ACVR | Diagnostic Imaging

Wednesday, January 31, 2024

# 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** | Colorado State University |
| **Residency Program Director Name** | Alex Ohlendorf |
| **Residency Program Director Email** | aohlendo@colostate.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?** | Wednesday, January 1, 2025 |

## Objectives

**Succinctly state the objectives of the training program.**

The residency training program is designed to provide supervised training in diagnostic imaging in an atmosphere conducive to learning clinical diagnostic imaging with an introduction to clinical investigation. The residency is also designed to prepare the trainee for certification by the American College of Veterinary Radiology. The residency is designed to provide thorough training in radiology, ultrasound, nuclear scintigraphy, computed tomography, and magnetic resonance imaging.

## 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?** 31

**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?**

Off-clinic time is spent on clinical investigation projects, board exam preparation, conference attendance, etc. Residents are allowed 10 days of vacation per year. Vacation time is considered in off-clinic time allotment.

# ACVR Residency Training Program Application

## Direction and Supervision

When calculating time commitment in this section, you may consider a 100% (full time) duty schedule to consist of 48 weeks per year with 8 hours per day or 40 hours per week.

## Residency Director

Please review the Residency Director requirements and responsibilities in the ACVR Residency Program Essential Training Standards and Requirements (RPE) document. Note that the Residency Director will be required to provide at least 24 weeks of clinical duty per year in primary support of residents in this program and to meet all other qualifications of a Supervising Diplomate.

**Is the applicant Residency Director for this program prepared to meet these requirements?** Yes

**What percentage of the Residency Director's time is committed to clinical service at the primary training institution?** 58

**How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution?** 28

# ACVR Residency Training Program Application

## Additional Training Diplomates

Please review the definitions and responsibilities of Supervising Diplomate and Supporting Diplomate in the RPE document. Note that Supervising Diplomates will be required to provide at least 10 weeks of clinical duty in primary support of residents in this program, and are expected to participate in all facets of residency training. Supporting Diplomates aid in residency training, but provide support that is limited, as

by modality (e.g. only works in ultrasound), time commitment (e.g. clinical duty < 10 weeks per year), or other constraints that prevent them from qualifying as a Supervising 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: Elissa Randall

Hours/Year: 624

Specific Areas and/or Limitations of Instructional Responsibility: Clinical service in all areas of small animal diagnostic imaging

Institution: Colorado State University

Name: Ariel Brody

Hours/Year: 736

Specific Areas and/or Limitations of Instructional Responsibility: Clinical service in all areas of small animal diagnostic imaging

Institution: Colorado State University

Name: Lauren von Stade

Hours/Year: 736

Specific Areas and/or Limitations of Instructional Responsibility: Clinical service in all areas of small animal diagnostic imaging

Institution: Colorado State University

Name: Jenelle Sharpley

Hours/Year: 768

Specific Areas and/or Limitations of Instructional Responsibility: Clinical service in all areas of small animal diagnostic imaging

Institution: Colorado State University

Name: Chris Olmo

Hours/Year: 736

Specific Areas and/or Limitations of Instructional Responsibility: Remote radiologist, clinical service in small animal radiology, CT, MRI

Institution: Colorado State University

Name: Amalie Dimiceli

Hours/Year: 736

Specific Areas and/or Limitations of Instructional Responsibility: Remote radiologist, clinical service in small animal radiology, CT, MRI

Institution: Colorado State University

Name: Linda Dillenbeck

Hours/Year: 401

Specific Areas and/or Limitations of Instructional Responsibility: Clinical service in all areas of small and large animal imaging

Institution: Colorado State 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: Kurt Selberg

Hours/Year: 269

Specific Areas of Instructional Responsibility: Clinical service in all areas of large animal imaging, and small animal musculoskeletal ultrasound

Institution: Colorado State University

Name: Myra Barrett

Hours/Year: 184

Specific Areas of Instructional Responsibility: Clinical service in all areas of large animal imaging, and small animal musculoskeletal ultrasound

