Thursday, January 26, 2023

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	Cornell University
Residency Program Director Name	Peter Scrivani
Residency Program Director Email	pvs2@cornell.edu

Program Type

What type of residency program is being requested?	Traditional Residency Program
If approved, what is the proposed start date of this residency program?	Monday, July 17, 2023

Objectives

Succinctly state the objectives of the training program.

At the end of the training program:
- The institution will have supplied advanced postgraduate training and education in Veterinary Diagnostic Imaging sufficient to allow successful candidates to qualify for taking the ACVR board-certification examination.
- The program will have supplied specialty training in general radiology, fluoroscopy, ultrasonography, nuclear medicine, computed tomography, and magnetic resonance imaging in small, large, and exotic animals. Additionally, the program will have supplied specialty training in radioiodine treatment of hyperthyroidism in cats.
- The program will have supplied opportunities for professional development in the areas of teaching, evaluation of scientific literature, and clinical research.
- Candidates will perform adequately as diagnostic radiologists in any variety of settings including

academia, private practice, and/or teleradiology services.

Training Period

What is the total length of the training program? 48

What is the anticipated length of supervised clinical training a resident will experience during this program? 38

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

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

25/38 weeks are prescribed:
•External rotation in echocardiography (2 weeks total)
•Study for the qualifying examination (10 weeks total)
•Take the AVCR board-certification examination (2 weeks total)
•Attend the ACVR annual scientific meeting (1 week total)
•Job interviews (up to 2 weeks total)
•Vacation (8 weeks total)

13/38 weeks are for non-prescribed professional development such as more board-examination preparation, teaching preparation, attending
conferences, and completing research projects.

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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 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? Yes

What percentage of the Residency Director's time is committed to clinical service at the primary training institution? 50

How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution? 24

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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 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: Philippa J. Johnson, BVSc, CertVDI, Dipl. ECVDI, MSc, MRCVS

Hours/Year: 1000

Specific Areas and/or Limitations of Instructional Responsibility: trains in all areas with emphasis on MRI

Institution: Cornell University

Name: Ian R. Porter, DVM, Dipl. ACVR

Hours/Year: 1000

Specific Areas and/or Limitations of Instructional Responsibility:

Institution: Cornell University

Name: Christopher R. Tollefson, DVM, Dipl. ACVR

Hours/Year: 1250

Specific Areas and/or Limitations of Instructional Responsibility:

Institution: Cornell University

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: Margret S. Thompson, DVM, Dipl. ACVR

Hours/Year: 200

Specific Areas of Instructional Responsibility:

Institution: Cornell University

Name: Assaf Lerer, DVM, MSc, Dipl. ACVR

Hours/Year: 300

Specific Areas of Instructional Responsibility:

Institution: Cornell University

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	Meredith Miller
ACVIM Member Institution	Cornell University
ACVIM Member Email	mlm64@cornell.edu
ACVS Member Name	Daniel Lopez
ACVS Member Institution	Cornell University
ACVS Member Email	djl242@cornell.edu
ACVP Member Name	Andrew Miller
ACVP Member Institution	Cornell University
ACVP Member Email	adm10@cornell.edu

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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? 8

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Facilities

Review the Facility Requirements listed in the RPE document. Note also that residents should have opportunities to be involved with image acquisition and protocol set-up.
Does this residency training program provide on-site access to modern equipment for the following modalities?

