of the prior 12 months at the primary site)

Total Cardiology caseload per year:	2520
Number of echocardiographic examinations per year:	
6. Number of cardiac catheterizations per year:	2854 (echos), 67 (caths)

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.

We meet for 1-hour of journal club approximately 40 weeks per year

- 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]

We meet for 1-hour of cardiology book club approximately 48 weeks per year
We meet for 1-hour of cardiology resident board prep approximately 20 weeks per year

- 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.

This 4-year residency program emphasizes research training as a critical component of the program. Each resident must submit a grant for funding of an original research proposal to an extramural granting agency in conjunction with their residency mentor. Each resident must also have a manuscript from a prospective study turned into his/her mentor before the program director will sign the form documenting completion of the residency (residency certificate). Additionally all residents must apply to present one of their research projects for presentation in oral or poster form at the ACVIM forum. Residents must also present their research project at the school's research day as an oral presentation.

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.