Institution: Colorado State 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** | Sarah Shropshire |
| **ACVIM Member Institution** | Colorado State University |
| **ACVIM Member Email** | sarah.shropshire@colostate.edu |
| **ACVS Member Name** | Sarah Marvel |
| **ACVS Member Institution** | Colorado State University |
| **ACVS Member Email** | sarah.marvel@colostate.edu |
| **ACVP Member Name** | Samantha Evans |
| **ACVP Member Institution** | Colorado State University |
| **ACVP Member Email** | samantha.evans@colostate.edu |

# ACVR Residency Training Program Application

## Resident:Supervising Diplomate Ratio

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

| | |
|---|---|
| **What is the maximum number of imaging interns you will have enrolled in this training program at any given time?** | 6 |

# ACVR Residency Training Program Application

## Facilities

Review the Facility Requirements listed in the RPE document. Note also that residents should have opportunities to be involved with image acquisition and protocol set-up.

Does this residency training program provide on-site access to modern equipment for the following modalities?

| | |
|---|---|
| **Digital or Computed Radiography** | Yes |

| | |
|---|---|
| **Fluoroscopy** | Yes |
| **Ultrasound with Doppler Capability** | Yes |
| **MRI** | Yes |
| **Fan-beam CT** | Yes |
| **Nuclear scintigraphy** | 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)**

The facilities at the CSU Veterinary Teaching Hospital and Johnson Family Equine Hospital reflect state-of-the-art diagnostic imaging. The diagnostic imaging department is completely filmless and digital with an electronic medical record system (EMR) with RIS capabilities and PACS system (iSite Phillips). Diagnostic Imaging has the following assigned rooms:

Radiology:
Large Animal 1 examination rooms
Small Animal 2 radiology, 1 fluoroscopy examination rooms

Ultrasound: 4 examination rooms (2 small animal general, 1 small animal musculoskeletal, 1 large animal)

CT: 1 examination room, 1 control room, and 1 equipment room
PET-CT: 1 examination room, 1 control room, and 1 equipment room
Nuclear medicine: 1 diagnostic room, 2 wards, 1 radiopharmaceutical lab
I-131 Facility 1 ward, 1 ante-room

Equipment:
Small Animal Radiography
800mA Siemens Multix Top/Vertix Solitaire machine with four way float top elevator table, Canon Clinical Digital Radiography System.

Small Animal Radiography
Toshiba KXD-80F, 800mA, 180KW, microprocessor controlled generator, with a tilting and floating table. An overhead suspended x-ray tube of 150kV capacity interlocking capability with a fine Bucky grid. Canon Clinical Digital Radiography System.

Small Animal Special Procedure Room
Philips Veradius Neo with Flat Detector: A C-Arm for fluoroscopy examinations, and digital imaging X-ray tube.
One pressure injector: MedRad Arterion Mark 7
IDI table with floating top

Large Animal Radiography
One overhead ceiling-suspended longitudinal and transverse rail system to support two telescoping cranes for high powered Vertex X-ray tube and a catapult Bucky grid with interlocking capability at set distances and move as a unit or independently. Universal Canon Digital Radiography System with Cesium Iodide 14x17 wireless active capture panel.
High powered ultra high heat capacity Vertex Rad 92 X-ray tube
CPI Indico 100-100 kw generator, 800mA

In addition:

One Minray 80+ port with Eklin Mark III Digital System
One Sound portable generator unit 90+

Ultrasound:
Toshiba Aplio i700 (3)
Toshiba Aplio i500 (2)
Toshiba Aplio i700 (1 - equine)

Computed Tomography/PET
Siemens Biograph mCT
Siemens SOMATOM Force - Dual source CT, 128 slice
Siemens Definition AS 64 slice (in adjacent research facility - Translational Medicine Institute, limited use)

Magnetic Resonance:
Siemens 1.5T Altea
Siemens Skyra 3T (in adjacent research facility - Translational Medicine Institute, predominantly used for equine MR and research)

Nuclear Medicine:
Large Animal: Digital Omega Gamma Camera with Mirage Acquisition/Processing Station.
DICOM compliance

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

The VDI residents have dedicated time to learn how to operate radiography, fluoroscopy, and CT systems at the start of their residency for the first week. They operate the CT system and fluoroscopy on their on-call shifts, and provide support for operation of radiography if needed.
Residents learn ultrasound operation through frequent rotations through the service, and operate the ultrasound machine during on-call shifts.
The residents are expected to gain experience with MRI when there is downtime on clinical service. With technologist supervision, residents have the options of scanning a phantom, or a clinical patient if appropriate.

