



ACVR - RO New Residency Program Application

Please review the [Radiation Oncology \(RO\) Residency Program Essentials Training Standards and Requirements](#) document prior to completing this form.

The following documents will be needed to complete the application:

- CVs (current within 1 year and a maximum of 2 pages each) for radiation oncology, diagnostic imaging, and medical oncology Diplomates involved in the training program
- Syllabi for coursework in medical physics, cancer biology, and radiation biology (including internal and external courses)
- Letters of agreement from cooperating institutions
- Letter of agreement from medical physics support for clinical training
- Resident calendar that includes the following:
 - 24 months of RO-specific activities (primary case responsibility, treatment planning, 1 week/year of radiation therapist activities)
 - 8 weeks of medical oncology
 - 4 weeks of diagnostic imaging
 - 40 hours of medical physics
 - 40 hours of clinical pathology
 - 80 hours of anesthesia in minimum 1-week blocks
 - 2 weeks of neurology
 - 2-week minimum off-clinic time per year (study, research, etc) not including vacation
 - Vacation time as mandated by state/institution
 - Required outrotations at cooperating institutions
- Resident evaluation forms

Submission Date Friday, January 29, 2021

Your Name Lisa Jo Forrest

Your Address 2015 Linden Drive
Madison, WI, 53706

Your Email Address lisa.forrest@wisc.edu

Radiation Oncologists in support of the program (Must be Diplomate(s) of the ACVR):

First Name	Last Name	Title/Credentials	Email	Phone	Number of weeks per year Diplomate is available to supervise* the resident

First Name	Last Name	Title/Credentials	Email	Phone	Number of weeks per year Diplomate is available to supervise* the resident
Lisa	Forrest	Professor, DAVCR (R, RO)	lisa.forrest@wisconsin.edu	608-263-7600	10
Michelle	Turk	Clinical Associate Professor, DACVR-RO, DACVIM-Oncology	michele.turk@wisc.edu	608-263-7600	26
Nathan	Vansant	Clinical Assistant Professor, DACVR-RO	nvansant@wisconsin.edu	608-263-7600	26

*Resident supervision is defined as being available on-site 40 hours/week (defined as a 4- or 5-day work week to equal a minimum of 40 hours) to support the resident in radiation oncology-related activities including patient consultation/management, review of treatment plans, position verification and participation in daily case-based rounds.

Which of the Radiation Oncology Diplomates listed above will serve as the Residency Director? This individual will be the primary contact for the residency program and will be responsible for completing all necessary forms/reviews and notifying the RO RSEC of any changes to the program. The Residency Director must be a Diplomate of the ACVR and must be located at the primary training institution.

Lisa Forrest

Please confirm that during the minimum 24 months of RO-specific activities, a Supervising Diplomate will be present on site to supervise the resident as defined above for 40 hours/week (4-5 days).

Yes

Comments:

With 3 radiation oncology faculty, there is always one faculty member on duty.

A standard residency program is one that meets all of the residency program requirements set forth in the [ACVR-RO Residency Essentials Training Standards](#) document. An alternative or amended program is designed for one specific individual/resident and satisfactorily meets all of the residency program requirements, but is completed in an extended timeline (more than 3 years but fewer than 5 years).

This application is made for (check one):

Standard Program

Comments:

This is my 3-year re-accreditation program. Residency first approved in 2000, last re-accreditation in 2017.

What is the total length of the training program?

3 years

Number of months dedicated solely to radiation oncology-specific activities as defined in the ACVR-RO Residency Essentials Training Standards document (RO-specific activities include primary case responsibility, treatment planning, 1 week/yr of therapist activities):

24 months

Primary Site:

UW-Madison School of Veterinary Medicine

Hospital/University:

UW-Madison Veterinary Care

Department:

Surgical Sciences

Address

2015 Linden Drive
Madison, WI, 53706

Advanced Degree and Research/Publication Requirement

Masters	No
PhD	No
Research Project	Yes
Publication	Yes

Documentation of residency completion is required to obtain Diplomate status. Is receipt of residency certificate dependent on completion of advanced degree/research/publication?

