

ACVR Residency Training Program Application

This application is required for institutions desiring ACVR accreditation of a new residency training program and for institutions requesting re-accreditation of an existing program.

Before beginning the application process, all applicants should review the most recent version of the <u>ACVR Residency Program Essential Training Standards and Requirements</u> (RPE) document in detail. Use the RPE as a reference when completing the application form, as the contents you provide herein will be evaluated by the Residency Standards and Evaluation Committee (RSEC) against the published RPE standards. This application form follows the headings of the RPE. All terms used in this application have same definitions as those in the RPE, and no information provided in the application form itself will supersede that published in the RPE.

During the application review process, the Chair or Assistant Chair of the RSEC may contact the applicant for additional information or clarification.

*Note: If you wish to save your submission and complete it later, click the save button located at the bottom of the pages. You will be emailed a link to complete your form at a later date.

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Program Summary

The Residency Director of the program is expected to be the primary applicant and contact person for this application. The Residency Director must be located at the primary training institution.

Institution Name	Gulf Coast Veterinary Specialists
Residency Program Director Name	Laura Hammond
Residency Program Director Email	laura.hammond@gcvs.com
F	Program Type
What type of residency program is being requested?	Traditional Residency Program
If approved, what is the proposed start date of this residency program?	Monday, July 12, 2021

Objectives

Succinctly state the objectives of the training program.

The program's purpose is to train residents in all aspects of veterinary diagnostic imaging, including radiography, ultrasound, magnetic resonance imaging, computed tomography and nuclear medicine. Successful residents will be equipped with the

skills necessary to obtain ACVR board certi cation, perform competently as a veterinary radiologist and contribute to the veterinary community.

Training Period

What is the total length of the training 36 program?

What is the anticipated length of30supervised clinical training a residentwill experience during this program?

Yes

Will the resident(s) in this program be eligible to take the ACVR Preliminary Exam in September of their third year?

What are the responsibilities of the resident(s) during non-clinical portions of the program?

The non-clinical portion of the training period is focused on personal study for board preparation, with additional time for vacation (10 days/year). Residents will also have opportunity to attend various short courses and CE events, including the annual ACVR meeting, and diagnostic imaging short courses as they available. The third year resident will have an optional 2 week out rotation in an area of interest.

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Direction and Supervision

When calculating time commitment in this section, you may consider a 100% (full time) duty schedule to consist of 48 weeks per year with 8 hours per day or 40 hours per week.

Residency Director

Please review the Residency Director requirements and responsibilities in the <u>ACVR Residency</u> <u>Program Essential Training Standards and Requirements</u> (RPE) document. Note that the Residency Director will be required to provide at least 24 weeks of clinical duty per year in primary support of residents in this program and to meet all other qualifications of a Supervising Diplomate.

Is the applicant Residency Director for this program prepared to meet these requirements?

Yes

What percentage of the Residency80Director's time is committed to clinicalservice at the primary traininginstitution?

How many weeks per year will the 46 Residency Director be on clinical service and teaching residents at the primary training institution?

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Additional Training Diplomates

Please review the definitions and responsibilities of <u>Supervising Diplomate and Supporting</u> <u>Diplomate</u> in the RPE document. Note that Supervising Diplomates will be required to provide at least 10 weeks of clinical duty in primary support of residents in this program, and are expected to participate in all facets of residency training. Supporting Diplomates aid in residency training, but provide support that is limited, as by modality (e.g. only works in ultrasound), time commitment (e.g. clinical duty < 10 weeks per year), or other constraints that prevent them from qualifying as a Supervising Diplomate.

Provide a copy of affiliation agreements with any diplomates that are located at an external institution (see Affiliation Agreement section at the end of this application).

Name: Michelle Fabiani

Specific Areas and/or Limitations of Instructional

Responsibility: Exotics, Interventional Radiology

Excluding the Residency Director, please list all training diplomates who will act as Supervising Diplomates of this residency program. Indicate the approximate number of hours per year each supervisor will be scheduled on clinical duty with primary support of residents and, if applicable, any specific areas of instructional responsibility (e.g. trains mostly in small animal, trains mostly in MRI, etc). If a 'Supervising Diplomate' position will be comprised of multiple radiologists, please list the cohort as a single entity or institution for this question (e.g. "teleradiologists" or private institution name)

Name: Jordan Hatfield

Hours/Year: 2000

Specific Areas and/or Limitations of Instructional Responsibility: Large Animal, Magnetic Resonance Imaging

