Tuesday, January 30, 2024

ACVR - RO New Residency Program Application

Please review the Radiation Oncology (RO) Residency Program Essentials Training Standards and Requirements document prior to completing this form.

The following documents will be needed to complete the application:

- CVs (current within 1 year and a maximum of 2 pages each) for radiation oncology, diagnostic imaging, and medical oncology Diplomates involved in the training program
    - As a reminder, CVs will be publicly available on ACVR's website. We encourage you to **NOT** include personal information on the CVs that are uploaded with your application.
- Syllabi for coursework in medical physics, cancer biology, and radiation biology (including internal and external courses)
- Letters of agreement from cooperating institutions
- Letter of agreement from medical physics support for clinical training
- Resident calendar that includes the following:
-
    - 24 months of RO-specific activities (primary case responsibility, treatment planning, 1 week/year of radiation therapist activities)
    - 8 weeks of medical oncology
    - 4 weeks of diagnostic imaging
    - 40 hours of medical physics
    - 40 hours of clinical pathology
    - 80 hours of anesthesia in minimum 1-week blocks
    - 2 weeks of neurology
    - 2-week minimum off-clinic time per year (study, research, etc) not including vacation
    - Vacation time as mandated by state/institution
    - Required outrotations at cooperating institutions
- Resident evaluation forms

Submission Date	Monday, March 18, 2024
Your Name	Lisa J Forrest
Your Address	2015 Linden Drive Madison, WI, 53706
Your Email Address	lisa.forrest@wisc.edu

Radiation Oncologists in support of the program (Must be Diplomate(s) of the ACVR):

First Name	Last Name	Title/Credentials	Email	Phone	Number of weeks per year Diplomate is available to supervise* the resident
Lisa	Forrest	Professor, VMD, DACVR (R, RO)	lisa.forrest@wisc.edu	608-263-7600	45
Michelle	M	Turek	mmturek@wisc.edu	608-263-7600	40
Nathaniel		Van Asselt	nvanasselt@wisc.edu	608-263-7600	40

*Resident supervision is defined as being available on-site 40 hours/week (defined as a 4- or 5-day work week to equal a minimum of 40 hours) to support the resident in radiation oncology-related activities including patient consultation/management, review of treatment plans, position verification and participation in daily case-based rounds.

Which of the Radiation Oncology Diplomates listed above will serve as the Residency Director? This individual will be the primary contact for the residency program and will be responsible for completing all necessary forms/reviews and notifying the RO RSEC of any changes to the program. The Residency Director must be a Diplomate of the ACVR and must be located at the primary training institution.

Lisa J. Forrest

Please confirm that during the minimum 24 months of RO-specific activities, a Supervising Diplomate will be present on site to supervise the resident as defined above for 40 hours/week (4-5 days).

Yes

Comments:

With 3 radiation oncology faculty, there is always one faculty member on duty.

A standard residency program is one that meets all of the residency program requirements set forth in the ACVR-RO Residency Essentials Training Standards document. An alternative or amended program is designed for one specific individual/resident and satisfactorily meets all of the residency program requirements, but is completed in an extended timeline (more than 3 years but fewer than 5 years).

This application is made for (check one):	Standard Program
What is the total length of the training program?	3 years
Number of months dedicated solely to radiation oncology-specific activities as defined in the ACVR-RO Residency Essentials Training Standards document (RO-specific activities include primary case responsibility, treatment planning, 1 week/yr of therapist activities):	24
Primary Site:	University of Wisconsin-Madison
Hospital/University:	UW Veterinary Care
Department:	Surgical Sciences
Address	2015 Linden Drive Madison, WI, 53706

Advanced Degree and Research/Publication Requirement

Masters	No
PhD	No
Research Project	Optional
Publication	Optional

Documentation of residency completion is required to obtain Diplomate status. Is receipt of residency certificate dependent on completion of advanced degree/research/publication?	No

It is required that a residency in veterinary radiation oncology provide the trainee with experience in formulation of radiation treatment plans, dose calculation, and treatment administration for veterinary patients with cancer. This includes generation of both manual and computer-based treatment plans for megavoltage external beam irradiation. External beam planning experience must include both forward and inverse planning, even if only one of those types is utilized for treatment at the primary facility. Does the program fulfill these requirements?