No

It is required that a residency in veterinary radiation oncology provide the trainee with experience in formulation of radiation treatment plans, dose calculation, and treatment administration for veterinary patients with cancer. This includes generation of both manual and computer-based treatment plans for megavoltage external beam irradiation. External beam planning experience must include both forward and inverse planning, even if only one of those types is utilized for treatment at the primary facility. Does the program fulfill these requirements?

Yes

Comments:

We have 2020 Version of Eclipse with physical data imputed to perform 3D-CRT, and forward planning for cases. This is in addition to IMRT treatment planning for Helical TomoTherapy.

It is required that a residency in veterinary radiation oncology provide the trainee with experience in primary case responsibility, including new referrals, ongoing radiation patients, and follow-up visits. This includes receiving patients, clinical rounds, client/referring DVM communications, and medical records keeping. Does the program fulfill these requirements as described on page 12 of the RO Essentials document?

Yes

Comments:

Role of RO resident and the RO service in daily clinical management of patients and clients:

Daily morning patient rounds are held to go over patients being treated that day. Residents are assigned to Clinical Duty or Planning Duty.

Clinical Duty involves seeing new and recheck radiation oncology patients, which includes the following: speaking with clients about their pet's cancer and health, their expectations for treatment; obtaining appropriate imaging studies and blood work; ordering chemotherapy, if part of the plan. Setting up CT simulations, if patients will be receiving RT.

Planning Duty involves managing current patients undergoing RT, registering each patient (aligning current MVCT with planning CT prior to treatment), and meeting with clients at dropoff/pickup as needed. Planning Duty includes contouring planning CT's of patients that will be starting RT and sending them to IMRT planning. This

includes working with faculty radiation oncologist, radiology faculty and medical physicist for appropriate contours and IMRT parameters and plan approval. Every afternoon medical and radiation oncology meet to discuss patients seen and/or treated that day. Any imaging done that day will be reviewed. Radiation Oncology Board rounds are held weekly where all current radiotherapy patients, potential cases, and follow-up on previous patients are discussed. Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and potential oncology patients that have undergone or may undergo surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy, additional surgery).

It is required that a residency in veterinary radiation oncology provide the trainee with a minimum of 1 week per year of radiation therapist activities to include daily linear accelerator quality assurance and warm up, patient positioning for treatment planning CT and therapy, radiation delivery (as allowed by the state/province), and acquisition of position verification imaging. Does the program fulfill these requirements?

Yes

Comments:

Planning Duty involves managing current patients undergoing RT, registering each patient (aligning current MVCT with planning CT prior to treatment), and meeting with clients at dropoff/pickup as needed. Planning Duty includes contouring planning CT's of patients that will be starting RT and sending them to IMRT planning. This includes working with faculty radiation oncologist and medical physicist for appropriate contours and IMRT parameters and plan approval. Residents learn to turn machine on and perform daily QA procedures. They learn how to pull up daily patients, set them up in immobilization devices, perform daily MVCT, register with planning CT, and treat patient without help from radiation therapist.

How will the resident be trained in radiation biology? Please provide a description of formal and informal training experiences, or indicate time allotted for self-study.

The resident attends a formal 2-credit radiation biology course that is offered by the Departments of Human Oncology and Medical Physics. Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts. Specifically: every Tuesday is journal club where 2-3 articles are presented/discussed to encompasses recent and significant literature. Every Thursday is book club. These alternate during the year

to include 1. Radiobiology (Hall, van der Kogel texts)
2. Radiation Physics (Khan, McDermott) 3. Cancer Biology (Tannock & Hill, Weinberg).

Please provide instructors' names and credentials for radiation biology formal and informal training:

1. Radiation Biology (H.Oncol 410. Currently being re-vamped and will be offered Spring 2022. Will submit 2015 syllabus. Current instructors include:
Deric Wheeler, PhD, Associate Professor, Department of Human Oncology, School of Medicine and Public Health, UW-Madison, Madison, WI
Randall Kimple, MD, PHD, Associate Professor, Department of Human Oncology, School of Medicine and Public Health, UW-Madison, Madison, WI
2. Radiation Biology Course
Monique Mayer, DVM, MS, Diplomate ACVR (Radiation Oncology), Professor, Course Coordinator. Syllabus attached.
Informal Training: As above 3-4 months dedicated to weekly book club attended by residents and RO faculty review chapters in Hall and van der Kogel.