Please list all training diplomates who will act as Supporting Diplomates of this residency program. Indicate how many hours per year each Supporting Diplomate will be scheduled on clinical duty with primary support of residents and any specific areas of instructional responsibility and/or limitations in the scope of this support (e.g. only trains residents in ultrasound, does not participate in large animal training, does not finalize imaging reports, etc). Name: Emily Elser Hours/Year: 200 Specific Areas of Instructional Responsibilit y:

Hours/Year: 1800

In addition to ACVR/ECVDI Diplomates, the program must arrange for the resident(s) to have direct access to specialists in other areas. Please identify one member in each of the specialty colleges listed below that has agreed to support this program through clinical activity that allows regular interactions between the specialist and the diagnostic imaging residents (e.g. discussion of diagnostic work up, imaging findings, or patient outcomes, and/or participation in interdisciplinary rounds, etc). Indicate whether the specialist is located on-site at the primary institution at an external institution. Upon completion of this application, the below individuals will receive an email requesting acknowledgement of their support of your residency program.

ACVIM Member Name	Paul Manino
ACVIM Member Institution	Gulf Coast Veterinary Specialists
ACVIM Member Email	paul.manino@gcvs.com
ACVS Member Name	Grayson Cole
ACVS Member Institution	Gulf Coast Veterinary Specialists
ACVS Member Email	grayson.cole@gcvs.com
ACVP Member Name	Casey LeBlanc
ACVP Member Institution	Eastern Veterinary Pathology
ACVP Member Email	cleblanc@easternvetpath.com

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Resident: Supervising Diplomate Ratio

The number of residents in the program cannot exceed twice the number of ACVR/ECVDI Supervising Diplomates on-site.

What is the maximum number of 6 residents you will have enrolled in this training program at any given time?

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Facilities

Review the Facility Requirements listed in the RPE document. Note also that residents should have opportunities to be involved with image acquisition and protocol set-up.

Does this residency training program provide on-site access to modern equipment for the following modalities?

Digital or Computed Radiography

Yes

Fluoroscopy	Yes
Ultrasound with Doppler Capability	Yes
MRI	Yes
Fan-beam CT	Yes
Nuclear scintigraphy	Yes

Briefly describe how this program meets the facility requirements, including the specific type of CT and MRI units available. Explain how your program will train residents in modalities for which equipment is not located on site, providing affiliation agreements if applicable. (see Affiliation Agreement section at the end of this application.)

GE LightSpeed 64 slice CT GE Innova 4100 IQ Digital Cath and Angio interventional suite GE Signa Exite 1.5T MRI GE Model 400A digital Gamma Camera for nuclear medicine Cannon DR radiology plates (4) with horizontal beam capability Toshiba Aplio 700 ultrasound machines (4)

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Clinical Resources

Review the clinical resource requirements listed in the RPE document.

What is the average annual caseload 90000 at the primary institution over the past 3 years? This number will include all patient visits whether or not they contribute to the annual imaging caseload.

What is the average annual imaging
caseload at the primary institution
over the past 3 years? Each body
region imaged for a given patient
(e.g. thorax, abdomen, spine, etc) will
count as a single study.26000

What is the average annual imaging caseload at the primary institution over the past 3 years in the following categories?

0

Small animal radiology 18000

Large animal radiology

Abdominal ultrasound	5000
Non-abdominal ultrasound	700
Computed tomography	1000
Magnetic Resonance Imaging	1100
Nuclear scintigraphy	100
Other (Specify)	Fluroscopy 100; Cardiac Ultrasound 1000
Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:	Small animals (canine, feline): 95
	Large animals (equine, bovine, porcine, etc.): 0
	Avian, Exotic, and Wildlife animals: 5

Which of the following types of imaging cases will the resident(s) have direct, on-site exposure to at the primary institution during the residency program?

Echocardiography	Yes	
Large animal ultrasound	No	
Nonabdominal small animal ultrasound (i.e. cervical, musculoskeletal)	Yes	
Food/fiber animal imaging	No	
Exotics imaging	Yes	
Teleradiology/Referral imaging	Yes	

Explain how the resident(s) in this program will gain experience in any of the above types of imaging cases that are NOT available at the primary institution. Provide affiliation agreements, if applicable. (see Affiliation Agreement section at the end of this application.)

A total of 12 weeks during the course of training is dedicated to large animal imaging and will consistent of a combination of out rotations at universities and imaging centers, remote KCC and rounds, self study, and large animal focused KCC/book club and rounds at GCVS. A detailed large animal training schedule and associated letters of agreement are attached.

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Training Content

Review the Training Content requirements listed in the RPE document.