Yes

Comments:

We have Eclipse software (v.15.5) installed on two computers with physics data. Residents can practice formulating 3D-conformal plans (forward planning), IMRT step and shoot plans, and electron beam plans. Residents are required to create plans for nasal tumors and brain tumors during their weeks working with technologists running the linear accelerator and any other time of their choosing. We have a TomoTherapy machine, Radixact, with Precision treatment planning (Inverse Planning).
Residents also get experience using Varian True Beam and or Halcyon machines during their externship weeks.

It is required that a residency in veterinary radiation oncology provide the trainee with experience in primary case responsibility, including new referrals, ongoing radiation patients, and follow-up visits. This includes receiving patients, clinical rounds, client/referring DVM communications, and medical records keeping. Does the program fulfill these requirements as described on page 12 of the RO Essentials document?

Yes

Comments:

Role of RO resident and the RO service in daily clinical management of patients and clients:
Daily morning patient rounds are held to go over patients being treated that day. Residents are assigned to Clinical Duty or Planning Duty. Residents are assignments are weekly.
Clinical Duty involves seeing new and recheck radiation oncology patients, which includes the following: speaking with clients about their pet's cancer and health, their expectations for treatment; obtaining appropriate imaging studies and blood work; ordering chemotherapy, if part of the plan. Setting up CT simulations, if patients will be receiving RT.
Planning Duty involves managing current patients undergoing RT, registering each patient (aligning current kVCT or MVCT with planning CT prior to each treatment), and meeting with clients at dropoff/pickup as needed. Planning Duty includes contouring planning CT's of patients that will be starting RT and sending them to IMRT planning. This includes working with faculty radiation oncologist, radiology faculty and medical physicist for appropriate contours and IMRT parameters and plan approval.
Every afternoon medical and radiation oncology meet to discuss patients seen and/or treated that day. Any imaging done that day will be reviewed.
Radiation Oncology Board rounds are held weekly where all current radiotherapy patients, potential cases, and follow-up on previous patients is discussed.

Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and potential oncology patients that have undergone or may undergo surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy, additional surgery).

It is required that a residency in veterinary radiation oncology provide the trainee with a minimum of 1 week per year of radiation therapist activities to include daily linear accelerator quality assurance and warm up, patient positioning for treatment planning CT and therapy, radiation delivery (as allowed by the state/province), and acquisition of position verification imaging. Does the program fulfill these requirements?

Yes

Comments:

Residents learn how to turn on machine and perform daily QA procedures. They learn how to pull up daily patients, set them up in immobilization devices, perform daily kVCT and MVCT, register with planning CT, and treat patient without help from radiation therapist.
Residents also spend 1 day/year shadowing radiation therapists at the human radiation therapy clinic at UW-Hospital and Clinics, which is 4 blocks away.
Resident also spend 1 week shadowing medical physicists at the same clinic, observing physicists role in a human clinical treatment center.

How will the resident be trained in radiation biology? Please provide a description of formal and informal training experiences, or indicate time allotted for self-study.

The resident attends a formal 3 day radiation Physics and Radiobiology course that is offered by the University of Maryland Department of Radiation Oncology.
Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts.
Specifically: every Tuesday is journal club where 2-3 articles are presented/discussed to encompass recent and significant literature.
Every Thursday is book club. These alternate during the year to include 1. Radiobiology (Hall, van der Kogel texts) 2.Radiation Physics (Khan, McDermott) 3. Cancer Biology (Tannock & Hill, Weinberg).

Informal Training in Radiobiology:
Michelle Turek, DVM, DACVR-RO, DACVIM-Oncology, Clinical Associate Professor
MacKenzie Pellin, DVM, DACVR-RO, DACVIM-Oncology, Clinical Assistant Professor

Please provide instructors' names and credentials for radiation biology formal and informal training:

University of Maryland Department of Radiation Oncology 20th Annual Dr. Karl Prado Physics & Radiobiology Review Course (3-days). **See attachments

How will the resident be trained in cancer biology? Please provide a description of formal and informal training experiences, or indicate time allotted for self-study.

Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.
The resident attends weekly Carbone Cancer Center Grand Rounds Seminars at UW Hospital. The resident will attend resident seminars provided at VCS and ACVR. The resident joins resident-driven book rounds

on cancer biology (Tannock & Hill, Weinberg).

Informal Training in Cancer Biology:
Michelle Turek, DVM, DACVR-RO, DACVIM-Oncology, Clinical Associate Professor
MacKenzie Pellin, DVM, DACVR-RO, DACVIM-Oncology, Clinical Assistant Professor
David Vail, DVM, DACVIM-Oncology, Professor

Please provide instructors' names and credentials for cancer biology formal and informal training:

Informal Training in Cancer Biology:
Michelle Turek, DVM, DACVR-RO, DACVIM-Oncology, Clinical Associate Professor
MacKenzie Pellin, DVM, DACVR-RO, DACVIM-Oncology, Clinical Assistant Professor
David Vail, DVM, DACVIM-Oncology, Professor

How will the resident be trained in medical physics? Please provide a description of formal and informal didactic (non-clinical) experiences, or indicate time allotted for self-study.

The resident attends a formal radiation physics course that is offered by the Departments of Human Oncology and Medical Physics (Medical Physics for Physician Residents).
Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.

Residents have daily access to a medical physicist that provides support for our TomoTherapy™ equipment. Residents shadow QA procedures throughout the 3 years.

Resident spend 1 week shadowing medical physicists at the same clinic, observing physicists role in a human clinical treatment center.

Residents spend a full day observing Physicians, Dosimetrists, and Radiation Therapists at UW-Madison Hospital & Clinics, Department of Human Oncology.
Residents spend 1 week shadowing a clinical medical physicist at UW-Madison Hospital & Clinics, Department of Human Oncology.

Please provide instructors' names and credentials for didactic (non-clinical) medical physics formal and informal training:

Gemma Davies, DABR, Radiation Oncology Medical Physicist, School of Medicine and Public Health (SMPH)
Michael Lawless, Associate Professor, SMPH, Department of Human Oncology
Abby Besemer, PhD, DABR, Radiation Oncology Medical Physics, SMPH, Department of Human Oncology
Patrick Hill, PhD, DABR Associate Professor, SMPH, Department of Human Oncology
Dustin Jacqmin, PhD, DABR, Associate Professor, SMPH, Department of Human Oncology
Jordan Slagowski, PhD, DABR, Assistant Professor, SMPH, Department of Human Oncology
Alison Arnold, PhD, DABR, Staff Physicist, SMPH, Department of Human Oncology

Medical physics training requires 1 week or 40 hours of clinical contact with a qualified medical physicist. Please provide a description of the training experience.

We have a medical physicist (Kevin Kvasnica), which was full time until 12/1/2019 and is now 25%. He works at Accuray in Madison WI and is an expert in the TomoTherapy platforms, including the new Radixact. He continues to perform all monthly, yearly machine QA's and QA's on all treatment plans. Residents will observe and engage in monthly and yearly QA sessions and several plan QA sessions throughout their residency. He is available by phone and text for any questions.

Residents spend 1 week shadowing a clinical medical physicist at UW-Madison Hospital & Clinics, Department of Human Oncology.

Medical Physicist(s) in support of clinical training in the residency program

First Name	Last Name	Title/Credentials	Physicist on-site? Y/N
Kevin	Kvasnica	Radiation Oncology Medical Physicist, MS	Yes
Gemma	Davies	Radiation Oncology Medical Physicist, PhD, DABR	No
Dustin	Jacqmin	Radiation Oncology Medical Physicist, PhD, DABR	No
Jennie	Crosby	Radiation Oncology Medical Physicist, PhD, DABR	No

A minimum of 1 hour of medical literature review with an ACVR-RO Diplomate is required monthly. Please describe this experience, and any additional formal or informal conferences available to the resident (including journal clubs, seminars, book reviews, etc.) that are not already listed above:

Twice-weekly RO rounds are held that include review of book chapters in radiobiology, radiation oncology, cancer biology and RO physic texts and journal articles.
Book Reviews, every Thursday - Hall, Radiobiology for the radiologist, van der Kogel; Khan, McDermott; Tannock & Hill, Winberg
Journal Club, every Tuesday - 2-3 articles based on tumor type from VRU, VCO, and other veterinary journals
Once weekly general oncology journal club with medical and radiation oncology - articles from human oncology journals.

