

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 Inland Empire Veterinary Imaging

Residency Program Director Name Jeff Siems

Residency Program Director Email ieveterinary@gmail.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?

Tuesday, August 1, 2023

Objectives

Succinctly state the objectives of the training program.

The objectives of the Inland Empire Veterinary Imaging Residency program include train/prepare the resident to be a clinical radiologist and to develop expertise and be capable of interacting with referring veterinarians and specialists in all imaging modalities required by the ACVR to optimize patient diagnosis and care. Resident preparation will be targeted to successfully complete the qualifying and certifying exams set forth by the ACVR.

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

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

Study time for preparation for preliminary and certifying exam. Time to prepare presentations and papers for publication. Attend continuing education conferences.

15 days of vacation each year.

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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?

100

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</u> and <u>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: Paxton Harness

Hours/Year: 625

Specific Areas and/or Limitations of Instructional Responsibility: Ultrasound, radiographic interpretation, CT

Institution: Inland Empire Veterinary Imaging

Name: Summit Veterinary Referral Center

Hours/Year: 400

Specific Areas and/or Limitations of Instructional Responsibility: MRI, fluoroscopy

Institution: Summit Veterinary Referral Center

If any Supervising Diplomate position is comprised of >1 radiologist, list each individual member of the Supervising cohort here. Indicate the approximate percentage of hours each individual will contribute to the total cohort hours listed above as well as any specific areas of instructional responsibility and/or limitations in the scope of supervision (e.g. does not participate in ultrasound instruction; only trains residents in large animal, etc).

Name: Krystina Stadler

% of Hours: 25%

Specific Areas of Instructional Responsibility: MRI and fluoroscopy

Institution: Summit Veterinary Referral Center

Name: Kelsey Johnson

% of Hours: 75%

Specific Areas of Instructional Responsibility: MRI, fluoroscopy

Institution: Summit Veterinary Referral Center

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: Rachel Pollard

Hours/Year: 100

Specific Areas of Instructional Responsibility: Know case conference and journal club, remote resident supervision.

Institution: Digital Divas

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 Whitney Nelson

ACVIM Member Institution Pet Emergency Clinic and Referral Center

ACVIM Member Email wnelson@pecspokane.com

ACVS Member Name Byron Misseghers

ACVS Member Institution Veterinary Surgical Specialists

ACVS Member Email vssbyron@gmail.com

ACVP Member Name Meredith McIntire

ACVP Member Institution HeskaView

ACVP Member Email mcmcentire@gmail.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.



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



Ultrasound with Doppler Capability	Yes
MRI	No
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)

IEVI Resident Weekly Schedule based on work schedule of 50 weeks/year (2 weeks vacation per year). We recognize that this schedule is dynamic and will change as the resident gains imaging experience but

is intended as a guideline to meet the requirements for imaging studies as set forth by the ACVR. We anticipate that the resident will significantly exceed the required cases numbers for imaging modalities set

forth by the ACVR. While the resident is away from in house clinical duty pursuing educational opportunities/training they will be provided with a laptop computer and required to continue with teleradiology reporting for Roentgen Diagnosis, Ultrasound, Echocardiography and CT as outlined below.

Roentgen Diagnosis: M-F 6 cases per day (4500 cases in 30 months)

Ultrasound (Samsung RS-85 Prestige): M-F 7 cases per week (1050 cases in 30 months)

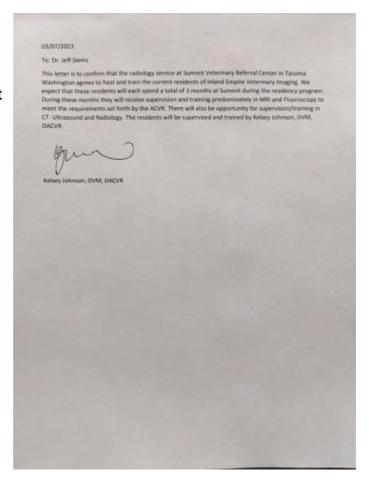
Echocardiography (Samsung RS-85 Prestige): M-F 2 cases per week (300 cases in 30 months)

CT (Cannon Aquillion 16 slice): M-F 2 cases per week (300 cases in 30 months)

MRI and Fluoroscopy (Seimens 1.5 Tesla MRI, GE Healthcare C-arm): Focused three consecutive month rotation at Summit Veterinary Referral Center, Tacoma

Washington. Work schedule to be determined by Summit Veterinary Referral Center based on 5 day work week. The rotation will be scheduled the last three months of year two of residency or first three months of year three of residency. (200+ cases during rotation).

Upload any affiliation agreement(s) required for training residents in the above core modalities of-site or otherwise outside of the primary institution. Refer to the RPE document for an explanation of what information should be included in such agreements.



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

The residents are in charge of all imaging studies in house and are responsible for image acquisition, positioning, images included in a complete study and imaging protocols. Discuss each case with Supervising Radiologist and discuss modifications as needed.

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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.

24744

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.

