

# Cardiology

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 Neurology 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](http://www.ACVIM.org).

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Oncology 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.

The Cardiology Residency Training Committee may require supporting evidence for any statements made below. At the time of annual program renewal, Program Directors may be asked to verify resident activities, including satisfactory clinical training, interaction with consultants, and documentation of study and education participation.

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

**1. Current Date:** February 18, 2020

**2. Program Director's Name:** Donald P Schrope

*The Program Director must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology*

**3. Program Director's Contact Information:**

Work Phone: 201-262-0010

Cell Phone:

Email: [dschrope@oradell.com](mailto:dschrope@oradell.com)

Mailing Address: 580 Winters Ave, Paramus, NJ 07562

**4. Location of Sponsoring Institution (Primary Site of Residency Training Program):**Oradell Animal Hospital

**5. Length of Training Program (in years):** 3

Comments:

**6. Is this a traditional or non-traditional residency training program?**

Traditional

For non-traditional programs, please provide details:

**7. 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.

| Resident Name(s)<br>(first/last) | Length of Program<br>(in years) | Program Start Date<br>(mm/dd/yyyy) | Program End Date<br>(mm/dd/yyyy) | Resident Advisor Name<br>(first/last) |
|----------------------------------|---------------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Amanda Griglak                   | 3                               | 07/02/2018                         | 07/02/21                         | Donald Schrope                        |

*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.*

**9. Resident Advisor(s)**

Donald Schrope

*Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology. There is no*

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.

**10. Supervising Diplomates on site:**

Donald Schrope

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

**11. 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               | Specialty         | Comments |
|--------------------|-------------------|----------|
| Mary Anne Crawford | Internal Medicine |          |
| Dara Zerrenner     | Internal Medicine |          |
| Deborah Hall       | Internal Medicine |          |
| John Lucy          | Internal Medicine |          |
| Dennis Bailey      | Oncology          |          |
| Steven Brenn       | Oncology          |          |
| Kerry Bailey       | Neurology         |          |
| Michaela Esteban   | Neurology         |          |

**12. 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 |
|----------------------|-------------------|--------------|----------|
|                      |                   |              |          |

**13. 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 |
|----------------------|---------------|----------|
|                      |               |          |
|                      |               |          |
|                      |               |          |

**14. 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 |
|----------------------|---------------|----------|
| Carol Carberry       | Surgery       |          |
| Jonathan Miller      | Surgery       |          |
| Art Fettig           | Surgery       |          |
| Kristi Gannon        | ECC           |          |
| Yonaira Cortes       | ECC           |          |
| Pam Fettig           | ECC           |          |
| Laura Eirmann        | Nutrition     |          |
| Michael Brown        | Ophthalmology |          |

**15. 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?   |
|--|------------|--------------------------|
| <b>a) Blood pressure equipment</b> (must be on site)   | Yes        | On site                  |
| <b>b) Cardiac catheterization capability</b> (must be on-site)   | Yes        | On site                  |
| <b>c) Echocardiography equipment</b> (must be on-site)   | Yes        | On site                  |
| <b>d) Fluoroscopy</b> (must be on site)  | Yes        | On site                  |
| <b>e) Pacemaker interrogation</b> (must be on site or available off-site)  | Yes        | On site                  |
| <b>f) Standard radiological equipment</b> (must be on-site)  | Yes        | On site                  |
| <b>g) Electrocardiography</b> (must be on-site)  | Yes        | On site                  |
| <b>h) Brainstem Auditory Evoked Response Equipment</b>   | No         |                          |
| <b>i) Clinical Pathology capabilities:</b><br>(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology) | Yes        | On site                  |
| <b>j) Colloid oncotic pressure measurement</b>   | No         |                          |
| <b>k) Computed Tomography</b>  | Yes        | On site                  |
| <b>l) Electroencephalography</b>   | No         |                          |
| <b>m) Electromyography</b>   | Yes        | On site                  |
| <b>n) Endoscopy equipment</b>  |            |                          |
| GI equipment   | Yes        | On site                  |
| Bronchoscopy   | Yes        | On site                  |
| Cystoscopy   | Yes        | On site                  |
| Rhinoscopy   | Yes        | On site                  |
| Laparoscopy  | Yes        | On site                  |
| <b>o) Hemodialysis capability</b>  | No         |                          |
| <b>p) Intensive Care Facility – 24 hours</b>   | Yes        | On site                  |
| <b>q) Magnetic Resonance Imaging</b>   | Yes        | On site                  |
| <b>r) Nuclear Medicine</b> [access is desirable]   | Yes        | On site                  |
| <b>s) Radiation Therapy Facility</b>   | No         |                          |
| <b>t) Serum osmolality measurement</b>   | No         |                          |
| <b>u) Total parenteral nutrition capability</b>  | Yes        | On site                  |
| <b>v) Ultra sonographic equipment</b>  | Yes        | On site                  |
| <b>w) Urethral pressure profile &amp; cystometrography</b>   | No         |                          |
| <b>x) Computerized Medical Records w/Searching Capabilities</b>  | Yes        | On site                  |
| <b>y) Medical Library w/Literature Searching Capabilities</b>  | Yes        | Physical Library on site |

and online search of most major veterinary journal

**z) Veterinary Library w/Literature Searching Capabilities**

Yes

As above

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:

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

|  |           |
|--|-----------|
| Total Cardiology case load per year:               | 3000-4000 |
| Number of echocardiographic examinations per year: | 15-20     |
| Number of cardiac catheterizations per year:       | 2000-3000 |

**17. 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:

Cardiology Journal articles review incorporated into weekly cardiology rounds as stated below

Monthly veterinary journal club rounds help by hospital independent of cardiology rounds

Weekly critical journal club/subject rounds held by critical care service

**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]

Weekly cardiology rounds for 1.5 - 2 hours covering various topics including specific cardiology topics, cardiology book rounds, review of gross pathology specimens/images, review of angiographic/CT/MRI images, or journal articles,

Weekly to bi-weekly attendance of human cardiology rounds at local human hospital

Attendance of a veterinary forum/meeting every year. Two of the three years the resident will be attending the ACVIM forum.

Presentation of a cardiology subject focused lecture to the hospital staff at least twice a year

Board review sessions performed during the last year of the program in preparation for the cardiology certification exam

**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:

Resident required to design prospective or retrospective cardiology research study and submit for grant proposal and/or complete study during residency program

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

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.

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.

## **Submission of RTP Application/Renewal:**

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.

Per the Certification Manual, each year, the Program Director must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in Residency Training Program.