How will the resident be trained in cancer biology? Please provide a description of formal and informal training experiences, or indicate time allotted for self-study.

The resident attends a formal 2-credit radiation biology course that is offered by the Departments of Human Oncology and Medical Physics.
Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.
The resident attends weekly Carbone Cancer Center Grand Rounds Seminars at UW Hospital. The resident will attend resident seminars provided at VCS and ACVR. The resident joins resident-driven book rounds on cancer biology (Tannock & Hill, Weinberg).

Please provide instructors' names and credentials for cancer biology formal and informal training:

Informal Training in Cancer Biology:
Michelle Turek, DVM, DACVR-RO, DACVIM-Oncology, Clinical Associate Professor
MacKenzie Pellin, DVM, DACVR-RO, DACVIM-Oncology, Clinical Assistant Professor
David Vail, DVM, DACVIM-Oncology, Professor

How will the resident be trained in medical physics? Please provide a description of formal and informal didactic (non-clinical) experiences, or indicate time allotted for self-study.

The resident attends a formal 2-credit radiation biology course that is offered by the Departments of Human Oncology and Medical Physics.
Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.
The resident attends radiation oncology physics courses offered by the Departments of Human Oncology and Medical Physics as part of their training program. The resident also attends a dosimetry and treatment planning course.
Residents have daily access to a medical physicist that provides support for our TomoTherapy™ equipment and provides general RO physics rounds.

Please provide instructors' names and credentials for didactic (non-clinical) medical physics formal and informal training:

Radiation Physics
- MEDPHY 566 course: Physics of Radiotherapy (John

Bayouth PhD, and Jennifer Smilowitz, PhD – Department of Human Oncology UW)

- Summer semester: Course Medical Physics for Physician Residents (Adam Bayliss, PhD – Department of Human Oncology UW)

- MEDPHY 772 course; previously MEDPHY 572: Advanced Treatment Planning Course. Jennifer Smilowitz, PhD, Clinical Professor.

- Radiation Oncology Physics Boot Camp 4-day course (Michael Kent, DVM, DACVR - University of California Davis)

- Book club once weekly: McDermott: The physics & technology of radiation therapy 2nd ed, and Khan: The physics of radiation therapy 5th ed

Medical physics training requires 1 week or 40 hours of clinical contact with a qualified medical physicist. Please provide a description of the training experience.

We have a medical physicist, which was full time until 12/1/2019 and is now 25%. He works at Accuray in Madison WI and is an expert in the TomoTherapy platforms, including the new Radixact. He continues to perform all monthly, yearly machine QA's and QA's on all treatment plans. Residents will attend monthly and yearly QA sessions and several plan QA sessions throughout their residency. He is available by phone and text for any questions.

Medical Physicist(s) in support of clinical training in the residency program

First Name	Last Name	Title/Credentials	Physicist on-site? Y/N
Kevin	Kvasnic a	Medical Physicist, MS	Yes

A minimum of 1 hour of medical literature review with an ACVR-RO Diplomate is required monthly. Please describe this experience, and any additional formal or informal conferences available to the resident (including journal clubs, seminars, book reviews, etc.) that are not already listed above:

Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.
Book Reviews, every Thursday - Hall, Radiobiology for the radiologist, van der Kogel; Khan, McDermott; Tannock & Hill, Winberg
Journal Club, every Tuesday - 2-3 articles based on tumor type from VRU, VCO, and other veterinary journals
Once weekly general oncology journal club with medical and radiation oncology - articles from human oncology journals.

The resident is required to present at least 2 lectures or scientific presentations during the course of the residency. Please describe how the program will fulfill this requirement:

The resident will present an abstract at VCS and/or ACVR-RO meetings. The resident will give 1-2 CE lectures at UW sponsored oncology CE meetings for practioners. The resident will also present formal seminars at oncology, surgery and Grand rounds on topics of medical and radiation oncology.

The program must include an external beam radiation therapy machine in the megavoltage range and 3D computerized radiation treatment-planning capabilities to create treatment plans used for treatment delivery. Residents must have on-site access to treatment planning systems capable of forward and inverse planning even if both types of planning techniques are not deliverable at that institution.