Digital or Computed Radiography Yes

Fluoroscopy Yes

Ultrasound with Doppler Capability Yes

MRI Yes

Fan-beam CT Yes

Nuclear scintigraphy Yes

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

Radiography

- Radiography table, Innovet Jo15, Summit Industires, Nile, IL
- Radiography tube, LX125, Summit Industries, Niles, IL
- Radiography table, Top Float Top Elevator x-ray table, Pausch LLC, Tinton Falls, NJ
- Radiography Tube, Linear MC 150, North America Imaging, Camarillo, CA
- Portable x-ray unit, TR90+, MinXray, Northbrook, IL
- Portable x-ray unit, MOBILETT XP Hybrid, Siemens Healthineers, Malver, PA
- Radiography x-ray tube, Sapphire, Varian Medical Systems Inc., North Charleston, NC
- Computed Radiography System, AGFA DX-G/ NX, Carlstadt, NJ
- Digital Radiography System, AGFA (Universal Medical Imaging) XD14/NX, Carlstadt, NJ
- CPI 65KW and 80KW Xray Generators
- Pausch Ceiling Tube Mounts

Fluoroscopy

- Fluoroscopy unit, EasyDiagnost Eleva, Philips Healthcare, Cambridge MA
- Mini C-arm System, InSight FD, Hologic The Women's Health Company, Bedford, MA
- C-arm System, Ziehm Vision2 FD, Ziehm Imaging INC, Orlando, FL
- Mark 7 Aterion Injecion System, Medrad Interventional, Pittsburg, PA

Ultrasonography

- Samsung RS85 Prestige ultrasound system, Samsung Medison Co. Ltd., Hongcheon, Korea
- Ultrasound, Epiq 5, Phillips Healthcare, Cambridge MA
- Ultrasound, IU22, Philips Healthcare, Cambridge MA

Nuclear Medicine/Scintigraphy

- Nuclear Medicine Scanner, Equine Scanner H.R., MiE medical imaging electronics, Elk Grove Village, IL

Computed Tomography

- 16-slice CT scanner, Aquilion LB, Canon Medical Systems USA, Inc. Tustin, CA
- Large Animal Table for CT scanner, Large Animal Table for The AquilionTM CT System, Universal Medical Systems, INC., Solon, OH
- MEDRAD MCT Multi-level CT Injector, MEDRAD, Pittsburg, PA USA

Magnetic Resonance Imaging

- 1.5 T MRI scanner, Vantage Orian, Canon Medical Systems USA, Inc. Tustin, CA
- 3.0 T MRI scanner, Discovery MR740, GE Healthcare, Waukesha, WI, USA (This is the research scanner at the Cornell MRI Facility)

Information Technology

- CARESTREAM PACS Client, Philips Healthcare Information Solutions, Amsterdam
- CARESTREAM Vue Motion, Philips Healthcare Information Solutions, Amsterdam
- ezyVet, IDEXX Laboratories, Westbrook, ME

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

Radiography:
At the start of the program, the resident spends 2 weeks of hands-on full day training with technicians to learn radiographic positioning and image acquisition (all species). Throughout the residency, residents will be called upon to assist in positioning for challenging cases or when requesting a specific or unique projection.

Ultrasonography:
Beginning 2-3 months into the residency, the residents receive dedicated hands-on training with a service chief (faculty or 4th year resident) on image acquisition for small animal abdominal ultrasound. As residents gain experience, approximately 4-6 months into the residency they will begin hands-on training in advance ultrasound skills (e.g. equine and small animal musculoskeletal, vascular, neck) that will continue throughout the course of the residency. After 7 months of training, residents will be on call for US image acquisition after hours with chief back-up.

CT:
Residents are introduced to CT approximately 5-6 months into the program. Initially, they receive hands-on training in positioning and image acquisition for 2-4 weeks with the technicians and upper-year residents. During this time, the resident discusses CT protocol and positioning of clinical cases with the chief on the floor in real time with increased autonomy as they progress through the residency (always with chief support). In the coming months, residents are responsible for CT position and image acquisition after hours throughout the remainder of the program.

MRI:
Residents are introduced to MRI approximately 5-6 months into the program. Training for protocol set-up with chief, the requesting service, and the technician begins during the resident's introduction to MRI and continues throughout the program. Initially, the resident discusses protocol for clinical cases in real time with the chief on the floor. As the resident progresses through the program, they develop increased autonomy to plan the imaging protocol with support by a technician and chief.

