

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.*

ACVR Residency Training Program Application

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	MedVet Cincinnati
Residency Program Director Name	Kryssa Johnson
Residency Program Director Email	kryssa.johnson@medvet.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?	Monday, May 1, 2023
--	---------------------

Objectives

Succinctly state the objectives of the training program.

To train residents in the field of veterinary diagnostic imaging in accordance with ACVR guidelines not only so they can successfully pass the ACVR qualifying and certifying exams, but also so they may lead fulfilling and productive professional lives as radiologists committed to contributing to the expansion of veterinary diagnostic imaging knowledge and quality patient care.

Training Period

What is the total length of the training program? 36

What is the anticipated length of supervised clinical training a resident will experience during this program? 30

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 resident is expected to focus the bulk of their non-clinical time on studying and preparing for their boards exams. They are also expected to work on required continuing education didactic lectures presented to hospital clinicians and other house officers, as well as continuing education lectures provided for veterinary technicians, students, and/or referral partners. The resident is encouraged and provided an atmosphere to foster any research and publication interests, including but not limited to case reports, prospective research projects, and retrospective research projects.

ACVR Residency Training Program Application

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 [ACVR Residency Program Essential Training Standards and Requirements](#) (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?

What percentage of the Residency Director's time is committed to clinical service at the primary training institution? 60

How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution? 48

ACVR Residency Training Program Application

Additional Training Diplomates

Please review the definitions and responsibilities of [Supervising Diplomate and Supporting Diplomate](#) 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 Diplomat.

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 Diplomat' 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: Chase Constant

Hours/Year: 1440

Specific Areas and/or Limitations of Instructional Responsibility: MRI, CT, US, Radiographs, Fluoro

Institution: MedVet Cincinnati

Please list all training diplomates who will act as Supporting Diplomates of this residency program. Indicate how many hours per year each Supporting Diplomat 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: Kyle Vititoe

Hours/Year: 10

Specific Areas of Instructional Responsibility: KCC, Journal Club, Rounds

Institution: MedVet Indianapolis

Name: Adam Watson

Hours/Year: 10

Specific Areas of Instructional Responsibility: KCC, Journal Club, Rounds

Institution: MedVet Columbus

Name: Morgan Woodard

Hours/Year: 10

Specific Areas of Instructional Responsibility: KCC, Journal Club, Rounds

Institution: MedVet Columbus

Name: Matthew Baron-Chapman

Hours/Year: 100

Specific Areas of Instructional Responsibility:
Virtual clinical case and report review, KCC, Journal Club, Rounds

Institution: MedVet-remote

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	Michael Dellaripa
ACVIM Member Institution	MedVet Cincinnati
ACVIM Member Email	michael.dellaripa@medvet.com
ACVS Member Name	Karl Maritato
ACVS Member Institution	MedVet Cincinnati
ACVS Member Email	karl.maritato@medvet.com
ACVP Member Name	Mark Chaulkley
ACVP Member Institution	MedVet
ACVP Member Email	mark.chaulkley@medvet.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.



OSU-MedVet resident training... .pdf

ACVR Residency Training Program Application

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? 4

ACVR Residency Training Program Application

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	No

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)

The MedVet Cincinnati radiology department is equipped with a 1.5T Siemens MRI scanner, 16 slice GE helical CT scanner, digital C-arm fluoroscope, two x-ray rooms with Canon DR plates, one Philips EPIQ ultrasound machine and one GE LOGIQ S8 ultrasound machine. All imaging modalities are archived to a PACS. The residents have continually access to eFilm, Clear Canvas, and a cloud-based PACS with its own proprietary view program (VetRocket). Each resident is provided with their own laptop. For large animal and nuclear medicine, externship out rotations to OSU College of Veterinary Medicine is performed in both 2nd and 3rd years of residency.

