

ACVR Diagnostic Imaging 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 ACVR Residency Program Essential Training Standards and Requirements (RPE) document (accessed from the Essentials Homepage) 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 VitalRads Veterinary Radiology Consultants

Residency Program Director Name Brian Poteet

Residency Program Director Email drpoteet@vitalrads.com

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?

Thursday, July 1, 2021

Objectives

Succinctly state the objectives of the training program.

The objective of the VitalRads Radiology Residency program is to train specialists in veterinary diagnostic imaging and to prepare them adequately to be successful on passing the board examination in the American College of Veterinary Radiology. These goals will be achieved through close work with our radiologists, daily group rounds, literature reviews, guidance in board preparation, mock written exams, known case conference and a high caseload. We are affiliated with Auburn University and Texas A&M University which will provide ample opportunity for hands on training in general radiology, CT, MR, ultrasound and nuclear medicine. We also have an outpatient ultrasound clinic at our office in Cypress, TX where the residents get additional supervised, hands-on ultrasound experience.

Training Period

What is the total length of the training program?

What is the anticipated length of supervised clinical training a resident will experience during this program?

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

Yes

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

Our residents will spend their non-clinical training in personal preparation for the Qualifying section (6 weeks) and for the Certifying section (1 week) of the ACVR boards. The remainder of the time will be filled with attending specific training seminars and short courses that are recognized by the ACVR.

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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 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 Residency Director's time is committed to clinical service at the primary training institution?

90

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

50

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Additional Training Diplomates

Please review the definitions and responsibilities of <u>Supervising Diplomate and Supporting 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 item at the end of this section).

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: Robert Werner, DVM, DACVR

Hours/Year: 2,000

Specific Areas and/or Limitations of Instructional Responsibility: All areas, no restrictions

Name: Keely Brewer, DVM, DACVR

Hours/Year: 2,000

Specific Areas and/or Limitations of Instructional Responsibility: All areas, no restrictions

Name: Kris Brand, DVM, DACVR

Hours/Year: 2,000

Specific Areas and/or Limitations of Instructional Responsibility: All areas, no restrictions

Name: Cathy Ruoff, DVM, DACVR

Hours/Year: 2,000

Specific Areas and/or Limitations of Instructional Responsibility: All areas, no restrictions

Name: Jessica Vallone, DVM, DACVR

Hours/Year: 1,500

Specific Areas and/or Limitations of Instructional

Responsibility: All areas, no restrictions

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: Robert Cole, DVM, DACVR and DACVR (Equine)

Hours/Year: 750

Specific Areas of Instructional Responsibility: All areas, no restrictions, equine expert of the group

Name: Matthew Gutman, DVM, DACVR

Hours/Year: 300

Specific Areas of Instructional Responsibility: All areas, no restrictions

Name: Carissa Southard, DVM, DACVR

Hours/Year: 300

Specific Areas of Instructional Responsibility: All areas, no restrictions

Name: Jay Griffin, DVM, DACVR, DACVR (Equine)

Hours/Year: 80

Specific Areas of Instructional Responsibility: US, Equine, CT, MRI

Name: Lyndsey Gilmore, DVM, DACVR

Hours/Year: 80

Specific Areas of Instructional Responsibility: US,

Equine, CT, MRI

Name: Lee Yanik, DVM, DACVR

Hours/Year: 120

Specific Areas of Instructional Responsibility:

Ultrasound

Name: Grant Middleton, DVM, DACVR

Hours/Year: 120

Specific Areas of Instructional Responsibility:

Ultrasound

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. Provide a copy of affiliation agreements with any non-ACVR/ECVDI diplomates that are located at an external institution (see Affiliation Agreement section at the end of this application). Upon completion of this application, the below individuals will receive an email requesting acknowledgement of their support of your residency program.

ACVIM Member Name Robert Murtaugh

ACVIM Member Institution Pathway Veterinary Alliance

ACVIM Member Email bob@pathwayvets.com

ACVS Member Name Bill Liska

ACVS Member Institution Global Veterinary Specialists

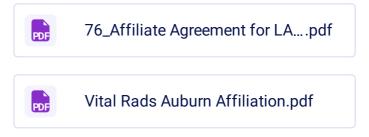
ACVS Member Email billliska@aol.com

ACVP Member Name Jeff Edwards

ACVP Member Institution Antech

ACVP Member Email jeffrey.edwards@antechmail.com

Upload any affiliation agreement(s) with Supervising Diplomates, Supporting Diplomates, or Diplomates in other specialties that are located at external institutions. (see Affiliation Agreement section at the end of this application.) Refer to the RPE document for an explanation of what information should be included in such agreements.