Please list the manufacturer and model of the on-site external beam radiation therapy delivery system:

Accuray, Radixact Helical TomoTherapy unit date installed 10/2020

Please list the manufacturer and model of the on-site radiation therapy treatment planning system(s). Please indicate whether they are capable of forward or inverse planning, or both, and whether or not they are used clinically to deliver treatments:

Accuray, Radixact - Inverse planning IMRT, used clinically to deliver treatments.

Varian, Eclipse treatment planning system - Inverse and forward planning, not used clinically for treatment delivery. Used for resident training to develop plans using blocks, wedges, etc. with forward planning.

The clinical training requirements in the following six questions, described on pages 15 and 16 of the [RO Essentials](#) document can be fulfilled at a cooperating institution if the primary institution lacks resources to accomplish them. Training at cooperating institutions must be supervised by a Supervising or Supporting ACVR-RO Diplomate and a letter of agreement from the cooperating institution is required. The training requirements can be combined into a single minimum 2-week learning experience at the cooperating institution.

The residency program requires hands-on clinical experience to develop expertise and self-sufficiency in manual setups and manual treatment planning with photons. How does the program fulfill this requirement?

Residents spend 2-4 weeks at other institutions gaining experience in manual treatment set-ups using photons. These are facilities with typical linear accelerators.

The residency program requires hands-on clinical experience to develop expertise and self-sufficiency in manual setups and manual treatment planning with electrons. How does the program fulfill this requirement?

Residents spend 2-4 weeks at other institutions gaining experience in manual treatment set-ups using electrons. These are facilities with linear accelerators with electron beam capability. Often this requirement can be fulfilled at the same facility as above.

The residency program requires hands-on clinical experience with forward planning for 3D conformal radiotherapy (non-IMRT). How does the program fulfill this requirement?

Varian, Eclipse treatment planning system - Inverse and forward planning, not used clinically for treatment delivery. Used for resident training to develop plans using blocks, wedges, etc. with forward planning. Residents are required to plan patients with faculty oversight.

The residency program requires hands-on clinical experience with inverse planning for IMRT. How does the program fulfill this requirement?

Our on-site unit, Accuray, Radixact Helical TomoTherapy unit with Inverse planning IMRT, is used clinically to deliver treatments.

The residency program requires hands-on clinical experience in on-board imaging verification with MV or KV CT. How does the program fulfill this requirement?

Our on-site unit, Accuray, Radixact Helical TomoTherapy unit with Inverse planning IMRT, is used clinically to deliver treatments, uses daily MVCT imaging before each treatment. Daily MVCT images are registered with original planning CT allowing sub-millimeter accuracy in lateral, vertical, longitudinal and roll dimensions.

The residency program requires hands-on clinical experience in on-board imaging verification with kV digital radiographs. How does the program fulfill this requirement?

Residents spend 2-4 weeks at other institutions gaining experience in on-board imaging verification with kV digital radiographs. Often this requirement can be fulfilled at the same facility as above.

In addition, using our on-site Varian Eclipse program, residents can create plans and create/print two-view verification plans.

Residents spend 2-4 weeks at other institutions gaining experience in on-board imaging verification with MV portal imaging. Often this requirement can be fulfilled at the same facility as above.

The residency program requires hands-on clinical experience in on-board imaging verification with MV portal imaging. How does the program fulfill this requirement?

Radiologist(s) in support of the residency program [Must be Diplomate(s) of the ACVR or ECVDI]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Kenneth	Waller	Clinical Associate Professor, DACVR	Yes
Samantha	Loeber	Clinical Assistant Professor, DACVR, DACVR-EDI	Yes
Jane Renee	Lund	Clinical Assistant Professor, DACVR	Yes
Darrel	Yap	Clinical Assistant Professor, DACVR	Yes
Lisa	Forrest	Professor, DACVR (R, RO)	Yes

The residency program requires at least 26 weeks/year of on-site diagnostic imaging support from a ACVR or ECVDI Diplomate and availability for remote support for at least 45 weeks/year. How will the institution fulfill this requirement?

On-site Radiologist are on duty 52 weeks per year.