# ACVR Residency Training Program Application

## Clinical Resources and Training Content

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

| | |
|---|---|
| **What is the average annual caseload at the primary institution over the past 3 years? This number will include all patient visits whether or not they contribute to the annual imaging caseload.** | 42138 |
| **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.** | 15314 |

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

| | |
|---|---|
| **Small animal radiology** | 8072 |
| **Large animal radiology** | 1326 |
| **Abdominal ultrasound** | 2450 |
| **Non-abdominal ultrasound** | 937 |
| **Computed tomography** | 1986 |
| **Magnetic Resonance Imaging** | 388 |
| **Nuclear scintigraphy** | 17 |
| **Other (Specify)** | 78 fluoroscopy, 60 PET-CT |
| **Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:** | Small animals (canine, feline): 85<br>Large animals (equine, bovine, porcine, etc.): 13<br>Avian, Exotic, and Wildlife animals: 2 |

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

**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).**

Echocardiography is performed by the Cardiology service. The radiology residents do not perform echocardiography on clinical patients. The residents have access to echocardiography images and reports on the PACS and EMR. They also take an echocardiography course, when available, that involves didactic lectures and labs with hands-on echocardiography. Residents do not have access to teleradiology, but they have access to referral imaging and are requested by clinicians to look at imported studies and offer an opinion with radiologist backup.

# ACVR Residency Training Program Application

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

100

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

99

**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?**

100

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

~12-24 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?**

94

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

Residents work in on-call shifts. If the first year resident is the primary resident on-call, they will have backup from a second or third year resident, and nearly every case early in their first year they will be expected to call their resident backup. When second or third year residents are either primary or backup resident on-call, they have backup from the radiologists. The residents ask in a group chat when they need backup from the radiologists. Residents have received a response from this chat in <10 minutes.
Reports generated from residents without radiologist assistance are reviewed the next business day.
Reports generated from residents with radiologist assistance are reviewed either shortly after being written or the next business day.
On average, residents are called for 9 radiographs, 5 ultrasounds, and 1 CT per on-call shift.
Imaging studies that are acquired after-hours where the resident is not called for interpretation will have a report written by the residents the next business day.

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** | 3996 |
| **Large animal radiology** | 123 |
| **Abdominal ultrasound** | 1213 |
| **Non-abdominal ultrasound** | 464 |
| **Computed tomography** | 983 |
| **Magnetic resonance Imaging** | 192 |
| **Nuclear scintigraphy** | 0 |
| **Other (specify)** | 39 fluoroscopy, 30 PET-CT |
| **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.** | 1548 |
| **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.** | CSU Supplemental Caseload.pdf |

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 |
| **Computed Tomography** | Yes |

| | |
|---|---|
| **Magnetic Resonance Imaging** | Yes |
| **Other** | Yes |

**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.**

CSU ERHS 712 Medical Imaging Physics - 3 credit hours
CSU ERHS 450 Radiation Biology - 3 credit hours or ERHS 550 Principles of Radiation Biology - 5 credit hours
CSU ERHS 705 Advanced Small Animal Diagnostic Imaging - 4 credit hours (System-based approach to diagnostic imaging of small animals of all imaging modalities: radiography/fluoroscopy, ultrasonography, computed tomography, magnetic resonance imaging, nuclear medicine)
CSU ERHS 706 Advanced Equine Diagnostic Imaging - 2 credit hours (Diagnostic imaging of large animals including all modalities: radiography/fluoroscopy, ultrasonography, computed tomography, magnetic resonance imaging, nuclear medicine)
CSU VS 665A Echocardiography in Veterinary Medicine - 3 credit hours
CSU VS 562 Applied Data analysis - 3 credit hours (statistics, research study design and data analysis)
CSU VS 792 Seminar - 1 credit hour (preparing and presenting a research seminar)

| | |
|---|---|
| **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?** | The MS degree is optional for residents. Residents not pursuing the MS degree can still take the above classes using Employee Study Privilege (a certain number of credits covered for being an employee of CSU) |