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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.	29181
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.	8543

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

Small animal radiology	5464
Large animal radiology	1109
Abdominal ultrasound	1954
Non-abdominal ultrasound	1088
Computed tomography	837
Magnetic Resonance Imaging	364
Nuclear scintigraphy	77
Other (Specify)	50 (feline radioiodine therapy, interventional radiography)
Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:	Small animals (canine, feline): 83% Large animals (equine, bovine, porcine, etc.): 7% 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	Yes

Nonabdominal small animal ultrasound (i.e. cervical, musculoskeletal) Yes

Food/fiber animal imaging Yes

Exotics imaging Yes

Teleradiology/Referral imaging Yes

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

One day each week, a resident will be assigned to teleradiology: the frequency may increase if we find the experience successful. The resident will create draft reports, which will be reviewed by a radiologist at Antech Imaging Services.

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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? 95

If < 99%, please provide a brief explanation and account for this when calculating the number of cases that each resident will interpret.

Although our residents rotate through Cardiology, the cardiologists write up the echocardiography studies. ECC will perform TFAST and AFAST on their own.

What percentage of the preliminary reports generated from the imaging caseload are initially produced by the resident(s) in this program? 90

Does this institution concurrently support the training of diagnostic imaging interns? No

What percentage of resident-generated reports are reviewed by training diplomates prior to finalization of the report? 90

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

I do not currently have a valid and easily accessible means to calculate the average time. The faculty have dedicated time every other day to finalize reports, so most reports are finalized the next day.

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?	75

Please describe how after-hours/weekend/holidaycases are handled at the primary institution. How does this affectresident-reported imaging caseload?

The first-year resident does not provide on-call during the first six months. Residents rotate fairly to cover after-hours/weekend/holiday cases. When called, they provide interpretation and acquire images (primarily ultrasound and small-animal CT). They also write reports for after-hours/weekend/holiday cases. A faculty back-up is always available for help and reviews all cases with the resident within 24 hours.

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	3500
Large animal radiology	500
Abdominal ultrasound	1000
Non-abdominal ultrasound	200
Computed tomography	450
Magnetic resonance Imaging	215
Nuclear scintigraphy	30
Other (specify)	30 (feline radioiodine therapy)
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.	1200
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

Upload any affiliation agreement(s) that are in place to support the resident caseload in modality, case number, species, etc. Refer to the RPE document for an explanation of what information should be included in such agreements.

External Affiliate Agreement... .docx

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.

These educational objectives are met through self-teaching or self-directed learning by the resident: there is a dedicated 1.5-hour period for these activities each week. Additionally, there is a weekly hospital-wide resident seminar series that reviews many of these topics. Residents also are expected to spend a great deal of time in libraries or on educational websites. Residents often form study groups (which may include residents from other services), ask questions of the faculty or attend conferences. Additionally, faculty members often ask pertinent questions during rounds or on the clinic floor to emphasize or illustrate learning objectives. Residents and faculty use the ACVR's list of objectives as an organizational tool.

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

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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)	13
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?	80

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.

Although not a firm requirement, all residents are encouraged to participate in at least one research project and to follow that through to publication in a peer-reviewed journal (if possible). Training diplomates may apply for internal grants. Training diplomates have access to the library, numerous experts in a wide variety of fields, statisticians who can assist with study design including statistical analysis, and a clinical-research technician who can help with many aspects of a study including getting IACUC approval.

One of the goals of Journal Club is to develop the skills to critically evaluate the medical literature and perform peer review.

Imaging residents also are expected to complete the on-line instructional foundational course for the University's formal Responsible Conduct of Research, which covers authorship, peer review, plagiarism, and research misconduct.

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.

