



ACVIM
As far as you want to go.

**RESIDENCY TRAINING PROGRAM REGISTRATION
2012-2013
CARDIOLOGY**

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 General Information Guide (GIG). The most current version of the GIG is available on the ACVIM website at www.ACIVM.org. If there is a discrepancy between this form and the GIG, the GIG 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 Resident 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 any mentors, transferring from one program to another, alterations in program duration, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: Some questions in this form are included for data collection purposes. The inclusion of an item does not imply that the item is a program requirement for ACVIM. Please refer to the current General Information Guide (GIG) for exact residency training requirements. The most current version of the GIG is available on the ACVIM website at www.ACIVM.org.

For multi-site residency programs: To ensure uniformity of training and compliance with current GIG 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 updated program registration form, the program director must provide specific, detailed information regarding supervision and facilities available at each specific site(s).

Check box if this is a renewal application with unaltered information from the previous year:

**Part 1 – To Be Completed by All ACVIM Residency Training Programs
(one per site updated annually)**

1. Date:

2. Location of Training Program:

Primary Site:

3. Program Director:
(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:

Fax:

E-mail:

Mailing Address:

4. Supervising Diplomate(s) on-site:

(Must be a Diplomate of ACVIM in the Specialty of Cardiology or an approved ECVIM Diplomate in Cardiology)

Dr. Gerhard Wess (Dipl ACVIM/ECVIM Cardiology)

5. 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	Specialty	Comments
Dr. Katrin Hartmann	Internal Medicine	Dipl ECVIM
Dr. Stefan Unterer	Internal Medicine	Dipl ECVIM
Dr. Bianca Schulz	Internal Medicine	Dipl ECVIM
Dr. Rossi Dorsch	Internal Medicine	Dipl ECVIM
Dr. Astrid Wehner	Internal Medicine	Dipl ECVIM
Dr. Johannes Hirschberger	Internal Medicine	Dipl ECVIM

6. 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	Clinical or Gross	Comments
Prof Hermans	clinical and gross	Dipl ECVI

7. 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	Comments
Dr. Andreas Bruehschwein	Dipl ECVI

8. 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	Specialty	Comments
Dr. Ralf Müller	Dermatology	Dipl ACVD
Dr. Johannes Hirschberger	Oncology	Dipl ECVO
Dr. Andrea Fischer	Neurology	Dipl ACVIM
Dr. Roberto Köstlin	Surgery	Dipl ECVS
Dr. Uli Mathis	Surgery	Dipl ECVS
Dr. Lara Mathiasek	Neurology	Dipl ECVN

9. **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.

A: weekly JC in cardiology (1 hour). Additionally weekly JC in internal medicine (1 hour).
Additionally weekly book club (1 hour)

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. Grand 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.

B: Residents are encouraged to perform and present their research projects at either ECVIM or ACVIM meeting (all former and current residents have done this so far). They attend also statistic courses at the LMU University. Resident research projects are discussed and presentet to a committee at our faculty and residents are also encouraged to write grand proposals.

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.

10. Please indicate the availability of the following facilities or equipment. Indicate if these are available 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]	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, endocrinology, anatomic and histopathology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g) Serum osmolality measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h) Colloid oncotic pressure measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i) Electrocardiography [must be on-site]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l) Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m) Brainstem Auditory Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n) Nuclear Medicine [access is desirable]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
o) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
p) Magnetic Resonance Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
q) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
r) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
s) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
t) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
u) Intensive Care Facility – 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

v) Urethral pressure profile & cystometrography

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--

w) Hemodialysis capability

<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--

x) Total parenteral nutrition capability

<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.

--

11. Total Cardiology caseload per year:	2000
Number of cardiac catheterizations per year:	50
Number of echocardiographic examinations per year:	1800

12. 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	Program Start & End Date	Diplomate (Yes or No)
Dr. Markus Killich	2007-2010	Yes
Dr. Lisa Keller	2008-2011	Yes

13. 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.

