

# 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 <u>ACVR Residency Program Essential Training Standards and Requirements</u>(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	Purdue University
Residency Program Director Name	Carrie Fulkerson
Residency Program Director Email	cvantass@purdue.edu
F	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 29, 2024
	Objectives

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

1. To train the resident in basics of radiobiology, radiation physics, radiation protection, radiation dosimetry and radiation safety.

2. To help the resident in developing clinical skills in diagnostic imaging which include: diagnostic radiology, ultrasound, computed tomography, magnetic resonance imaging and nuclear scintigraphy.

2. To train the resident in computed tomography, magnetic resonance imaging and nuclear scin

3. To train the resident in scientific research and literature evaluation.

- 4. To provide opportunities for teaching and scientific presentations.
- 5. To prepare the resident for certification examination by the American College of Veterinary Radiology

# **Training Period**

What is the total length of the training 36 program?

What is the anticipated length of<br/>supervised clinical training a resident<br/>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?

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

1. Resident research project

2. Requirements for completion of the Master's program at Purdue which includes presentations,

- attending and teaching classes and technical instruction
- 3. Vacation
- 4. Preparation for ACVR Certification Examination

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

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

What percentage of the Residency65Director's time is committed to clinicalservice at the primary traininginstitution?

How many weeks per year will the 32 Residency Director be on clinical service and teaching residents at the primary training institution?

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**Additional Training Diplomates** 

Please review the definitions and responsibilities of <u>Supervising Diplomate and Supporting Diplomate</u> in the RPE document. Note that Supervising Diplomates will be required to provide at least 10 weeks of clinical duty in primary support of residents in this program, and are expected to participate in all facets of residency training. Supporting Diplomates aid in residency training, but provide support that is limited, as by modality (e.g. only works in ultrasound), time commitment (e.g. clinical duty < 10 weeks per year), or other constraints that prevent them from qualifying as a Supervising Diplomate.

Provide a copy of affiliation agreements with any diplomates that are located at an external institution (see Affiliation Agreement item at the end of this section).

**Excluding the Residency Director,** please list all training diplomates who will act as Supervising Diplomates of this residency program. Indicate the approximate number of hours per year each supervisor will be scheduled on clinical duty with primary support of residents and, if applicable, any specific areas of instructional responsibility (e.g. trains mostly in small animal, trains mostly in MRI, etc). If a 'Supervising Diplomate' position will be comprised of multiple radiologists, please list the cohort as a single entity or institution for this question (e.g. "teleradiologists" or private institution name)

Name: Masahiro Murakami

Hours/Year: 24 weeks/year

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

Institution: Purdue University

Name: Ana Pinto

Hours/Year: 33 weeks/year

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

Institution: Purdue 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	Lynn Guptill
ACVIM Member Institution	Purdue University
ACVIM Member Email	guptillc@purdue.edu

ACVS Member Name	Mark Rochet
ACVS Member Institution	Purdue University
ACVS Member Email	mrochat@purdue.edu
ACVP Member Name	Craig Thompson
ACVP Member Institution	Purdue University
ACVP Member Email	cathomps@purdue.edu

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# **Resident: Supervising Diplomate Ratio**

The number of residents in the program cannot exceed twice the number of Supervising Diplomates **onsite**. 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?

# **ACVR Residency Training Program Application**

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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)

Radiography: R&F RADIOLOGY ROOM DR- CANON (VETROCKET) DEL MEDICAL RADIOLOGY -DR- CANON(VETROCKET) DEL MEDICAL RADIOLOGY -DR- CANON (VETROCKET) GE- EQUINE RADIOLOGY- DR- CANON (VETROCKET) FARM ANIMAL - MINRAY/DR SYSTEM

Ultrasound: TOSHIBA U/S 701 TOSHIBA U/S 801

CT: GE-VCT 64 (SMALL ANIMAL) CANON AQUILLION /QUALIBRA CT (EQUINE)

MRI: MRI- 1.5T 23X SOFTWARE

Nuclear Scintigraphy: MIE NUC MED SYSTEM

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

For each modality residents with have 2-6 weeks of hands on learning (depending on modality). Residents will learn imaging acquisition, patient positioning, specific protocols and modality physics for each modality. At the end of this time residents will be able to perform all imaging acquisition and begin study interpretation.

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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 24430 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.

What is the average annual imaging 7200 caseload at the primary institution over the past 3 years? Each body region imaged for a given patient (e.g. thorax, abdomen, spine, etc) will count as a single study.

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

#### Small animal radiology

7000

Large animal radiology	800
Abdominal ultrasound	3000
Non-abdominal ultrasound	300
Computed tomography	1080
Magnetic Resonance Imaging	370
Nuclear scintigraphy	36
Indicate the approximate species breakdown of the imaging caseload at	Small animals (canine, feline): 82
the primary institution in the following categories:	Large animals (equine, bovine, porcine, etc.): 15
	Avian, Exotic, and Wildlife animals: 3

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

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What percentage of the total imaging 90 caseload at the primary institution results in a written imaging report being generated by either the residents or the training radiologist diplomates in this program?

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

A teleradiology company is used to supplement the radiologists in times of need.

What percentage of the preliminary reports generated from the imaging caseload are initially produced by the resident(s) in this program?	90
Does this institution concurrently support the training of diagnostic imaging interns?	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?

