

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	Gulf Coast Veterinary Specialists
Residency Program Director Name	Laura Hammond
Residency Program Director Email	laura.hammond@gcvs.com

Program Type

What type of residency program is being requested? Traditional Residency Program

If approved, what is the proposed start date of this residency program? Monday, July 1, 2024

Objectives

Succinctly state the objectives of the training program.

The program's purpose is to train residents in all aspects of veterinary diagnostic imaging, including radiography, ultrasound, magnetic resonance imaging, computed tomography and nuclear medicine. Successful residents will be equipped

with the skills necessary to obtain ACVR board certification, perform competently as a veterinary radiologist and contribute to the veterinary community.

Training Period

What is the total length of the training program? 36

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

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

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

The non-clinical portion of the training period is focused on personal study for board preparation, with additional time for vacation (10 days/year). Residents will also have opportunity to attend various short courses and CE events, including the annual ACVR meeting, and diagnostic imaging short courses as they available. The third year resident will have the option of a 2 week out rotation in an area of interest.

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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? 100

How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution? 25

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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: Michelle Fabiani

Hours/Year: 2000

Specific Areas and/or Limitations of Instructional Responsibility: All modalities

Institution: Gulf Coast Veterinary Specialists

Name: Raelyn Walczak

Hours/Year: 2000

Specific Areas and/or Limitations of Instructional Responsibility: All Modalities

Institution: Gulf Coast Veterinary Specialists

Name: Jordan Hatfield

Hours/Year: 480

Specific Areas and/or Limitations of Instructional Responsibility: All Modalities

Institution: Gulf Coast Veterinary Specialists

Name: Emily Elser

Hours/Year: 900

Specific Areas and/or Limitations of Instructional Responsibility: All Modalities

Institution: Gulf Coast Veterinary Specialists (remote)

In addition to ACVR/ECVDI Diplomates, the program must arrange for the resident(s) to have direct access to specialists in other areas. Please identify one member in each of the specialty colleges listed below that has agreed to support this program through clinical activity that allows regular interactions between the specialist and the diagnostic imaging residents (e.g. discussion of diagnostic work up, imaging findings, or patient outcomes, and/or participation in interdisciplinary rounds, etc). Indicate whether the specialist is located on-site at the primary institution at an external institution. Provide a copy of affiliation agreements with any non-ACVR/ECVDI diplomates that are located at an external institution (see Affiliation Agreement section at the end of this application).

Upon completion of this application, the below individuals will receive an email requesting acknowledgement of their support of your residency program.

ACVIM Member Name	Amy Davenport
ACVIM Member Institution	Gulf Coast Veterinary Specialists
ACVIM Member Email	amy.davenport@gcvs.com
ACVS Member Name	Grayson Cole
ACVS Member Institution	Gulf Coast Veterinary Specialists
ACVS Member Email	grayson.cole@gcvs.com
ACVP Member Name	Casey LeBlanc
ACVP Member Institution	Eastern Veterinary Pathologist
ACVP Member Email	cleblanc@eastervetpath.com

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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? 7

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Facilities

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

Digital or Computed Radiography

Yes

Fluoroscopy

Yes

Ultrasound with Doppler Capability

Yes

MRI

Yes

Fan-beam CT

Yes

Nuclear scintigraphy

Yes

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

GE LightSpeed 64 slice CT
Powerinjector
GE Innova 4100 IQ Digital Cath and Angio interventional suite
GE Signa Exite 1.5T MRI
GE Model 400A digital Gamma Camera for nuclear medicine
Cannon DR radiology plates (4) with horizontal beam capability
Toshiba Aplio 700 ultrasound machines (5)

We have affiliate agreements with multiple universities to provide opportunity for large animal imaging, though this is more a matter of case load than available equipment.

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.



CSU Affiliate Agreement for L....pdf



LSU Letter of Agreement sign....pdf



TAMU Affiliate Agreement for....pdf

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

Residents are in the clinic daily and serve as the primary point of contact for imaging study design, trouble

shooting, quality control and initial verbal interpretations on all modalities. Residents consult with clinicians ordering imaging studies, review patient history and prior imaging findings to develop study design in real time for all patients.

CT: Residents review all CT studies prior to the patient being moved from the gantry in order to ensure image quality and study completeness.

MRI: Residents answer questions from the MRI technicians about study design prior to and during image acquisition (sequences needed, positioning, etc). Most MRI studies have a standard protocol and are performed by our MRI technicians.

Radiography: Residents review images for quality control and are responsible to prompt acquisition of additional images as clinically relevant.

Fluroscopy: Residents are present for and perform the majority of fluroscopy.

Ultrasound: Residents perform full ultrasound study throughout their training program. 3rd year residents also perform some 'back scans' for studies performed by sonographers and junior trainees (interns, 1st/2nd year residents).

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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. 48000

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. 28100

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

Small animal radiology	18375
Large animal radiology	0
Abdominal ultrasound	5486
Non-abdominal ultrasound	314
Computed tomography	1087
Magnetic Resonance Imaging	1054
Nuclear scintigraphy	93
Other (Specify)	Fluoroscopy- 68

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

Small animals (canine, feline): 95

Large animals (equine, bovine, porcine, etc.): 0

Avian, Exotic, and Wildlife animals: 5

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

Echocardiography

Yes

Large animal ultrasound

No

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

Yes

Food/fiber animal imaging

No

Exotics imaging

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).

A total of 10-12 weeks during the course of training is dedicated to large animal imaging and will consist of a combination of out rotations at universities and imaging centers, remote KCC and rounds, self study, and large animal focused KCC/book club and rounds at GCVS. A detailed large animal training schedule and associated letters of agreement are attached on the following page.