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

Small animal radiology	13592
Large animal radiology	100
Abdominal ultrasound	2060
Non-abdominal ultrasound	923
Computed tomography	521
Magnetic Resonance Imaging	0
Nuclear scintigraphy	0
Other (Specify)	0
Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:	Small animals (canine, feline): 98%
	Large animals (equine, bovine, porcine, etc.): 1%
	Avian, Exotic, and Wildlife animals: 1%

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

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

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

Weekend short course on equine tendon ultrasonography, distal extremity ultrasonography, stifle ultrasonography, vertebral column ultrasonography, thoracic and abdominal ultrasonography. Taught by Dr. Jeff Siems, DVM, MS, DACVR at Deer Park Veterinary Clinic in Deer Park, WA. Each resident will scan multiple equine patients normal and abnormal. This will be a yearly course.

Access to review Washington State University cases/teaching file for equine and food/fiber animal imaging.

Each resident will take the ACVR LADIS course twice during their residency program.

Each resident will partake in The Ohio State University Equine Advanced Imaging Rounds offered monthly.

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What percentage of the total imaging 7st 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?

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

We have outside radiologist consultants to help with the teleradiology caseload. The residents handle 99% of the in house ultrasound, CT and radiology cases and 66% of the teleradiology cases. The first two residents (Geston- 3rd year and Walzthoni -2nd year) have already exceeded the minimal requirements for CT and ultrasound studies.

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

oncurrently

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

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

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

less than 24 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

No

100

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

Currently there are not after-hours/weekend/holiday cases for 1st and 2nd year residents. They spend their weekends studying for the preliminary exam. The 3rd year resident has begun to take on weekend and holiday emergency ultrasound and CT cases as well as teleradiology.

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 4050 Large animal radiology 100 Abdominal ultrasound 2058 Non-abdominal ultrasound 922 **Computed tomography** 520 **Magnetic resonance Imaging** 200 **Nuclear scintigraphy** 0 Other (specify) Small animal echocardiograms 300 part of non-abdominal ultrasound How many ultrasound exams will a 2981 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 Yes ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies? Upload any affiliation agreement(s) DØ CX that are in place to support the WSU resident agreement lett....docx 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. Please indicate whether this training program includes formal courses in any of the following topics: **Physics of Diagnostic Imaging** Yes Radiobiology Yes **Nuclear Medicine** Yes **Ultrasonography** Yes

Yes

Computed Tomography

Magnetic Resonance Imaging Yes 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.

Dr. Eric Aver PhD department chair physics at Gonzaga University provides a physics course, the same course provided to human radiology resident at local hospitals covering The Essential Physics of Medical Imaging with once a week lectures from August to May each year. The residents are required to take this course in two consecutive years in preparation for the preliminary exam.

ACVR LADIS course 11.25 CE hours X2

ACVR Nuclear Medicine course 14.25 CE hours

MRI in Practice (taken once or twice depending on resident preference) 17.25 CE hours ACVIM Brain Camp 14.25 CE hours

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)

21

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

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

Briefly describe if/how residents are encouraged to engage in investigative work and what

mechanisms are in place for training diplomates to support this work.

We have a large file of research topics available for the residents to review and depending on their level of interest explore. This list expands from ideas generated in the daily caseload as well as ideas generated from Journal club. Residents have six months off clinic to work on research topics/publications/presentations.

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.

At least three formal presentations. Two continuing education and one ACVR conference scientific presentation or three continuing education presentations.

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

Mostly in terms of imaging related continuing education opportunities to the surrounding veterinary community, including specialists. We also employ a veterinary student each summer to work on keeping our teaching file up to date. The residents interact with the veterinary student on each case submitted to the teaching file to go over the imaging findings and teaching point of the case. We occasionally have veterinary students spend 1-2 weeks on externships during the year where the residents teach/interact with the students on daily cases as well as teaching file cases.

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

Web based teaching file through Asteris PACS with clinical history and images (radiographic, CT and ultrasound cases). Can be accessed from any computer with login. After the case has been reviewed and report generated the final report can be accessed along with teaching point for the case. The teaching file is added to continually throughout the year by radiologists as well as residents, then in the summer we employ a veterinary student to take the cases and put them into the "teaching file" format. We currently have over 1000 cases in the teaching file.

How many Known Case Conferences 24 are conducted annually?

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 resident rounds where radiologist reviews imaging cases the resident has preformed or reported.

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.

All residents have access to medical library through a pubmed subscription. Each resident is provided a personal office computer and home laptop during their residency. All suggested reference material has been purchased (one or more copies) and is kept in the joint office library.

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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.

Cristina Geston, cristina.geston@nva.com, 08/2020 -08/2023 Natasha Walzthoni, nmwalzthoni@gmail.com, 08/2021-2024 Troye Myers, tmyersdvm@gmail.co, 08/2022-2025

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

Yes

List the current members of the resident review committee.

Jeff Siems, MS, DVM, DACVR Paxton Harness DVM, 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.

Contact the Practice manager Mary Vawter with initial concerns, if needed then moved up to the HR department of NVACF (National Veterinary Associates Compassion First).

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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

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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: yet to be determined, retook exam March 1, 2023

Number of Residents That Have Not Passed: 1

2019	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
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

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: Ω

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Certifying Board Exam Pass Rate

2	n	2	n
4	U	4	U

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: Ω

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

2019

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

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

Program Schedule

Number of Residents That Have Not Passed: 0

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.

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.