# ACVR Residency Training Program Application

## Research Environment

Review the Research Requirements listed in the RPE document.

| | |
|---|---|
| **Over the last five years, what is the average number of peer reviewed publications on which the training diplomates (Supervising and Supporting diplomates) of this program are included as authors? (total number of publications in last 5 years among all training diplomates divided by the number of training diplomates)** | 7 |
| **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?** | 85 |

**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.**

All residents are expected to perform one investigative research project. In the first year, residents choose a research project that aligns with their particular interests. We have three tenure-track diagnostic imaging faculty with a research component to their appointment to help mentor the resident with design and performance of said research project, and multiple non-tenure-track radiologists that can also assist with research projects. Collaboration with other specialists is readily available. In the master's program, residents will have a committee to also help mentor them through this process. Residents are encouraged to write an outline and do background research in the first year of the project. Faculty start-up funds are available to aid in project funding. Residents are also encouraged to apply for ACVR or other grants for funding. Residents can take a graduate-level course (VS 562 - Applied Data Analysis) that focuses on data management, application and interpretation of statistical analysis, and reporting of results for students in health science fields. Residents can also take a graduate-level course (VS 792 - Seminar) to practice giving their research seminar. There is a large imaging caseload and archive to support prospective and retrospective research.

# 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.**

3 of:
Presentation of their research topic at ACVR conference
Presentation of their research topic in the VS 792 course, with presentation to other house officers and faculty in attendance
Presentation of their research topic at CVMBS research day
At least two supervised lecture opportunities to the 3rd year DVM students as part of the VM728 course offered every Fall semester

Occasional supervised lectures to the diagnostic imaging club
Occasional CE teaching of ultrasound labs or lectures for DVMs

Residents most often perform the first three presentations on the list.

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

Residents share responsibility of teaching rounds to senior students (2 week rotation, 9 case-based rounds sessions, 2 ultrasound labs). Residents will lead small group discussions on the provided cases. Ultrasound labs are primarily taught by the sonographer, but residents will teach ultrasound rounds when the sonographer is unavailable. At least two supervised lectures to DVM students are available on a yearly basis and generally involve reviews of radiography of the thorax or abdomen, with standard lectures available for residents with particular interest. Residents have the opportunity to teach an ultrasound lab to the DVM diagnostic imaging club, commonly prepare presentations for the diagnostic imaging club, occasionally give supervised lectures to the diagnostic imaging club, and send weekly presentation slides of an interesting case.

**Briefly describe the nature and scope of the teaching file available to the resident(s) in this**

**program and how it is maintained/updated.**

Radiology, ultrasound, CT, MR, and nuclear medicine cases are available for resident training. These teaching files are kept current and updated regularly with material from the known case conference rounds. These contributions are provided by the CSU radiologists and invited guest radiologists.

There is also a file of articles compiled for reading that are selected to assist knowledge of the ACVR objective list. This is kept up to date by the residents who contribute articles to the file. Residents also compile summaries of the articles presented in journal club, as well as every recent article from the Veterinary Radiology & Ultrasound journal.

Interesting cases are also archived in the PACS by modality.

**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.**

Case rounds - Monday 8a-9a, Tuesday 8:30a-9:30a, Thursday 8a-9a
Residents and radiologists select cases to present that are either classic cases, interesting cases, or difficult cases. The resident presents the cases and the group gives feedback or discusses related learning points.

Board objective rounds - Tuesday 7:30a-8:30a
Residents meet to discuss board objectives with prepared lecture material

Equine rounds - Wednesday 8a-9a
VDI and EDI residents and large animal radiologists discuss equine cases, either recent clinical cases, or a review of good learning cases.