The resident is required to present at least 2 lectures or scientific presentations during the course of the residency. Please describe how the program will fulfill this requirement:

The resident will present an abstract at VCS and/or ACVR-RO meetings. The resident will give 1-2 CE lectures at UW sponsored oncology CE meetings for practitioners. The resident will also present formal seminars at oncology, surgery and Grand rounds on topics of medical and radiation oncology.

The program must include an external beam radiation therapy machine in the megavoltage range and 3D computerized radiation treatment-planning capabilities to create treatment plans used for treatment delivery. Residents must have on-site access to treatment planning systems capable of forward and inverse planning even if both types of planning techniques are not deliverable at that institution.

Please list the manufacturer and model of the on-site external beam radiation therapy delivery system:

Varian, Eclipse treatment planning system, v.15.5 - Inverse and forward planning, not used clinically for treatment delivery. Used for resident training to develop plans using blocks, wedges, etc. with forward planning.

Residents spend 4 weeks at other institutions gaining experience in manual treatment set-ups using

photons. These are facilities with typical linear accelerators.

Please list the manufacturer and model of the on-site radiation therapy treatment planning system(s). Please indicate whether they are capable of forward or inverse planning, or both, and whether or not they are used clinically to deliver treatments:

Accuray, Radixact Helical TomoTherapy unit date installed 10/2020
IGRT using both MVCT and kVCT images for registration. Daily kVCT or MVCT images are registered with original planning CT allowing sub-millimeter accuracy in lateral, vertical, longitudinal and roll dimensions.
Unique image guided motion guided treatment of lung tumors (Synchrony).
Adaptive planning ability feature allows plan adaptation during treatment if patient or tumor parameters change (size, edema) affecting dose to critical structures or targets.

Accuray, Radixact, Precision - Inverse planning IMRT, used clinically to deliver treatments.

The clinical training requirements in the following six questions, described on pages 15 and 16 of the RO Essentials document can be fulfilled at a cooperating institution if the primary institution lacks resources to accomplish them. Training at cooperating institutions must be supervised by a Supervising or Supporting ACVR-RO Diplomate and a letter of agreement from the cooperating institution is required. The training requirements can be combined into a single minimum 2-week learning experience at the cooperating institution.

The residency program requires hands-on clinical experience to develop expertise and self-sufficiency in manual setups and manual treatment planning with photons. How does the program fulfill this requirement?

Residents spend 2-4 weeks at other institutions gaining experience in manual treatment set-ups using photons. These are facilities with typical linear accelerators.

The residency program requires hands-on clinical experience to develop expertise and self-sufficiency in manual setups and manual treatment planning with electrons. How does the program fulfill this requirement?

Residents spend 2-4 weeks at other institutions gaining experience in manual treatment set-ups using electrons. These are facilities with typical linear accelerators.

The residency program requires hands-on clinical experience with forward planning for 3D conformal radiotherapy (non-IMRT). How does the program fulfill this requirement?

We have Eclipse software (v.15.5) installed on two computers with physics data. Residents can practice formulating 3D-conformal plans (forward planning), IMRT step and shoot plans, and electron beam plans.
Residents are required to create plans for nasal tumors and brain tumors during their weeks working with technologists running our linear accelerator. We have a TomoTherapy machine, Radixact, with Precision treatment planning.
Residents also get experience using Varian True Beam and or Halcyon machines during their externship weeks.

The residency program requires hands-on clinical experience with inverse planning for IMRT. How does the program fulfill this requirement?

Our Radixact (TomoTherapy) machine has Inverse planning for IMRT. We have Eclipse software installed on two computers with physics data. Residents can practice formulating IMRT step and shoot plans.
Residents are required to create plans for nasal tumors and brain tumors during their weeks working with technologists running our linear accelerator.
Residents also get experience using Varian True Beam and or Halcyon machines during their externship weeks.

The residency program requires hands-on clinical experience in on-board imaging verification with MV or KV CT. How does the program fulfill this requirement?