Resident Name	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor
Dr. Peter Holler	01/04/2011	01/06/2014	Gerhard Wess
Dr. Julia Simak	01/04/2009	01/06/2012	Gerhard Wess

Part 2

The following questions will be used 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).

Resident Name	Start date (mm/dd/yyyy)	ACVIM Cardiology Resident Advisor
Peter Holler	01/04/2011	Gerhard Wess
Julia Simak	01/04/2009	Gerhard Wess

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

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

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:

4. ACVIM Research Requirement:

Please describe how this trainee will satisfy the research requirements outlined in Part 1.10 of the Residency application (GIG D.2.d). Progress towards this requirement should be updated annually in the renewal application. Documentation of successful completion of the research requirement will need to be included in the form letter provided by the advisor that confirms the candidate's completion of this requirement. This letter should be submitted with the Resident Logs to the Residency Training Committee in the final year of their program.

All current residents have already presented their own research projects at international (ACVIM or ECVIM) meetings. They conducted clinical research projects.

5. Is training provided at a secondary site to fulfill a portion (not to exceed three (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 GIG E.1.a.4 for a listing of definitions related to training programs including active (direct) supervision. See GIG D.2.d]

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 supervision Cardiology Diplomates at secondary sites must be documented by a letter of both commitment and completion sent by the supervision at the secondary site. Appropriate procedure, echocardiography and structured educational experience logs must also be signed by the supervising Cardiology Diplomat when appropriate. [See GIG E.1.a.4.]

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
Recommended

Briefly describe any secondary site supplemental outside experiences:

7. Please provide a description of how the required one hundred fifty (150) hours of cardiology focused structured educational experiences will be met or exceeded. [See GIG E.g.1]

Besides the above mentioned JC and book clubs, there are also cardiac pathology rounds (by Dr. Gerhard Wess), Braunwald reading sessions, special case and ECG rounds.

8. 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 GIG D.2.f and E.1.a.3 for definitions related to training programs including active (direct) supervision.]

Definitions from D.2.f

Direct Supervision: The Supervising Diplomat and resident are participating in a clinical practice in which both the Diplomat and the resident are on duty interactively and concurrently managing cases. The Diplomat need not personally examine each patient seen by the resident, but must remain physically available for consultation.

Indirect Supervision: The Supervising Diplomat and resident, although participating in a clinical practice together, are not on duty simultaneously and so are not concurrently managing cases. To qualify as Indirect Supervision, the Supervising Diplomat(s) is required to have face-to-face contact with the resident for at least one (1) hour per day for four (4) days per week.

Dr. Gerhard Wess is about 10 month/year on clinics (together with the residents). In the remaining 2 month, the residents always will see cases without direct supervision, but they have the possibility to consult with the supervisor by email or phone while he his abroad (about 1 month). In the other month there is indirect supervision available by Dr Wess, while he is off clinics - but still within the hospital area. Residents will see cases by themselves with indirect supervision.

9. Please provide an outline of a typical weekly schedule

Receiving is Monday through Friday, starting at 10 AM, last appointment 4 PM. In btween consultations from other services. In the mornings (8-10 AM) there are rounds scheduled: Monday medicine JC, Tuesday residents textbook chapter review - resident only, Wednesday bi-weekly Cardio-rounds - open for interns and residents; every other week: Cardio Dipl-Resident- rounds; Thursday: project/progress rounds -

research rounds; Fridays Ettinger/Kirk Club.

Tuesdays and Wednesdays there are no appointments seen (only occasionally), because this is the time we go to do interventional procedures.

Didactic rounds with students are planned daily, depending on caseload - this is partially the residents job to give these rounds: ECG, Radiographs, case rounds.

We have in addition to this an evening cardio students club - where we teach them in small groups to do and to understand Echocardiograms. The lecturing is done by residents and cardiology doctoral students.

Signature of Resident

Date

Signature of Program Director

Date

Signature of Resident Advisor

Date

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.

****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