Kenneth Waller - 18 weeks/year

Samantha Loeber - 26 weeks/year

Jane Renee Lund - 26 weeks/year

Darrel Yap - 26 weeks/year

Lisa Forrest - 15-20 weeks/year

How will the resident be trained in diagnostic imaging? Please provide a description of formal and informal training experiences as well as a description of the resident's role while rotating on a diagnostic imaging service:

The resident will spend 1 month exclusively in diagnostic imaging, which includes radiography, fluoroscopy, ultrasound and alternate imaging (CT/MRI/NucMed). During this time residents will dictate cases that will be finalized by radiology faculty on duty. The resident will be involved with any oncology patient undergoing CT or MR imaging during the year outside this dedicated imaging time. The resident attends bi-weekly MRI rounds with radiology and neurology throughout the year and will be responsible for presenting an unknown MRI case.

The program must have on-site access to modern radiographic equipment, including digital or computed radiography, ultrasound, and CT. Does the institution fulfill this requirement?

On-site imaging equipment include
 2-DR x-ray units
 1-DR radiography/fluoroscopy unit
 1-DR large animal x-ray unit
 2-GE Logic Ultrasound units
 1-GE Logic portable ultrasound unit
 1-GE 8-slice helical CT unit

1-GE 1.5 Tesla MRI unit
1-GE portable fluoroscopy unit

Medical Oncologist(s) in support of the residency program [Must be Diplomate(s) of the ACVIM, Specialty of Oncology]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
David	Vail	Professor, DACVIM-Oncology	Yes
Ruthanne	Chun	Clinical Professor, DACVIM-Oncology	Yes
Xuan	Pan	PhD, Associate Professor, DACVIM-Oncology	Yes
MacKenzie	Pellin	Clinical Assistant Professor, ACVIM-Oncology, DACVR-RO	Yes

The residency program requires at least 26 weeks/year of on-site medical oncology support from an ACVIM (Oncology) Diplomate. How will the institution fulfill this requirement?

David Vail - 22 weeks/year on clinics
Ruthanne Chun - 6-8 weeks/year on clinics
Xuan Pan - 12 weeks/year on clinics
MacKenzie Pellin - 18 weeks/year on clinics

How will the resident receive training in medical oncology? Please provide a description of formal and informal training experiences as well as a description of the resident's role while rotating on a medical oncology service:

Radiation oncology (RO) works closely with medical oncology. Primary patient care of RO patients resides with RO. There are daily radiation oncology ward rounds where progress and toxicities of current radiotherapy patients are reviewed and there are daily oncology afternoon rounds to discuss daily appointments (new patients, rechecks; medical oncology & radiation oncology patients). Radiation Oncology Board rounds are held weekly where all current radiotherapy patients, potential cases, and follow-up on previous patients are discussed. There are weekly Oncology Group Meetings where journal articles, research updates and clinical management concerns are presented. There are weekly clinical pathology rounds where slides from current patients are reviewed. Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and upcoming oncology patients that will/have undergone surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy (pre-op vs. post-op), additional surgery). The resident will spend 2 months on medical oncology exclusively, receiving new and re-check oncology patients.

Surgeon(s) in support of the residency program [Must be Diplomate(s) of the ACVS]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Peter	Muir	PhD, Professor, DACVS	Yes

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Susan	Schaefer	Clinical Associate Professor, DACVS	Yes
Jason	Bleedorn	Clinical Associate Professor, DACVS	Yes
Robert	Hardie	Clinical Professor, DACVS	Yes
Sara	Colopy	PhD, Clinical Assistant Professor	Yes
Sussannah	Sampale	PhD, Assistant Professor, DACVS	Yes

The residency program requires at least 26 weeks/year of on-site surgical support from an ACVS Diplomate. How will the institution fulfill this requirement?

There are at least 2 surgeons on clinical duty 50 weeks/year.

Pathologist(s) in support of the residency program [Must be Diplomate(s) of the ACVP (Anatomic or Clinical Pathology) or ECVP (Clinical Pathology)]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Mari e	Pinkerton	Clinical Associate Professor, DACVP-Anatomic path	Yes
Sophie	Aschenbroich	Clinical Assistant Professor, DACVP-Anatomic path	Yes
David	Gaspar	Clinical Assistant Professor, DACVP-Anatomic Path	Yes
Leandro	Teixeira	Assistant Professor, DACVP-Anatomic path	Yes
Kristen	Friedricks	Clinical Professor, DACVP-Clinical path	Yes
Nina	Zitzer	PhD, Clinical Assistant Professor, DACVP-Clinical path	Yes
Allison	Dusick	Clinical Assistant Professor, DACVP-Clinical path	Yes

The residency program requires at least 45 weeks/year of anatomic and clinical pathology support by ACVP Diplomates. If not on-site, a letter of support must be submitted. How will the institution fulfill this requirement?

Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and upcoming oncology patients that will/have undergone surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy (pre-op vs. post-op), additional surgery) are discussed.

Weekly cytology rounds occur where residents and faculty view recent and current submissions.
Weekly (3-5 day/week) Necropsy rounds are held where anatomic pathologist present selected necropsy cases with gross anatomy findings.

Weekly 1-hour cytology/histopathology rounds occur where residents and faculty view recent and current submissions.

At least 1 week or 40 hours in a clinical rotation or rounds with a clinical pathologist are required during the residency program. If off-site, a letter of agreement must be submitted. How will the institution fulfill this requirement?

Anesthesia Specialists in support of the residency program [Must be Diplomate(s) of the ACVAA or ECVA, or Veterinary Technician Specialists (VTS)]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Lesley	Smith	Clinical Professor, DACVAA	Yes
Tatiana	Ferriera	Clinical Assistant Professor, DACVAA	Yes
Becky	Johnson	Clinical Associate Professor, DACVAA	Yes
Adrianna	Sage	Clinical Assistant Professor, DACVAA	Yes
Carrie	Schroeder	Clinical Assistant Professor, DACVAA	Yes

The residency program requires two 1-week (40-hour per week) clinical rotations (80 hours in total) in anesthesia with an Anesthesia Specialist, as defined above. Please provide a description of this training experience and the resident's role on this rotation.

The resident spends 2-weeks in anesthesia. This includes daily anesthesia rounds, being responsible for anesthesia patient evaluation (blood work, any imaging), preparing an anesthesia patient plan that is approved by an anesthesiologist and delivery of anesthesia from intubation to extubation. Patients may be oncology, imaging, or surgery cases.

Neurologist(s) in support of the residency program [Must be Diplomate(s) of the ACVIM, Specialty of Neurology or ECVN]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Helena	Rylander	Clinical Associate Professor, DACVIM-Neurology	Yes
Starr	Cameron	Clinical Assistant Professor, DACVIM-Neurology	Yes

The residency program requires a 2-week clinical rotation supervised by a Diplomate of the ACVIM (Neurology) or ECVN. Please provide a description of the training experience and resident's role on this rotation.

Resident spends 2-weeks in neurology. This includes daily rounds, evaluation of and primary care for cases presenting to the neurology service. Practice performing neurologic examinations and following cases through diagnostic testing including digital radiography, CT, MRI and EMG, when indicated.

The resident attends bi-weekly MRI rounds with radiology and neurology throughout the year and will be responsible for presenting an unknown MRI case. This occurs throughout the year.

Please list all additional board certified specialists in direct support of the residency program. If offsite, please explain relationship:

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite
Heidi Kellihan	ACVIM	Cardiology	
Rebecca Stepien	ACVIM	Cardiology	
Sonja Tjostheim	ACVIM	Cardiology	
Christopher Snyder	DOC	Dentistry and Oral Surgery	
Jason Soukup	DOC	Dentistry and oral surgery	
Graham Thatcher	DOC	Dentistry and oral surgery	
Douglas Deboer	ACVIM	Dermatology	
Julie Walker	Emergency and Critical Care		
Jonathan Bach	ECC		
Josh Smith	ECC		
Ellison Bentley	ACVO		
Gilleen McLellan	ACVO		
Seth Eaton	ACVO		
Lauren Trepanier	ACVIM	Small Animal Internal Medicine (SAIM)	

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite
Jessica Pritchard	ACVIM	SAIM	
Katrina Vivano	ACVIM	SAIM	
Michael Wood	ACVIM	SAIM	

Evaluation of resident performance and progress must be documented every 6 months through appropriate techniques, including faculty appraisal, or oral or written tests, or a combination of these. Institutional resident evaluation forms should be submitted as part of the residency application. How will the program fulfill this requirement?

Residents are evaluated every 6 months by RO faculty, RO technologists and Medical oncology faculty (form attached). They are provided feedback in a summary document, which is discussed with them in an individual meeting.