24-48hrs

What percentage of all imaging95reports (resident and diplomategenerated) is finalized and availableto requesting clinicians within 48hours after the exam is submitted forradiologist consult?

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

If after-hours radiograph cases need STAT interpretation residents will interpret these cases. Radiograph not requiring immediate interpretation by clinician will either be read the next working day or sent to teleradiology.

All after-hours US, CT and MRI will be interpreted by on-call resident. Residents are compensated for on-call cases.

For each category below, calculate the approximate number of cases that a single resident will <u>interpret at</u> <u>the primary institution with radiologist feedback</u> during the course of the entire residency program. These numbers should be calculated using the annual imaging caseload adjusted to include only those with written reports generated by the residents. In general, this number should then be divided by the total number of residents in a program during a given year.

If external rotations for the resident(s) are employed to increase the resident caseload in any given category, please be sure to upload affiliate agreements that include the expected number of reports that residents can expect to generate (with radiologist feedback) for cases in those categories.

Small animal radiology	5000
Large animal radiology	700
Abdominal ultrasound	2200
Non-abdominal ultrasound	200
Computed tomography	1100
Magnetic resonance Imaging	300

#### Nuclear scintigraphy

25

How many ultrasound exams will a 2100 single resident perform with radiologist supervision and feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded.

Do residents in this program have ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies?

Yes

fine needle aspirates and biopsies?

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

Physics of Diagnostic Imaging	Yes
Radiobiology	No
Nuclear Medicine	No
Ultrasonography	No
Computed Tomography	No
Magnetic Resonance Imaging	No
Other	No

# Briefly describe the formal courses that are available for the resident(s) in this program by indicating the institution, course title, course number, and credit hours as well as any other relevant information. For any topics for which formal course work is not provided for the resident(s), please explain how educational objectives in these topics will be met.

Radiology, ultrasound, nuclear Medicine, CT and MRI Physics are covered in resident rounds through journal review and discussions and book club.

External learning is provided through online courses - MRI in practice, large animal imaging, and nuclear scintigraphy.

Purdue's resident masters program provides didactic courses in statistics and research.

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

Yes



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### **Research Environment**

Review the Research Requirements listed in the RPE document.

Over the last five years, what is the 15 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)

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

If this is an established program, what 100 percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting?

Briefly describe if/how residents are encouraged to engage in investigative work and what mechanisms are in place for training diplomates to support this work.

It is a requirement for the masters program.

# **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.

2-3 didactic lectures in the 2nd and 3rd year1 departmental seminar a year1 scientific presentation during residency

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

Student rounds and labs Journal club Book club

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

Digital teaching file with cases

How many Known Case Conferences 20 are conducted annually?

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

Mondays are either journal club or KCC. Master's program courses are Wednesday mornings on semesters when courses are taught. Book club one day a week. Dedicated case rounds T-Thurs with impromptu rounds during clinical day. Friday mornings are departmental seminars.

# 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.

Veterinary school library on site with online access to numerous journals and textbooks.

# **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.

Charlie Artiles, cartiles@purdue.edu, 7/2020 - 7/2024 (last resident of 4 year program) Christy Buckley, buckle29@purdue.edu, 7/2021 - 7/2024 Ori Nagasaka, onagasaka@purdue.edu, 7/2022 - 7/2025 Jack Jarvis, jarvis25@purdue.edu, 7/2023 - 7/2026

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

Yes

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

Carrie Fulkerson Masahiro Murakami Ana Pinto

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.

Residents can report concerns/issues to resident director, the resident committee or department head. There is also a direct internal on-line bias incident reporting system. Residents are able to use the on-site counseling services.

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### **Appendix**

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

# Preliminary Board Exam Pass Rate

2020	Number Of Prelim Board Eligible Residents: 1
	Number of Residents That Took Prelim Exam: 1
	Number of Residents That Passed On 1st Attempt: 1
	Number of Residents That Passed After Multiple Attempts: 0
	Number of Residents That Have Not Passed: 0
2019	Number Of Prelim Board Eligible Residents: 1
	Number of Residents That Took Prelim Exam: 1
	Number of Residents That Passed On 1st Attempt: 1
	Number of Residents That Passed After Multiple Attempts: 0
2018	Attempts: 0
2018	Attempts: 0 Number of Residents That Have Not Passed: 0
2018	Attempts: 0 Number of Residents That Have Not Passed: 0 Number Of Prelim Board Eligible Residents: 2
2018	Attempts: 0 Number of Residents That Have Not Passed: 0 Number Of Prelim Board Eligible Residents: 2 Number of Residents That Took Prelim Exam: 2

Number Of Prelim Board Eligible Residents: 2

Number of Residents That Took Prelim Exam: 2

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 1

Number of Residents That Have Not Passed: 0

2016

Number Of Prelim Board Eligible Residents: 1

Number of Residents That Took Prelim Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

## **Certifying Board Exam Pass Rate**

2020

Number of Certifying Board Eligible Residents: 3

Number of Residents That Took Certifying Exam: 3

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 2

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 2

Number of Residents That Took Certifying Exam: 2

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 2

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 1

2018

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 1

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

Number of Certifying Board Eligible Residents: 1

Number of Residents That Took Certifying Exam: 1

Number of Residents That Passed On 1st Attempt: 1

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

# **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.

## **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.