Tuesday, January 31, 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 MedVet Columbus

Residency Program Director Name Adam Watson

Residency Program Director Email atwatson@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? Thursday, July 13, 2023

Objectives

Succinctly state the objectives of the training program.

Provide clinical training in all modalities of veterinary diagnostic imaging to prepare graduates for successful completion of the American College of Veterinary Radiology board certification examination.

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? 34

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?

1. Self-study and board exam preparation
2. Attend short courses at other institutions
3. Research
4. Vacation

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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? 90

How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution? 46

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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: Morgan Woodard, DVM, Dipl. ACVR

Hours/Year: 2000

Specific Areas and/or Limitations of Instructional Responsibility: trains in all small animal modalities

Institution: MedVet Columbus

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: Matthew L Baron-Chapman, DVM, Dipl. ACVR

Hours/Year: 400

Specific Areas of Instructional Responsibility: Radiography

Institution: MedVet Cincinnati

Name: Kyle Vititoe, DVM, Dipl. ACVR

Hours/Year: 120

Specific Areas of Instructional Responsibility: Radiography

Institution:

Name: Chris Brouwer, DVM, Dipl. ACVR

Hours/Year: 120

Specific Areas of Instructional Responsibility: Radiography

Institution: MedVet Toledo

Name: Chase Constant, DVM, Dipl. ACVR

Hours/Year: 50

Specific Areas of Instructional Responsibility: Radiography, Ultrasound, CT, MRI

Institution: MedVet Cincinnati

Name: Kryssa Johnson, DVM, Dipl. ACVR

Hours/Year: 50

Specific Areas of Instructional Responsibility: Radiography, Ultrasound, CT, MRI

Institution: MedVet Cincinnati

Name: Eric Hostnik, DVM, MS, Dipl. ACVR-DI, Dipl. ACVR-EDI

Hours/Year: 40

Specific Areas of Instructional Responsibility: Large animal imaging, nuclear medicine

Institution: The Ohio State University College of Veterinary Medicine

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	Stephen Martinez
ACVIM Member Institution	MedVet Columbus
ACVIM Member Email	stephen.martinez@medvet.com
ACVS Member Name	Robert Dudley
ACVS Member Institution	MedVet Columbus

ACVS Member Email	robert.dudley@medvet.com
ACVP Member Name	Mark Chalkley
ACVP Member Institution	IDEXX
ACVP Member Email	mark-chalkley@idexx.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.	76_MedVet_Agreement_7113.pdf

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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?	2

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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	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)

MedVet Columbus is a premier AAHA-accredited multispecialty and emergency practice. The radiology department is composed of two board-certified ACVR diplomates and two diagnostic imaging residents onsite. This department plays an essential diagnostic role for the specialty departments within this location, the referral veterinary community and for multiple satellite MedVet hospitals throughout the nation. Through advanced video teleconferencing capabilities, the radiologists and residents at the Columbus, Cincinnati and Indianapolis locations collaborate in didactic residency training including known case conference, journal club, neuroradiology rounds, imaging topics rounds and multispecialty tumor rounds. IDEXX pathology is located within an adjacent building shared by MedVet fostering direct interaction with pathologists to correlate imaging findings with disease. Through an affiliation with The Ohio State University, the resident will be trained in large animal imaging and nuclear medicine via direct visits at set points in the program.

MedVet Columbus Imaging Equipment:
Radiology (small animal) - two Sedecal high frequency x-ray machines with Canon DR plates

Fluoroscopy - Siemens Cios Alpha C-Arm

Computed Tomography - Siemens Somatom go.up 32 slice

MRI - Siemens Magnetom Altea 1.5T

OSU Imaging Equipment:
Large animal room1: 80kw three-phase generator. Maxiray 100-18 X-ray tube with Advantx digital fluoroscopy system and Agfa CR system

Large Animal room 2: Mobile Maxiray 75-18N Nuclear Medicine

Gamma Camera: Scintron VI with embedded motion correction from Medical Imaging Electronic

Affiliation Agreement, if applicable

90_MedVet_Agreement_1093.pdf

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

During CT and MRI rotations, the resident will design and alter protocols before and during image acquisition in conjunction with the staff radiologist, imaging technician and in collaboration with the primary clinician on the case. The resident has the option of gaining additional experience on operating the CT and MRI units alongside the imaging technician but is not required.