Our on-site unit, Accuray, Radixact Helical TomoTherapy unit with Inverse planning IMRT, is used clinically to deliver treatments, uses daily kVCT and MVCT imaging before each treatment. Daily kVCT and MVCT

images are registered with original planning CT allowing sub-millimeter accuracy in lateral, vertical, longitudinal and roll dimensions prior to each treatment.
Residents also get experience using Varian True Beam and or Halcyon machines during their externship weeks.

The residency program requires hands-on clinical experience in on-board imaging verification with kV digital radiographs. How does the program fulfill this requirement?

Residents get experience with on-board imaging verification with kV digital radiographs using Varian True Beam and or Halcyon machines during their externship weeks.

The residency program requires hands-on clinical experience in on-board imaging verification with MV portal imaging. How does the program fulfill this requirement?

Residents get experience with on-board imaging verification with MV digital radiographs using Varian True Beam and or Halcyon machines during their externship weeks.

Radiologist(s) in support of the residency program [Must be Diplomate(s) of the ACVR or ECVDI]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Ken	Waller	Associate Professor, DACVR	Yes
Samantha	Loeber	Assistant Professor, DACVR (R, EDI)	Yes
Sara	Tolliver	Clinical Instructor, DACVR	Yes
Darrel	Yap	Assistant Professor, DACVR	Yes
Lisa	Forrest	Professor, DACVR (R, RO)	Yes

The residency program requires at least 26 weeks/year of on-site diagnostic imaging support from a ACVR or ECVDI Diplomate and availability for remote support for at least 45 weeks/year. How will the institution fulfill this requirement?

On-site Radiologist are on duty 52 weeks per year
Kenneth Waller - 18 weeks/year
Samantha Loeber - 26 weeks/year
Sara Tolliver - 26 weeks/year
Darrel Yap - 26 weeks/year
Lisa Forrest –16-20 weeks/year

How will the resident be trained in diagnostic imaging? Please provide a description of formal and informal training experiences as well as a description of the resident's role while rotating on a diagnostic imaging service:

The resident will spend 1 month exclusively in diagnostic imaging, which includes radiography, fluoroscopy, ultrasound and alternate imaging (CT/MRI/NucMed). During this time residents will dictate cases that will be finalized by radiology faculty on duty. The resident will be involved with any oncology patient undergoing CT or MR imaging during their residency outside this dedicated imaging time. The resident attends bi-weekly MRI rounds with radiology and neurology throughout the year and will be responsible for presenting an unknown MRI case.

The program must have on-site access to modern radiographic equipment, including digital or computed radiography, ultrasound, and CT. Does the institution fulfill this requirement?

Yes
1-DR radiography/fluoroscopy unit
1-DR large animal x-ray unit
2-GE Logic Ultrasound units
1-GE Logic portable ultrasound unit
1-GE 16-slice helical CT unit
1-GE 3 Tesla MRI unit

Medical Oncologist(s) in support of the residency program [Must be Diplomate(s) of the ACVIM, Specialty of Oncology]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
David	Vail	Professor, DACVIM (Oncology)	Yes
Ruthanne	Chun	Clinical Professor, DACVIM (Oncology)	Yes
Xuan	Pan	Associate Professor, DACVIM (Oncology)	Yes
MacKenzie	Pellin	Clinical Associate Professor, DACVIM (Oncology), DACVR (RO)	Yes

The residency program requires at least 26 weeks/year of on-site medical oncology support from an ACVIM (Oncology) Diplomate. How will the institution fulfill this requirement?

David Vail - 18 weeks/year on clinics
Ruthanne Chun - 18 weeks/year on clinics
Xuan Pan - 12 weeks/year on clinics
MacKenzie Pellin - 18 weeks/year on clinics

How will the resident receive training in medical oncology? Please provide a description of formal and informal training experiences as well as a description of the resident's role while rotating on a medical oncology service:

Residents spend 2 months on Medical Oncology exclusively.
Primary patient care of RO patients resides with RO. There are daily radiation oncology ward rounds where progress and toxicities of current radiotherapy patients are reviewed and there are daily oncology afternoon rounds to discuss daily appointments (new patients, rechecks; medical oncology & radiation oncology patients). Radiation Oncology Board rounds are held weekly where all current radiotherapy patients, potential cases, and follow-up on previous patients are discussed. There are weekly Oncology Group Meetings where journal articles, research updates and clinical management concerns are presented. There are weekly clinical pathology rounds where slides from current patients are reviewed. Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and upcoming oncology patients that will/have undergone surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy (pre-op vs. post-op), additional surgery). The resident will spend 2 months on medical oncology exclusively, receiving new and re-check oncology patients.