What percentage of the total imaging caseload at the primary institution results in a report written by the resident(s) and/or training diplomates in this program?	100
What percentage of the preliminary reports generated from the imaging caseload are initially produced by the resident(s) in this program?	30
Does this institution concurrently support the training of diagnostic imaging interns?	Yes

If yes, indicate what percentage of the preliminary reports generated from the imaging caseload are initially produced by the intern(s) and how this affects the resident imaging report caseload.

Approximately 20% of cases currently have preliminary reports written by one of our 4 imaging interns. We will continue to have 4 house officers in future years, with 2 interns and 2 residents in 2021-2022. We will maintain 4 trainees writing preliminary reports until we have additional radiologists to support further training. Thus, interns will not alter the number of reports written by residents.

100

95

What percentage of residentgenerated reports are reviewed by training diplomates prior to finalization of the report?

What is the average turnaround time for resident-generated preliminary reports to be finalized by training diplomates?

The majority of reports are completed in 24 -36 hours.

What percentage of all imaging reports (resident and diplomate generated) is finalized and available to requesting clinicians within 48 hours after the exam is submitted for radiologist consult?

For each category below, calculate the approximate number of cases that a single resident will <u>interpret</u> <u>at the primary institution with radiologist feedback</u> during the course of the entire residency program. These numbers should be calculated using the annual imaging caseload adjusted to include only those with written reports generated by the residents. In general, this number should then be divided by the total number of residents in a program during a given year.

If external rotations for the resident(s) are employed to increase the resident caseload in any given category, please be sure to upload affiliate agreements that include the expected number of reports that residents can expect to generate (with radiologist feedback) for cases in those categories.

Small animal radiology	3600
Large animal radiology	1200
Abdominal ultrasound	2000
Non-abdominal ultrasound	500
Computed tomography	800
Magnetic resonance Imaging	450
Nuclear scintigraphy	90
Other (specify)	Cardiology 400
How many ultrasound exams will a 2000 single resident perform with radiologist feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded.	

Please indicate whether this training program includes formal courses in any of the following topics:

Physics of Diagnostic Imaging	No
Radiobiology	No
Nuclear Medicine	No
Ultrasonography	No
Computed Tomography	No
Magnetic Resonance Imaging	No
Other	No

Briefly describe the formal courses that are available for the resident(s) in this program by indicating the institution, course title, course number, and credit hours as well as any other relevant information. For any topics for which formal course work is not provided for the resident(s), please explain how educational objectives in these topics will be met.

Residents will be responsible for passing written topical examinations approximately every 3 months. Examination topics include the following:

Anatomy, Phsyiology/Pathophysiology, Ultrasound, Literature (2000-2010), Computed Tomography, Magnetic REsonnance Imaging, Nuclear Medicine/Special Procedures, Literature (2010- current), Radiation Biology and Physics.

Residents will have 8 weeks of designated off clinic study time in their first 2 years in preparation for these topical examinations, the preliminary examination and certifying examination. Didactic teaching rounds and book club on these topics will

be conducted approximately 2 hours/week throughout the course of training. Additional topic rounds and lectures in large animal imaging will be provided remotely by radiologists at Texas A&M University and Louisiana State University as

described in the attached aliate agreements. Residents will also be permitted to attend various short courses offered over the course of their training (e.g. Nuclear Medicine, CT, Brain Camp, etc).

Will the resident(s) in this program attain an advanced degree (MS, PhD) at the conclusion of the program?

No

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Research Environment

Review the Research Requirements listed in the RPE document.

Over the last five years, what is the average number of peer reviewed publications on which the training diplomates (Supervising and Supporting diplomates) of this program are included as authors? (total number of publications in last 5 years among all training diplomates divided by the number of training diplomates)

How many peer-reviewed publications 1 are expected of a resident completing the program?

If this is an established program, what 0 percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting?

Briefly describe if/how residents are encouraged to engage in investigative work and what mechanisms are in place for training diplomates to support this work.

Residents are strongly encouraged to complete a research project and present an abstract at the annual ACVR meeting in their 2nd or 3rd year. Given our practice setting, research projects will be focused on descriptive or retrospective topics in small animal and exotic species.

Educational Environment

Review the Educational Environment expectations listed in the RPE document.

How many formal presentations (e.g. 4 didactic lectures, departmental seminars, scientific presentations, Continuing Education conferences, etc) are expected of each resident during the course of their training? In general, informal topic rounds, journal club, small group teaching, student labs, and similar events should not be included.

Briefly describe the type and extent of teaching opportunities that are provided to the resident throughout the training program.

Residents will present hospital wide grand rounds each year and intermittently at informal rounds and house officer training activities. Residents will also have the opportunity to present at our annual CE symposium for local practitioners and at the annual ACVR Scientific Meeting during their 3rd year.