For radiography, the resident is not directly involved with obtaining the radiographs but is involved in improving image quality and additional images as needed by interfacing with the radiography technician and primary clinician.

For flouroscopy, the resident is primarily in charge of the procedure from operating the unit to capturing and saving digital cine loops for staff radiologist review. The staff radiologist may be directly involved in the procedure or reviews the videos following the procedure depending on the experience level of the resident.

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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.	42000
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.	21000

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

Small animal radiology	15000
Large animal radiology	0
Abdominal ultrasound	5380
Non-abdominal ultrasound	200
Computed tomography	510
Magnetic Resonance Imaging	570
Nuclear scintigraphy	0
Other (Specify)	Exotics: 360
Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:	Small animals (canine, feline): 99% (MedVet) Large animals (equine, bovine, porcine, etc.): 13% (OSU) Avian, Exotic, and Wildlife animals: 1% (MedVet)

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).

Residents will rotate with radiology department at the Ohio State University College of Veterinary Medicine during their 2nd and 3rd years in 2 week blocks (4 weeks total) to gain experience in large animal imaging and nuclear medicine training. Residents are also encouraged to attend short courses onsite and virtual rounds held by other institutions in these areas to gain additional experience. Residents are given large animal and nuclear medicine cases during know case conference didactic round sporadically through the residency.

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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? 98

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

There are some radiographic studies that are not to be read by the radiology department including orthopedics (some routine pre/post-operative cases) and procedures such as central line or NG tube placement.

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? 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.

One diagnostic imaging intern is incorporated as a house officer in the training program rotating in radiology and ultrasound for the majority of their year. The percentage of cases they initially produce is dependent on the experience and skill level of the intern. The intern and residents do not overlap in ultrasound week rotations but may overlap on radiography week rotations. This would reduce the radiographic interpretation number for the resident; however, the high radiographic caseload from MedVet Columbus, referral studies and additional MedVet locations without a radiologist ('general worklist) ensures enough case numbers to fulfill the RSEC guidelines.

What percentage of resident-generated reports are reviewed by training diplomates prior to finalization of the report?	98

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

Radiography/fluoroscopy/contrast studies: 2 hours
Ultrasound: 5 minutes
CT/MRI: 12 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?	99

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

The radiology residents share weekend and holiday coverage for MedVet Columbus. Weekend and holiday coverage is similar in time and duration.

For the inexperienced resident (e.g. 1st year), the resident is primarily responsible for ultrasound coverage in the mornings (Saturday, Sundays, holidays) to cover all specialty cases transferred from the emergency department or hospitalized cases within the ER. The staff radiologist on back-up duty for these times is responsible for covering all radiographic, CT and MRI cases.

For the experienced resident (e.g. 2nd and 3rd year), the resident is responsible for ultrasound, CT and MRI coverage in the mornings. The staff radiologist on back-up duty is responsible for covering all radiographic cases.

The resident is typically done with cases late morning or early afternoon. All CT and MRI reports generated by the residents are reviewed and finalized by the staff radiologist. Only the ultrasound cases that the resident seeks guidance on with the staff radiologist are reviewed and finalized by the radiologist on weekends and holidays.

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	8600
Large animal radiology	0
Abdominal ultrasound	2400
Non-abdominal ultrasound	400
Computed tomography	340
Magnetic resonance Imaging	385

Nuclear scintigraphy	0
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.	2500
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 will be offered to cover the above objectives. Instead, these objectives will be covered by scheduled topics rounds and organized study modules. A written practice exam will follow each board objective studying period to assess the resident's progress during the 1st and 2nd years. The ACVR board objective notes will serve as a basic framework for studying. Textbooks, journal articles and faculty board studying notes will also be provided for each of the objectives. An outline for studying each board objective is listed below.