Residents are also reviewed by clients of patients seen by residents via Qualtrics (sample review attached). They receive this information from the Associate Dean of Clinical Affairs and is shared with RO faculty.

If applicable, please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended. If possible, provide the status of each individual with respect to the board certification process.

1. Noopur Desai, BVSc, MVSc, DACVR-RO, 2015. Currently in private practice, Mumbai, India.
2. Lauren Smith, DVM, DACVR-RO, 2015. Currently Assistant Professor at Texas AM University, College Station, Texas
3. MacKenzie Pellin, DVM, DACVIM-Oncology, DACVR-RO, 2017. Currently Clinical Assistant Professor in medical oncology at UW-Madison School of Veterinary Medicine, Madison, WI.
4. Audrey Stevens, DVM, DACVR-RO, 2018. Currently in private referral practice in San Diego, CA.
5. Nate Van Asselt, DVM, DACVR-RO, 2019. Currently Clinical Assistant Professor in radiation oncology at UW-Madison School of Veterinary Medicine, Madison, WI.
6. Marilia Takada, DVM, 2018-present
7. Steven Moirano, DVM, 2019-present
8. Karanbir Karandar, DVM, 2020-present

How is the resident training experience presently impacted by the COVID-19 pandemic? Please comment on the following:

1. On-site presence of residents and radiation oncology faculty
2. Caseload
3. Faculty oversight of radiation treatment planning and patient management
4. Rounds/seminars/journal club and other didactic courses
5. Non-radiotherapy clinical rotations
6. External rotations

1. Residents and faculty are on-site using COVID-19 protocols set forth by the University. Exception is Lisa Forrest, DACVR (R, RO), who is working from home remotely due to high risk category for COVID-19. All rounds and courses listed above are remote during the pandemic.

2. Caseload is limited by anesthesiology staffing. We are limited to 4-5 cases treated daily.
3. Faculty oversight of radiation treatment planning and patient management is unchanged. Contours and plans are checked by faculty on-sight. Contours can be checked remotely with access to Varian Eclipse software. When Dr. Forrest is on clinics, either Drs. Van Asselt or Turek will approve treatment plans, which are not accessible remotely.
4. All rounds/seminars/journal clubs and didactic courses are offered remotely via MS Teams, Zoom, BlackBoard Collaborate, or WebEx.
5. Non-radiotherapy clinical rotations. All these rotations are in-house and are not impacted.
6. Due to COVID-19, external rotations have been on-hold since April 2020.

Upload the following information

- CVs (current within 1 year and maximum of 2 pages) for each radiation oncologist, radiologist and medical oncologist involved in the training program
- Resident calendar that includes the following:
 - 24 months of RO-specific activities (primary case responsibility, treatment planning, 1 week/year of radiation therapist activities)
 - 8 weeks of medical oncology
 - 4 weeks of diagnostic imaging
 - 40 hours of medical physics
 - 40 hours of clinical pathology
 - 80 hours of anesthesia in minimum 1-week blocks
 - 2 weeks of neurology
 - 2-week minimum off-clinic time per year (study, research, etc) not including vacation
 - Vacation time as mandated by state/institution
 - Required outrotations at cooperating institution(s)
- Letters of agreement from cooperating institutions
- Letter of agreement from medical physics support for clinical training
- Residency evaluation forms
- Syllabi for any formal or informal coursework

CVs



Forrest_NIH_2021.pdf



JR Lund CV 1-2-21.pdf



Loeber CV ACVR Dec 2020.pdf



MTurek Biosketch Dec 2020.pdf



Nathaniel Van Asselt CV.pdf



Pellin biosketch.pdf



RC_2 page biosketch.pdf



Seng Wai Darrel Yap Resume Oct 2020.pdf



Vail NIH BIO 09OCT2020_edited.pdf



Waller Biosketch.pdf



XPan_Biosketch 12-20.pdf

Resident Calendar



3 year RO schedule 2020.xlsx

Residency Evaluation Forms



_Resident Evaluation Form.pdf

Syllabi for Coursework



CalPro Client Review RO resident.pdf



2020 UC Davis Radiation Oncology Bootcamp...



2021_syllabus_MP566_20210126.pdf



MP_572_now MP 772_syllabus.pdf



Radiation Biology Course Outline M.Mayer.pdf



Syllabus Summer Physics.pdf