DVM Education:
1st year - 24 hours of lab (teaching assistants)--Anatomy, equine projectional radiography
2nd year - 6 - 8 hours of lab (teaching assistants)--Diagnostic Imaging Interpretation
3rd year - 3 hours of didactic lectures (each), 6 - 8 hours of lab (case discussion)--Diagnostic Imaging Interpretation
4th year - 6 - 8 hours of lab (case discussion)--Diagnostic Imaging Interpretation

NY Veterinary Society - CE lectures:
1st - 3rd year residents: 3 hours/ year/ resident

Neuropath Rounds for the entire college:
7 meetings per year, residents present imaging findings, about 1 hour per year per resident

Research Project (if applicable):
encourage to present oral or poster abstract at a national meeting and in-house "Clinical Investigator's Day"

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

Pre-clinical veterinary student teaching:
--hands-on radiology labs: assist students with imaging anatomy labs, basic image interpretation
--lectures: pre-clinical veterinary diagnostic imaging didactic lectures
--other: elective/extra-curricular CE case presentations for Radiology Club members

Clinical veterinary student teaching:
--Clinical rotation rounds: 2-3x/week formal case round presentations, didactic lectures on point-of-care ultrasound, other topics as indicated (ad hoc), one-on-one student radiographic interpretation teaching

Professional:
--Intern lectures: radiographic and ultrasound interpretation
--State VMA CE: varying topics, monthly case presentations
--Occasional/sporadic conference lectures (e.g. NY state, Shelter Med)

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 several online teaching files (Media Library, PACS Teaching File, CaseMaker): some are legacy applications that have been replaced by more modern technology but still provide images and patient information that are indexed and coded. Our teaching files contain over 10,000 images and are routinely maintained and updated by the faculty, residents, or both. Additionally, we routine flag teaching file cases in PACS and enter key words for searching. We also have a program to do a key word search on preliminary and final imaging reports.

How many Known Case Conferences are conducted annually? 22

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.

--Daily case rounds
--Bi-weekly Journal Club
--Bi-weekly Known Case Conference
--Weekly board-preparation (resident driven, protected time)
--Weekly CUCVM Rounds (4 rotating categories: Resident Physiology, ACVIM Rounds, Grand Rounds, and Neuropathology Rounds)
--Monthly Surgical Oncology Rounds
--Weekly "Show-n-Tell" (gross pathology rounds)--optional

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 Flower-Sprecher Veterinary Library is in an attached building, including online access to hundreds of journals.

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Evaluation and Protection of Residents

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

Amy Todd-Donato, DVM, Dipl. ACVR | abt25@cornell.edu | July 2019 to July 2023

Aaron Percival, DVM, Dipl. ACVR | ajp377@cornell.edu | July 2019 to July 2023
Denae N. Campanale, DVM, MPH | dnc49@cornell.edu | July 2020 to July 2024
Nicholas D. Walsh, DVM | ndw23@cornell.edu | July 2020 to July 2024
Jayleen Harris, DVM | jlh467@cornell.edu | July 2021 to July 2025
Hannah Lewis, DVM | hil5@cornell.edu | July 2021 to July 2025
Kristen M. Jones, DVM, MPH | kmj74@cornell.edu | July 2022 to July 2026
Sarah Slaughter, DVM | ss3439@cornell.edu | July 2022 to July 2026

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

Yes

List the current members of the resident review committee.

Assaf Lerer
Philippa J. Johnson
Ian R. Porter
Peter V. Scrivani
Christopher R. Tollefson

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.

Cornell has a policy that outlines these things: “Grievance, Probation, Termination and Appeal Process for Interns and Residents.” I uploaded the file on the next page under a different item.

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Appendix

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

Preliminary Board Exam Pass Rate

2020

Number Of Prelim Board Eligible Residents: 1

Number of Residents That Took Prelim Exam: 1

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 1

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: 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: 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

2016

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

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: 2

Number of Residents That Took Certifying 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

2018

Number of Certifying Board Eligible Residents: 2

Number of Residents That Took Certifying 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 Certifying Board Eligible Residents: 1

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 1

Number of Residents That Have Not Passed: 0

2016

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

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

Residency Schedule.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.

AppealandGrievanceProcedur….pdf