Affiliation Agreement, if applicable



90_OSU-MedVet resident trai... .pdf

Please describe how residents will gain experience in image acquisition and protocol set-up for each of these modalities (excluding nuclear medicine).

By spending dedicated time shadowing the technicians and having primary responsibility (with diplomate supervision) for electing protocols/sequences/parameters on cross-sectional imaging. Residents also help acquire radiographs when necessary and are actively involved in fluoroscopy procedure image acquisition. Image ultrasound acquisition is directly supervised by a diplomate.

ACVR Residency Training Program Application

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. 17000

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. 15235

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

Small animal radiology 10200

Large animal radiology 0

Abdominal ultrasound 3900

Non-abdominal ultrasound 60

Computed tomography 416

Magnetic Resonance Imaging 659

Nuclear scintigraphy 0

Other (Specify) Many non-abdominal ultrasounds are difficult to track due to billing and report search capabilities, it is likely more

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

Small animals (canine, feline): 99.5

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	No
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 item at the end of this section).

Outside rotations are done in the 2nd and 3rd year of residency through the Ohio State University to get large animal exposure.

Rounds with a MedVet partner hospital every 6 weeks are performed for exotics/avian/small mammal exposure.

ACVR Residency Training Program Application

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? 70

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

If yes, indicate the maximum number of imaging interns the institution will train concurrently, what percentage of the preliminary reports generated from the imaging caseload will be initially produced by the intern(s), and how this affects the resident imaging report caseload.

No more than 1 diagnostic imaging specialty intern at a time. They will be on different modalities than the resident most of the time or producing a much lower case load number, preventing any detriment to resident case load numbers. Our hospital has such high caseload numbers in total that the intern presence has almost no effect on resident caseload as intern is assigned to modality that would otherwise have no house officer on it.

What percentage of resident-generated reports are reviewed by training diplomates prior to finalization of the report? 95

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

Ultrasounds and Radiographs- 24 hours. Cross-sectional imaging- 48 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?

95

Please describe how after-hours/weekend/holiday cases are handled at the primary institution. How does this affect resident-reported imaging caseload?

Residents do specialty transfer and emergency ultrasound cases on select weekends for half-days (until about 12 to 2pm). About half of the time they have remote diplomate help as back up and the other half they have physical in-person back-up. On these same weekends they may provide preliminary radiograph reports that are finalized by a diplomate. This only adds to ultrasound and radiograph exposure. There is no after-hours "on-call" expectation but in mornings (of both weekdays and weekends) they are expected to provide preliminary reports on overnight cases. Holidays are evenly distributed across the three years and always have diplomate supervision.

For each category below, calculate the approximate number of cases that a single resident will interpret at the primary institution with radiologist feedback 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 1800

Large animal radiology 0

Abdominal ultrasound 900

Non-abdominal ultrasound 30

Computed tomography 100

Magnetic resonance Imaging 150

Nuclear scintigraphy 0

Other (specify) Fluoroscopy and Contrast studies- 5

How many ultrasound exams will a 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. 2700

Do residents in this program have ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies?

Yes

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.

No formal courses are offered to cover the above objectives. Instead, these objectives are covered by scheduled topics rounds and organized study modules.

MRI virtual didactic lectures are offered annually in collaboration with University of Tennessee. OSU virtual equine imaging rounds are offered monthly.

A written practice exam follows each board objective studying period to assess the resident's progress during the 1st and 2nd years. The ACVR board objective notes serve as a basic framework for studying. Textbooks, journal articles and faculty board studying notes are also provided for each of the objectives. An outline for studying each board objective is listed below.

Summer/Fall (1st year) – Pathophysiology – The resident is instructed to reference Textbook of Veterinary Physiology 4th Edition by James G. Cunningham and Bradley G. Klein, Textbook of Medical Physiology by Guyton and Hall (most recent edition available), and The Textbook of Veterinary Internal Medicine and Small Animal Cardiovascular Medicine.