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Resident: Supervising Diplomate Ratio

The number of residents in the program cannot exceed twice the number of Supervising Diplomates **on-site**. Remote Supervising Diplomates will not count when calculating the maximum residents allowed in a given program.

What is the maximum number of imaging interns 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?

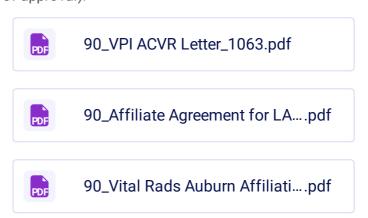
Digital or Computed Radiography	Yes
Fluoroscopy	Yes
Ultrasound with Doppler Capability	Yes
MRI	Yes
Fan-beam CT	No
Nuclear scintigraphy	Yes

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 item at the end of this section)

VitalRads is a radiology and teleradiology company founded in 2010 by Brian Poteet. VitalRads reads diagnostic studies in all modalities (Rad, CT, MR, US, Nuclear medicine and Pet/CT) for general practitioners and other specialty clinics, worldwide. Currently, VitalRads reads approximately 600 cases per day. We currently employ 6 full-time radiologists (4 of which are located in the Cypress-Houston area) and numerous part-time

radiologists as well as cardiologists, ophthomologist and a veterinary dentist. VitalRads main office is located in Cypress, TX in a medical office building. Our residents and radiologists are typically found in this office interpreting cases via teleradiology. Our corporate offices provide state of the art equipment to ensure an effective and efficient educational experience in interpreting all modalities in veterinary imaging. In order to satisfy the clinical training requirement, our residents also spend additional time (virtual and in-person) at Texas A&M University, College of Veterinary Medicine (Jay Griffin, DACVR supervised) and Auburn University (Bob Cole, DACVR supervised) interacting with all clinical services and gain valuable experience in acquiring and interpreting ultrasound, CT and MRI scans. All of our residents are official "visiting resident faculty members" at both TAMU-CVM and Auburn University-CVM. Texas A&M and Auburn have state of the art digital radiology, CT, MRI and ultrasound. We also provide funding for our residents for travel to and tuition to attend several weekend certain seminars that are given by and sponsored by the ACVR ("brain camp", MR and CT short courses, etc.). The VitalRads residents will be receiving hands-on training with ultrasound provided by our newly opened (February 1, 2021) outpatient ultrasound clinic at our office in Cypress, Texas as well as 4 weeks out-rotation at Auburn University (see Auburn-VitalRads Affiliation Letter). The VitalRads ultrasound clinic is growing in caseload and we have estimated that we will be performing an average of 10-12 scans per week minimum, or 500-600 cases per year (the equivalent of 1,500 cases during their residency program). Thus each resident will have participated in at least 750 US cases (1,500 total US cases / 2 residents = 750 cases per resident) performed at VitalRads during their individual residency period. The Auburn US rotation should provide each resident with 240-300 supervised ultrasound cases. In order to meet the recommended ultrasound case quota suggested by RSEC, at least for the next year, our residents will also obtain 4-6 weeks each, additional hands-on, Diplomate supervised ultrasound training with Drs. Yanik and Middleton in Seattle, WA. The ultrasound training with Drs. Yanik and Middleton should provide each resident an additional 300-450 ultrasound cases. Our plan is to discontinue the out-rotation in Seattle when our in-house ultrasound caseload increases enough to satisfy the case quota. Considering the above, each resident should be directly participating in a total minimum of 1,390 ultrasound cases (750 from VitalRads, 200 minimum from Auburn, 300-450 from VisionPet) in their 3 year residency. Affiliation letters are attached for both Auburn University and VisionPet Ultrasound. VitalRads currently owns 7 ultrasound machines (Samsung WS80, 3 Samsung HM70 units and 3 Philips Lumify units). Although we do not currently have on-site imaging (other than ultrasound) at our offices in Cypress, TX, this equipment is readily available at our affiliated institutions (Texas A&M and Auburn University). We also have remote VPN access at our offices in Cypress, to the medical records and PACS at both Texas A&M and Auburn University and we feel that this ready access provides proven sufficient experience for each modality where our residents are actively involved in the acquisition and more importantly, interpretation of these studies. As for large animal training, our residents attend remote "zoom" rounds with colleagues and fellow residents at Texas A&M and also have an opportunity to do the same in person at Auburn University. Dr. Poteet is an Associate Professor of Radiology (10% apt) at Texas A&M University, College of Veterinary Medicine and a position at Auburn University (in process of approval).