Surgeon(s) in support of the residency program [Must be Diplomate(s) of the ACVS]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Sara	Colopy	Clinical Assistant Professor, PhD, DACVS	Yes
Robert	Hardie	Clinical Professor, DACVS	Yes
Peter	Muir	Professor, DACVS	Yes

The residency program requires at least 26 weeks/year of on-site surgical support from an ACVS Diplomate. How will the institution fulfill this requirement?

There are at least 2 surgeons on clinical duty 50 weeks/year

Surgery, Oncology, Radiation Oncology rounds are held bi-weekly where surgeons, radiation/medical oncologists, radiologists, and pathologists meet to discuss recent and upcoming oncology patients that will/have undergone surgery, the pathology reports, and recommendations for further treatment (chemotherapy, radiation therapy (pre-op vs. post-op), additional surgery) are discussed.

Pathologist(s) in support of the residency program [Must be Diplomate(s) of the ACVP (Anatomic or Clinical Pathology) or ECVP (Clinical Pathology)]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Kristen	Friedricks	Clinical professor, ACVP, clinical pathology	Yes
Allison	Dusick	Clinical Assistant Professor, ACVP, clinical patholog	Yes
LaTasha	Crawford	Assistant Professor, ACVP, anatomic pathology	Yes
Lorelei	Clarke	Clinical Assistant Professor, ACVP, anatomic pathology	Yes

The residency program requires at least 45 weeks/year of anatomic and clinical pathology support by ACVP Diplomates. If not on-site, a letter of support must be submitted. How will the institution fulfill this requirement?

Weekly cytology rounds occur where residents and faculty view recent and current submissions.
Weekly (3-5 day/week) Necropsy rounds are held where anatomic pathologist present selected necropsy cases with gross anatomy findings.

Weekly 1-hour cytology/histopathology rounds occur where residents and faculty view recent and current submissions.

At least 1 week or 40 hours in a clinical rotation or rounds with a clinical pathologist are required during the residency program. If off-site, a letter of agreement must be submitted. How will the institution fulfill this requirement?

Weekly cytology rounds occur where residents and faculty view recent and current submissions. Residents consult clinical pathologists whenever fine needle aspirates are submitted on current cases (3-5 days / week)

Anesthesia Specialists in support of the residency program [Must be Diplomate(s) of the ACVAA or ECVAA, or Veterinary Technician Specialists (VTS)]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Kyle	Barthomew	Clinical Assistant Professor, DACVAA	Yes
Tatiana	Ferreira	Clinical Associate Professor, DACVAA	Yes
Adrianna	Sage	Clinical Assistant Professor, DACVAA	Yes

The residency program requires two 1-week (40-hour per week) clinical rotations (80 hours in total) in anesthesia with an Anesthesia Specialist, as defined above. Please provide a description of this training experience and the resident's role on this rotation.

The resident spends 2-weeks in anesthesia. This includes daily anesthesia rounds, being responsible for anesthesia patient evaluation (blood work, any imaging), preparing an anesthesia patient plan that is approved by an anesthesiologist and delivery of anesthesia from intubation to extubation. Patients may be oncology, imaging, or surgery cases.

Neurologist(s) in support of the residency program [Must be Diplomate(s) of the ACVIM, Specialty of Neurology or ECVN]

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Helena	Rylander	Clinical Professor, DACVIM (neurology)	Yes
Starr	Cameron	Clinical Associate Professor, DACVIM (neurology)	Yes
Natalia	Zidan	Clinical Assistant Professor, DACVIM (neurology)	Yes

The residency program requires a 2-week clinical rotation supervised by a Diplomate of the ACVIM (Neurology) or ECVN. Please provide a description of the training experience and resident's role on this rotation.

Resident spends 2-weeks in neurology. This includes daily rounds, evaluation of and primary care for cases presenting to the neurology service. Practice performing neurologic examinations and following cases through diagnostic testing including digital radiography, CT, MRI and EMG, when indicated.