Summer/Fall (1st year) – Anatomy – Emphasis will be placed on clinical radiographic and cross-sectional anatomy. Study modules using PowerPoint format will be used requiring labeling of images.

Winter (1st year) – Pathophysiology –The resident will be instructed to reference The Textbook of Veterinary Internal Medicine and Textbook of Medical Physiology (Guyton/Hall)

Spring (1st year) - Radiobiology – Faculty-driven study modules will be constructed reviewing chapters in Radiobiology for the Radiologist (Hall) and following the ACVR board objectives.

Summer (2nd year) – Physics of Diagnostic Radiology – The resident will be required to read The

Essential Physics of Medical Imaging, (Bushberg) and reference Christensen's Physics of Diagnostic Radiology when applicable. Organized self-study modules will be constructed.

Fall (2nd year) – Special Procedures – The board objectives will 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 will be covered individually beginning with the physics of each modality and then reviewing the applicable literature/journal articles. Board studying notes will be supplied for each modality. The resident will be expected to read The Handbook of Nuclear Medicine (Daniel) and Diagnostic Ultrasound: Principals and Instruments (Kremkau). Physics of MRI and CT will be covered in The Essential Physics of Medical Imaging (Bushberg). Additionally, the resident will attend the Nuclear Medicine Short Course and MRI short course when offered. Organized lectures by a staff radiologist will be given to residents annually in topics rounds via video conferencing discussing the physics of MRI and CT.

After completing each board objective, a mock exam will be given to the resident to evaluate study progress 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

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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) 5

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

If this is an established program, what percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting? 25

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.

Residents are encouraged to design a research project at the beginning of their residency with focus during the 2nd and 3rd years. A leadership group within MedVet is available for research questions, advisement, access to statistician, and funding.

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.

Two hospital grand rounds presentations are required per year. Additional imaging topics rounds and CE lectures to the local veterinary community will be encouraged time permitting.

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

The resident has teaching opportunities through in-hospital and external veterinarians rotating through the radiology department (residents in other specialties, general interns, specialty interns, veterinary students on externship) and via didactic tumor rounds presentations or CE presentations to the local veterinary community.

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 imaging teaching file has been organized including radiography, special procedures, CT, MRI and ultrasound cases that include cases from all MedVet practices where reports are generated. The file is in Microsoft Excel format and is searchable using different coded parameters. All digital images are stored and searchable on a PACS system and RIS. OSU collaboration will also allow for exposure to a large animal teaching file. All digital images are archived on PACS for retrieval, are searchable and updated via RIS and Excel spreadsheet.

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.

Weekly resident rounds
Tuesday: KCC, journal club, mixed topics rounds or neuroradiology rounds
Wednesday: bimonthly hospital grand rounds
Thursdays: multi-hospital and multi-disciplinary tumor rounds or M&M rounds

Additional resident driven rounds are also scheduled for book club and journal club.

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.

We maintain our own library of small animal, large animal and human imaging textbooks (print and e-books) and a digital database of journal articles with electronic access to many applicable online journals through an institutional license.

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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.

Nicole Mirabella - nicole.mirabella@medvet.com 7/13/2020-7/13/2023
Rebecca Farmer - rebecca.farmer@medvet.com 7/18/2022-7/18/2025

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

Yes

List the current members of the resident review committee.

Adam Watson
Jon Fletcher
Katie Quinter

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.

The resident has a communication network with the program director (Watson), hospital medical director (Quinter), human resources department and director of post-graduate education and clinical studies (Fletcher). Workplace misconduct would be reported to the hospital medical director and human resources department.

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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: 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

2017

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

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: 0

Number of Residents That Passed After Multiple Attempts: 1

Number of Residents That Have Not Passed: 0

2018

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

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

Resident Master Schedule.pdf

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.

MedVet_Agreement.pdf