Affiliation Agreement, if applicable



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Clinical Resources and Training Content

Review the clinical resource and training content requirements listed in the RPE document

What is the average annual caseload 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.

140000

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

Small animal radiology 110000

Large animal radiology 1000

Abdominal ultrasound 20000

Non-abdominal ultrasound 200

Computed tomography 4000

Magnetic Resonance Imaging 800

Nuclear scintigraphy 10

Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:

Small animals (canine, feline): 85%

Large animals (equine, bovine, porcine, etc.): 3%

Avian, Exotic, and Wildlife animals: 10%

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)

Food/fiber animal imaging
No

Exotics imaging
Yes

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 item at the end of this section).

Google, YouTube, books

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What percentage of the total imaging caseload at the primary institution results in a written imaging report being generated by either the residents or the training radiologist 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?

40

Does this institution concurrently support the training of diagnostic imaging interns?

No

What percentage of residentgenerated reports are reviewed by training diplomates prior to finalization of the report? 100

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

2-3 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?

100

For each category below, calculate the approximate number of cases that a single resident will <u>interpret 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 10000

Large animal radiology 200

Abdominal ultrasound 8000

Non-abdominal ultrasound 200 Computed tomography 3000 **Magnetic resonance Imaging** 1000 **Nuclear scintigraphy** 3 Other (specify) 2000 (echo mostly) How many ultrasound exams will a 1350 single resident perform with radiologist supervision and feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded. Do residents in this program have No ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies? Please indicate whether this training program includes formal courses in any of the following topics: Radiobiology No **Nuclear Medicine** No

Nuclear Medicine

No

Ultrasonography

Computed Tomography

No

Magnetic Resonance Imaging

No

Other

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.

Assigned resources for each subject to self study and discuss in rounds. This includes textbooks, journals, internet resources, etc., which we have done from the conception of our residency program both at VitalRads and when I was the residency program director at Gulf Coast Veterinary Specialists. This process obviously works, based on our past residents success in passing the boards.

Do residents have access to a majority of the written pathology reports that are generated from patients included in this imaging caseload?

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 3 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.

We discuss project possibilities during journal club each week and how these studies are designed and how this may have affected their conclusions. The residents are encouraged to do a project, usually retrospective in nature, during their program.

Educational Environment

Review the Educational Environment expectations listed in the RPE document.

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

Residents are encouraged and do participate in lecturing at local VMA's in the Texas and Houston area, as well as participation in teaching our many referral veterinarians on image interpretation and radiographic positioning tips, additional views, etc. They have also participated in teaching labs at the Southwest Veterinary Symposium. They also participate in seminars at both Texas A&M and Auburn as well as symposiums sponsored by Pathway Veterinary Alliance for the 400+ owned hospitals.

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

We have an electronic image teaching file that is indexed on PACS. Each case has a written report available for it, which was finalized by a ACVR Diplomate. This library is added to daily by our radiologists.

How many Known Case Conferences 40 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.

The residents have literature access at Texas A&M, Auburn and through the internet (Medline, PubMed, etc.).

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Evaluation and Protection of Residents

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



List the current members of the resident review committee.

Brian Poteet Bobby Werner Keely Brewer Kris Brand Jessica Vallone

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.

If a resident does not feel comfortable asking one of the radiologists something or there is a situation that arises that makes them uncomfortable, they speak to our long time General Manager of VitalRads, David Stearns. If that doesn't work out, they can then resort to the professional human resources department at Pathway Veterinary Alliance.

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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

Number of Prelim Board Eligible Residents: 1

Number of Residents That Took Prelim Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

2019	Number Of Prelim Board Eligible Residents: 1
	Number of Residents That Took Prelim Exam: 1
	Number of Residents That Passed On 1st Attempt:
	Number of Residents That Passed After Multiple Attempts: 0
	Number of Residents That Have Not Passed: 0
2018	Number Of Prelim Board Eligible Residents: 2
	Number of Residents That Took Prelim Exam: 2
	Number of Residents That Passed On 1st Attempt: 2
	Number of Residents That Passed After Multiple Attempts: 0
	Number of Residents That Have Not Passed: 0
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

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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: 1

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

2019

Number of Certifying Board Eligible Residents: 1

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 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



VitalRads Schedule Resident.xlsx

Affiliation Agreements

Upload digital copies of any affiliation agreements that have not been included elsewhere in this document. Refer to the RPE document for an explanation of what information should be included in such agreements.