Briefly describe the nature and scope of the teaching file available to the resident(s) in this program and how it is maintained/updated.

The current teaching file is a Google docs spreadsheet, searchable by signalment, history, modality, findings and diagnosis. There is currently approximately 1675 cases within this searchable teaching file, spread across all

modalities. An additional approximately 1500 cases are available between each radiologist's private case log for teaching and review. We maintain database of cytology results from imaging guided sampling, totaling 1050 cases to date.

The public case file and cytology log are continually added to as interesting cases are seen on the clinic floor. All faculty and house offers are encouraged to submit cases. Digital images are stored in a PACS system with limited searchability.

How many Known Case Conferences 24 are conducted annually?

Describe how the resident(s) in this program will attain direct and consistent medical library access and/or how they will access research tools and medical literature including the suggested references listed in the ACVR Preliminary Examination study guide?

GCVS maintains subscriptions to the key veterinary medical journals in a wide variety of disciples and has a large collection of imaging text books. We are currently in negotiations for a subscription to a large range of journal articles to be widely available to our clinicians, which should be completed by April 2021.

There are also multiple medical libraries nearby, including the Texas Medical Center Library and MD Anderson Research Medical Library, are located 12 miles away within the Texas Medical Center. The veterinary medical library at Texas A&M is located approximately 93 miles away (90 minutes).

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Evaluation and Protection of Residents

Did all of your current residents adequately complete the last 6 months of training?

No current residents

List the current members of the resident review committee.

Laura Hammond

Describe the internal mechanisms in place at your institution to protect the resident(s) if personal or organizational conflicts arise. Include the management hierarchy for residents and procedures by which residents would report workplace misconduct.

Formal written reviews will be performed after the initial 3 months, and then semi-annually. All radiology faculty and selected specialists within the hospital will contribute to these evaluations, with responses compiled and provided to the

residents during a meeting with their mentor.

Reviews will be focused on the following areas:

- Medical knowledge, clinical competency and reasoning
- Communication skills
- Interpersonal relations and team work
- Performance on written examinations and in KCC

Residents are encouraged to discuss problems as they arise with faculty and during their semi-annual review. Members of the hospital's established Education Committee, Quality Control Committee, hospital director and medical director are also available should concerns arise that the resident does not feel comfortable addressing within the Diagnostic Imaging department.

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Appendix

Please provide the following information regarding preliminary and certifying board exam pass rates for residents in your program over the past five years.

Preliminary Board Exam Pass Rate

2020

Number Of Prelim Board Eligible Residents: n/a

Number of Residents That Took Prelim Exam: n/a

Number of Residents That Passed On 1st Attempt: n/a

Number of Residents That Passed After Multiple Attempts: n/a

Number of Residents That Have Not Passed: n/a

Number Of Prelim Board Eligible Residents: n/a

Number of Residents That Took Prelim Exam: n/a

Number of Residents That Passed On 1st Attempt: n/a

Number of Residents That Passed After Multiple Attempts: n/a

Number of Residents That Have Not Passed: n/a

2018

2017

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Certifying Board Exam Pass Rate

2020	Number of Certifying Board Eligible Residents: 0
	Number of Residents That Took Certifying Exam: 0
	Number of Residents That Passed On 1st Attempt: 0
	Number of Residents That Passed After Multiple Attempts: 0
	Number of Residents That Have Not Passed: 0
2019	Number of Certifying Board Eligible Residents: 0
	Number of Residents That Took Certifying Exam: 0
	Number of Residents That Passed On 1st Attempt: 0
	Number of Residents That Passed After Multiple Attempts: 0
	Number of Residents That Have Not Passed: 0

2017

2016

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Program Schedule

Upload a schedule for your residents that outlines their clinical and non-clinical work over the course of the residency program. This may be a master schedule or duty roster for your entire radiology section, if desired. If available, an example weekly or monthly rounds schedule can also be included.

Program Schedule



Affiliation Agreements

Upload digital copies of any affiliation agreement(s) in place for the following:

External training diplomates (supervising, supporting); Agreement letters should include a statement on the scope of their resident training duties.

External rotations or remote institutional affiliations used to supplement resident imaging caseload numbers, species variety, modalities, or study types. Agreement letters should include the scope of training and the amount of time the resident will be training with the affiliate institution. If affiliations are required to support resident caseload numbers in any core modality/category (radiology/fluoroscopy, CT, MRI, or US), agreement letters should include

US), agreement letters should include the expected number of reports that the individual resident(s) can expect to generate (with radiologist feedback) for cases in those categories over the course of the external rotation or agreement.