Journal club - Every other Friday 8a-9a (alternating with KCC)
Residents and radiologists discuss journal articles selected by the second-year residents

Morbidity and Mortality rounds - Every month
Members from all services of the hospital meet to discuss cases with a focus on improving hospital function.

Exotic imaging rounds - Every other month
Residents, radiologists, and members of the Avian, Exotic, and Zoological Medicine service meet to discuss interesting exotics imaging cases.

**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.**

There is a medical library within the veterinary teaching hospital, where the program is conduced. Residents also have access to the entire CSU library system electronically.

# ACVR Residency Training Program Application

## Evaluation and Protection of Residents

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

Megan Stadler, megan.stadler@colostate.edu, started 7/15/21, ends 7/14/24
Katherine Neal, katherine.neal@colostate.edu, started 7/15/21, ends 7/14/24
Stephanie Stromberg, stephanie.stromberg@colostate.edu, started 7/15/21, ends 7/14/24

Anna Price, anna.price@colostate.edu, started 7/15/22, ends 7/14/25
Jesse Johnson, jesse.a.johnson@colostate.edu, started 7/15/22, ends 7/14/25
Powell Slinkard, powell.slinkard@colostate.edu, started 7/15/23, ends 7/15/26
Paula Yoon, paula.yoon@colostate.edu, started 7/15/23, ends 7/15/26

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

Yes

**List the current members of the resident review committee.**

Alex Ohlendorf
Elissa Randall
Linda Dillenbeck
Ariel Brody
Jenelle Sharpley
Chris Olmo
Amalie Dimiceli
Lauren von Stade
Myra Barrett
Kurt Selberg

**Describe the internal mechanisms in place at your institution to protect the resident(s) if personal or organizational conflicts arise. Include the management hierarchy for residents and procedures by which residents would report workplace misconduct.**

If progress towards completion of the residency program is deemed unsatisfactory by the radiologists, a statement to this effect, including reasons for the unsatisfactory evaluation and suggested methods for correction of deficits will be provided to the resident, the resident's advisor, graduate committee, and to the department head. Deficiencies must be corrected within 3 months of the date of the statement of unsatisfactory progress. If deficiencies are not corrected, a recommendation to terminate the resident's program will be made.
If there are interpersonal conflicts, the resident's resources include their mentor radiologist, the residency director, clinical service chief, and the human resources department. Hierarchy: mentor and/or resident director -> Diagnostic Imaging service chief -> Department head.

Additionally, the university has a resource called the Office of the Ombuds, a confidential resource for all CSU employees who voluntarily seek help in resolving concerns and conflicts related to the workplace.

The Argus Institute (an in-hospital counselling service) typically offers counselling for all house officers, and they will also offer support if someone is in crisis. They can provide communication training/debriefing with difficult conversations (usually for client communication).

# ACVR Residency Training Program Application

## Appendix

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

## Preliminary Board Exam Pass Rate

**2020**

- Number Of Prelim Board Eligible Residents: 3
- Number of Residents That Took Prelim Exam: 3
- Number of Residents That Passed On 1st Attempt: 3
- Number of Residents That Passed After Multiple Attempts: 0
- Number of Residents That Have Not Passed: 0

**2019**

- 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

**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: 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

## Certifying Board Exam Pass Rate

**2020**

- Number of Certifying Board Eligible Residents: 2
- Number of Residents That Took Certifying Exam: 2
- 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: 1

**2019**

Number of Certifying Board Eligible Residents: 3

Number of Residents That Took Certifying Exam: 3

Number of Residents That Passed On 1st Attempt: 3

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: 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

**2016**

Number of Certifying Board Eligible Residents: 3

Number of Residents That Took Certifying Exam: 3

Number of Residents That Passed On 1st Attempt: 2

Number of Residents That Passed After Multiple Attempts: 1

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**

2024 02 Feb Clinic Schedule.pdf

Leave distribution 2024.pdf

Weekly Department 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.