Winter (1st year) – Anatomy – Emphasis is placed on clinical radiographic and cross-sectional anatomy. Study modules using PowerPoint format will be used requiring labeling of images. Online resources as well as textbooks such as Miller's Anatomy of the Dog are recommended and subscription to the online cross-sectional anatomy reference IMAOIS is provided by the institution.

Spring (1st year) - Radiobiology – the resident is encouraged to read Radiobiology for the Radiologist (Hall), read pertinent portions of Bushberg's The Essential Physics of Medical Imaging, and follow the ACVR board objectives.

Summer (2nd year) – Physics of Diagnostic Radiology – it is recommended that the resident read Radiology Science for Technologists (Bushong), The Essential Physics of Medical Imaging, Vol 3 (Bushberg) pertinent chapters, and Christensen's Physics of Diagnostic Radiology, Vol 4, when applicable.

Fall (2nd year) – Special Procedures – The board objectives serve as a basic framework for studying. Board studying notes will be supplied. Archived echocardiography movie files and notes will be provided for this aspect of the training.

Winter (2nd year) – Alternative Imaging – MRI, CT, ultrasound and nuclear medicine is covered individually beginning with the physics of each modality and then reviewing the applicable literature/journal articles. Didactic lectures of MRI physics, Ultrasound Physics, and CT physics are provided. Board studying notes are supplied for each modality. The resident is encouraged to read The Handbook of Nuclear Medicine (Daniel) and The Essentials of Ultrasound Physics (Kremkau). Physics of MRI and CT is covered in The Essential

Physics of Medical Imaging (Bushberg). Additionally, the resident are encouraged to attend the Nuclear Medicine Short Course, the MRI short course, and/or the CT short course. After completing each board objective, a written exam is given to the resident and the results will be discussed.

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

Yes

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

No

ACVR Residency Training Program Application

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)

1

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

0

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

50

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.

MedVet administrative branch has a support team available to review research proposals within the institution. They have funds available to aid in a completion of research project as well as a certified statistician employed by MedVet to aid in project methods creation and data analyses. There is an extensive amount of literature access available through the institution's online library database provided through Ovid Discovery.

Educational Environment

Review the Educational Environment expectations listed in the RPE document.

Please list and enumerate the formal presentations that are expected of each resident during the course of their training. In general, didactic lectures, departmental seminars, scientific presentations, Continuing Education presentations, and similar are considered "formal".

Informal topic rounds, journal club, small group teaching (like student rounds), student labs, and similar events should not be included.

One hospital grand rounds presentation is required per year. One tumor rounds lecture is required per year. Two hours of lecture/year to technicians and/or technician students are highly encouraged. Additional imaging topics rounds and continuing education lectures to the local veterinary community is encouraged required. Presentation of journal article review is performed monthly.

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

Multiple opportunities for didactic lecturing, CE lecture to technicians and vet tech students and CE lecture to local conferences for referral partners are available. Teaching of other house officers in different specialties and teaching of our in-house emergency doctors occurs regularly in the clinical setting, especially given our institutions open-door policy and collaborative environment. One on one teaching of multiple visiting externs (both veterinary students and veterinarian interns) occur multiple times a 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.

A large teaching file has been organized, including radiography, special procedures, CT, MRI and ultrasound cases that include cases from all associated MedVet practices where reports are generated. The file is in Microsoft excel format and is searchable using different coded parameters. All digital images are saved and searchable on a PACS system and RIS. OSU collaboration will also allow for exposure to a large animal teaching file. The resident will be required to attend weekly didactic tumor rounds, morbidity and mortality rounds, and twice monthly hospital grand rounds. Imaging faculty as well as imaging residents have 24 hour access to the teaching file and add cases to the file at their will, such that the file continues to grow and grow. Supporting information (histopathology, cytology, surgical findings) are included as notes in this file. All digital images are archived on the PACS system for retrieval. Case information is updated using the Excel spreadsheet described above and is also searchable via the RIS.