The resident attends bi-weekly MRI rounds with radiology and neurology throughout the year and will be responsible for presenting an unknown MRI case. This occurs throughout the year.

Please list all additional board certified specialists in direct support of the residency program. If offsite, please explain relationship:

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite
Christopher	Snyder	Clinical Professor, DAVDC	onsite
Jason	Soukup	Clinical Professor, PhD, DAVDC	onsite

Evaluation of resident performance and progress must be documented every 6 months through appropriate techniques, including faculty appraisal, or oral or written tests, or a combination of these. Institutional resident evaluation forms should be submitted as part of the residency application. How will the program fulfill this requirement?

Residents are evaluated every 6 months by RO faculty, RO technologists and Medical oncology faculty (form attached). They are provided feedback in a summary document, which is discussed with them in individual meeting.

Residents are also reviewed by clients of patients seen by residents via Qualtrics (sample review attached). They receive this information from the Associate Dean of Clinical Affairs and is shared with RO faculty.

If applicable, please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended. If possible, provide the status of each individual with respect to the board certification process.

1 Audrey Stevens, DVM, DACVR-RO, 2019. Currently in private referral practice in San Diego, CA.
2. Nate Van Asselt, DVM, DACVR-RO, 2020. Currently Clinical Assistant Professor in radiation oncology at UW-Madison School of Veterinary Medicine, Madison, WI.
3. Marilia Takada, DVM, DACVR-RO, 2021. Currently Assistant Professor in radiation oncology at Florida State, Gainsville, FL
4. Steven Moirano, DVM, DACVR-RO, 2022. Currently in private referral practice in Long Island, NY
5. Karanbir Randhawa, DVM, DACVR-RO, 2023. Currently in private referral practice in Dallas, TX

Please list any additional information of interest in support of this residency application.

All journal clubs, book clubs, MRI bi-weekly rounds are in-person and virtually on MS Teams. This allows faculty working from home or in case of Lisa Forrest when on Radiology clinics to attend these rounds.

Upload the following information

- CVs (current within 1 year and maximum of 2 pages) for each radiation oncologist, radiologist and medical oncologist involved in the training program
- Resident calendar that includes the following:

24 months of RO-specific activities (primary case responsibility, treatment planning, 1 week/year of radiation therapist activities)
    - 8 weeks of medical oncology
    - 4 weeks of diagnostic imaging
    - 40 hours of medical physics
    - 40 hours of clinical pathology
    - 80 hours of anesthesia in minimum 1-week blocks
    - 2 weeks of neurology
    - 2-week minimum off-clinic time per year (study, research, etc) not including vacation
    - Vacation time as mandated by state/institution
    - Required outrotations at cooperating institution(s)
- Letters of agreement from cooperating institutions
- Letter of agreement from medical physics support for clinical training
- Residency evaluation forms
- Syllabi for any formal or informal coursework

CVs

CV abbreviated 2 pages Chun.docx

CV abbreviated 2 pages Toll….docx

CV abbreviated 2 pages Yap.docx

DV biosketch-2 page.docx

Nathaniel Van Asselt CV-Re… .docx

Pellin biosketch 2 page.docx

Turek_CV_Jan2024.pdf

WallerCV_2024 2 page.docx

Xuan Pan CV 2024 2 page.doc

biosketch-Forrest_ACVR 20… .docx

Resident Calendar

- 3 year RO schedule 2024.xlsx

Letters of Agreement From Cooperating Institutions

- CSU Radiation Oncology res….docx
- Extern training letter KR.docx
- LetterOfAgreementUWMfeb….docx
- Letter_Extern Training Steve….docx

Letter of Agreement from Medical Physics Support for Clinical Training

- 2.19.24 Kvansnica Physics l….docx

Residency Evaluation Forms

- RO resident eval template.docx

Syllabi for Coursework

- UWVC_Visit_Itinerary_20240… .pdf
- Exam Resources 2023.pdf
- Physician_Resident_Physics_… .pdf
- Radbio Speaker Contact Info … .pdf
- Review Course Agenda 2023 … .pdf
- Review Course Info Sheet Ju… .pdf


PDF
UWVC_Visit_Itinerary_20240… .pdf