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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? 100

What percentage of the preliminary reports generated from the imaging caseload are initially produced by the resident(s) in this program? 65

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.

We will have a maximum of 7 trainees at any given time, with a maximum of 2 imaging interns. Interns have additional clinical responsibilities, including managing hyperthyroid feline patients and outpatient ultrasound cases. They are typically less efficient and write significantly less cases per shift than the residents. Overall, we have enough daily cases for all trainees to reach the minimum cases requirements.

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

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

Majority are completed same day, with Sunday cases being completed the following day. Occasional, more complex cases can take up to 4-5 days.

What percentage of all imaging reports (resident and diplomate generated) is finalized and available to requesting clinicians within 48 hours after the exam is submitted for radiologist consult? 95

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

Residents currently rotate responsibility for covering in hospital imaging on Sundays. Residents do not cover holidays and after-hours cases. This does not significantly effect resident caseload.

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	4500
Large animal radiology	0
Abdominal ultrasound	2000
Non-abdominal ultrasound	100
Computed tomography	450
Magnetic resonance Imaging	400
Nuclear scintigraphy	20
Other (specify)	50

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. 1100

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?

Please indicate whether this training program includes formal courses in any of the following topics:

Physics of Diagnostic Imaging

Radiobiology

Nuclear Medicine

Ultrasonography

Computed Tomography

Magnetic Resonance Imaging

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.

Residents have opportunity to participate in on-line courses in CT, Nuclear Medicine, MRI throughout the course of training. They also participate in Dr. Hecht's MRI rounds, which includes a combination of didactic lecture and case discussions. Residents participate in various large animal imaging rounds at Texas A&M University, though I am not sure this would constitute 'formal' course work.

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

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

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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? 0

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 are a new program and do not have well established means of doing investigative work at this time. Residents are encouraged to consider potential research projects. This has historically been limited to retrospective studies, case series or case reports. GCVS is part of a larger hospital system, and the corporate level is in the process of establishing financial and technical support for resident research projects. We are hopeful that this will be an area of growth in the coming years.

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.

Didactic lectures to the rotating interns class (open to all house officers)- annually
Hospital wide Grand Rounds - annually
Annual GCVS Symposium for local area practitioners- once per residency
Option to submit an abstract for presentation at the ACVR meeting

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

Informal clinical instruction of veterinary student externs, rotating interns, specialty interns, residents in other specialties (currently surgery, dentistry, neurology), and sonographers. We have between 1-3 visitors in our department daily throughout the year.

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

Our current PACS system allows maintenance of extensive case logs that can be organized as both private

and public, and sorted by various topics/modalities/etc. All DI house officers and radiologists are able to contribute to public folders, as well as create and organize their own case logs. The saved cases include patient information to allow searching the medical record for clinical outcomes, diagnoses, follow up imaging studies, etc.

Previous teaching files are also available and include a Google doc spreadsheet, searchable by signalment, history, modality, findings and diagnosis, with ~1700 cases spread across all modalities. A historic database of cytology results from imaging guided sampling, totaling 1050 cases, is also available.

How many Known Case Conferences are conducted annually? 22

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

Some form of round or journal club are schedule daily. This includes every other week journal club, every other week KCC, weekly board review topical rounds, 2x/month large animal imaging rounds and journal club with TAMU and attendance at some of the available online rounds (Idexx, etc). On mornings without one of these specific topical rounds, we do case review rounds to discuss recent clinical cases. This typical turns out to 2-3 case review rounds/week, and 1-2 mornings/week of topical rounds, KCC or 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 have immediate institutional access to 44 journals, including the majority of the key veterinary journals. "Tokens" are also available for residents to obtain journal articles not included in these key journals. The hospital maintains a database of electronic and hard copy textbooks in a variety of topics. There are also multiple medical libraries in our vicinity, including the Texas Medical Center Library and MD Anderson Research Medical Library, located 12 miles away within the Texas Medical Center. The veterinary medical library at Texas A&M is located approximately 93 miles away (90 minutes).

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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.

Eryn Del Monte. July 2021-July 2024, eryn.delmonte@gcvs.com
Katherine Martucci. July 2021-July 2024. katherine.martucci@gcvs.com
Katherine Pansini. July 2022-July 2025. katherine.pansini@gcvs.com
Kyle Pfeifer. July 2022-July 2025. kyle.pfeifer@gcvs.com
Nicholas Mockus. July 2023-July 2027. nicholas.mockus@gcvs.com

Alternate resident:

Cisco Guevara. January 2024-January 2029. cisco.guevara@gcvs.com

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

Yes

List the current members of the resident review committee.

Michelle Fabiani
Laura Hammond
Jordan Hatfield
Raelyn Walczak

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.

Formal written reviews will be performed after the initial 3 months, and then semi-annually. All radiology faculty and selected specialists within the hospital will contribute to these evaluations, with responses compiled and provided to the residents during a meeting with their mentor. Reviews will be focused on the following areas:

- Medical knowledge, clinical competency and reasoning
- Communication skills
- Interpersonal relations and team work
- Performance on written examinations and in KCC

Residents are encouraged to discuss problems as they arise with faculty and during their semi-annual review. Members of the hospital's established Education Committee, Quality Control Committee, hospital director and medical director are also available should concerns arise that the resident does not feel comfortable addressing within the Diagnostic Imaging department.

In house Veterinary Social Work and Human Resources departments are equipped to assist residents in a wide range of scenarios if the need arises. Counseling services through the Employee Assistance Program and access to an online wellness program are also available.

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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: 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

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

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: 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

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

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



2021-2024 resident 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.