How many Known Case Conferences are conducted annually? 24

Describe the nature and frequency of resident rounds ("other educational events") planned for this program. You may upload an example schedule with the general program schedule that is requested at the end of this application.

Radiology Department rounds are dedicated to Tuesday mornings from 8am to 9am. These are held virtually in collaboration with the support diplomates from other MedVet hospitals with residents, specialty interns, and diplomates of all participating institutions present. This allows for a more complete and diverse collaboration of case and literature review. The rounds occur weekly, and the typical order is the first two Tuesdays of the month are dedicated to KCC/mock exam, the 3rd Tuesday is usually referred to as "mixed rounds" as it is variable and left to the discretion of the overseeing diplomate of rounds that month, and the 4th Tuesday of the month is Journal Club. If there is a 5th Tuesday, decision on rounds topic or activity is left to the discretion of the diplomate overseeing rounds that month.

KCC-Referred to as "known case conference" or "KCC" this refers to essentially a mock certifying exam in which multiple imaging cases with signalment are provided and the resident is expected to provide a summary of findings and their synthesis for each case. Cases are provided in video format, when possible, to provide a more similar experience to that of the boards exam. The cases are reviewed and critiqued with residents providing a verbal review of their case summary in addition to submitting their written findings and synthesis for critique by the overseeing diplomate.

Journal Club-Journal Club is a dedicated hour of reviewing recent and sentinel literature to our profession, and house officers each present an article with a review of the study, critique of any weakness, and summary of main takeaway points. Residents complete a work sheet with summary and upload to a shared file to serve as additional study material for future use.

Mixed Rounds-This may take the form of having residents collaborate and share a didactic lecture on a pertinent imaging topic, an additional KCC/mock exam, or an additional journal club. Outside institution

virtual rounds are sometimes done in lieu of mixed rounds.

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.

Numerous study materials are available from the supervising and supporting diplomates, mostly in the form of digital files (pdfs, word docs, PPTs) and physical textbooks.

Both physical (in hospital) and virtual libraries are available for residents to use during board study preparation. They are advised on the most common utilized textbooks to use and if the textbook is not available, either discretionary funds from the diplomate's institution will be used to access the material, or a medical library will be sought out.

This institution has an extensive access to literature via an online library portal with access to more than 300 peer-reviewed journals. If the necessary literature article cannot be accessed through this means, the diplomates will search alternative routes to assure any necessary literature is accessed.

ACVR Residency Training Program Application

Evaluation and Protection of Residents

For existing programs, list the names, email contact information, and start/end dates of your current residents.

Vionna Kwan, vionna.kwan@medvet.com

Residency started July 13th, 2020 and ending July 12, 2023.

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

Yes

List the current members of the resident review committee.

Kryssa Johnson DACVR, Matthew Baron-Chapman DACVR and Chase Constant DACVR.

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 the situation were to arise where a resident has a grievance regarding the program logistics or scheduling, they are encouraged to first contact the current resident/intern director. If there is a different supervising diplomate assigned as their official mentor in their residency, then approaching that individual would also be appropriate. The director will evaluate the grievance or conflict and work with the resident on the best solution or alternative approach. If there is a need to go beyond the scope of the director's capabilities, then the next person to contact would be the acting MedVet medical director.

If the grievance or conflict is that of a more personal nature, the director should still ideally be contacted first and (pending approval by the complainant) take action to address the situation and mitigate a meeting if necessary. This will likely involve an additional authoritative figure as witness (either another diplomate or the medical director). Pending the nature of the conflict, human resources representative would be promptly contacted if the situation indicated such intervention was needed. If the resident feels more comfortable taking their personal conflict directly to a human resources representative or maybe a manager above the director, that is acceptable.

ACVR Residency Training Program Application

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: 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:
1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

2018

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

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

2016

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

2018

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

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

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

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



Clinics Program Schedule.docx

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.