

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.

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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 Red Bank Veterinary Hospital

Residency Program Director Name Andrew Weissman

Residency Program Director Email andrew.weissman@rbvh.net

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.

- 1. To provide clinical training to residents in all modalities of veterinary diagnostic imaging.
- 2. To provide the clinical experience and didactic work necessary to become well-educated diagnosticians.
- 3. To prepare candidates for successful completion of the board examinations and certification process with the American College of Veterinary Radiology.

Training Period

What is the total length of the training 36 program?

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?



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

- Self-study and preparation for the board examinations.
- Participation in short courses, continuing education events, and webinars sponsored by other institutions.
- Research and manuscript preparation.
- Teaching rounds with students and other house officers.
- House officer lecture series

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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 <u>ACVR Residency Program 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 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?

48

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Additional Training Diplomates

Please review the definitions and responsibilities of <u>Supervising Diplomate</u> and <u>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: Maura Cicci Hours/Year: 1920

Specific Areas and/or Limitations of Instructional Responsibility: Small animal Rads, US, CT, MR, Fluoro, IR procedures, KCC

Institution: RBVH

Name: Timothy Manzi

Hours/Year: 640 (16 hours/week x 40 weeks/year)

Specific Areas and/or Limitations of Instructional Responsibility: Small animal rads, CT, MR, nuclear medicine and equine, KCC

Institution: RBVH

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 Elena Kabatchnick

ACVIM Member Institution RBVH

ACVIM Member Email elena.kabatchnick@rbvh.net

ACVS Member Name Garrett Davis

ACVS Member Institution RBVH

ACVS Member Email garrett.davis@rbvh.net

ACVP Member Name Denise Wunn

ACVP Member Institution IDEXX/RBVH

ACVP Member Email denise-wunn@idexx.com

Upload any affiliation agreement(s) with Supervising Diplomates, Supporting Diplomates, or Diplomates in other specialties that are located at external institutions. (see Affiliation Agreement section at the end of this application.) Refer to the RPE document for an explanation of what information should be included in such agreements.



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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?

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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
	165
Fan-beam CT	Yes
Nuclear acintinganhy	
Nuclear scintigraphy	No

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

3 Digital Radiography (DR) rooms with Sound Summit plates

2 Canon Aplio 700 Ultrasound machines with micro, macro, and linear probes

GE Revolution Maxima ES 128 slice CT with power injector

GE Signa Artist 1.5T MRI

GE Discovery 710 128 slice PET/CT with power injector

Seimens Artis Zee fluoroscopy

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

- Our residents will take part in running the CT machine as well as Q/A CTs that are performed by our technicians.
- Our residents will take part in MRI sequence selection and acquisition alongside the neurology department.
- Our residents will have 6 weeks of externship experience at the University of Pennsylvania School of Veterinary Medicine, New Bolton Center for training in Large Animal Diagnostic Imaging (Equine and Food Animal) and Nuclear Medicine. Additionally, the residents will have access to the teaching file from this institution during their externships to further their large animal imaging knowledge.

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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.

20000

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.

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

54000 Small animal radiology Large animal radiology Abdominal ultrasound 6983 Non-abdominal ultrasound 69 Computed tomography 1100 **Magnetic Resonance Imaging** 1933 0 **Nuclear scintigraphy** Indicate the approximate species Small animals (canine, feline): 90 breakdown of the imaging caseload at the primary institution in the following Large animals (equine, bovine, porcine, etc.): 0 categories: Avian, Exotic, and Wildlife animals: 10

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

Large animal ultrasound

No

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

Food/fiber animal imaging

No

Exotics imaging

Yes

Teleradiology/Referral imaging

Yes

following categories?

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).

We intend for our residents to spend 6 weeks of externship experience at New Bolton Center (NBC) at the University of Pennsylvania's School of Veterinary Medicine for training in Large Animal Diagnostic Imaging (Equine and Food Animal) and Nuclear Medicine, under the guidance of four board-certified radiologists (three of which are boarded in equine diagnostic imaging). Additionally, our residents will be able to attend monthly large animal known case conference rounds through NBC.

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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.

Spinal and Brain MRI is primarily interpreted by our board-certified neurologist (with 30 years of clinical experience since obtaining board certification). On weeks that the resident is assigned to MR, they are responsible for drafting all MR studies that are conducted during the week. The resident will work alongside the neurologist and neurology intern/resident on duty to discussed the case. The imaging resident will draft the report and then make any edits with one of the on-duty diplomate before finalizing it.

Training in equine MRI will occur during externships at NBC.

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

10

Does this institution concurrently support the training of diagnostic imaging interns?

No

What percentage of residentgenerated 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?

No current residents in training, but the goal is to have cases finalized within 72 hours.

What percentage of all imaging 90 reports (resident and diplomate generated) is finalized and available to requesting clinicians within 48 hours after the exam is submitted for radiologist consult?

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

Our department is staffed by diplomates 5 days/week. After-hours cases are read the following morning. Holiday and weekend cases are read the next business day morning or PRN throughout the weekend. A small number of cases overflow to teleradiology on the weekend and would not significantly affect our overall case numbers.

For each category below, calculate the approximate number of cases that a single resident will <u>interpret at 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	6000	
Large animal radiology	0	
Abdominal ultrasound	1500	
Non-abdominal ultrasound	50	
Computed tomography	500	
Magnetic resonance Imaging	250	
Nuclear scintigraphy	0	
How many ultrasound exams will a single resident perform with radiologist supervision and feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded.	1000	
Do residents in this program have ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies?	Yes	
Please indicate whether this training program includes formal courses in any of the following topics:		
Physics of Diagnostic Imaging	No	
Radiobiology	No	
Nuclear Medicine	No	

No

No

No

No

Ultrasonography

Other

Computed Tomography

Magnetic Resonance Imaging

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

resident(s), please explain how educational objectives in these topics will be met.

No formal courses are provided. Education in these areas occurs as independent study and chapter rounds from pertinent texts (e.g. Bushberg, Hall, Kremkau, etc.). Attendance is also expected at various short courses available in-person or online (e.g. Nuc Med, Brain Camp (Imaging portion), LADIS, RSNA Physics Modules, etc.)

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

Yes

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

No

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Research Environment

Review the Research Requirements listed in the RPE document.

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

2

How many peer-reviewed publications 0 are expected of a resident completing the program?

If this is an established program, what 0 percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting?

mechanisms are in place for training diplomates to support this work.

Residents are encouraged to ask a clinical question that can be answered with a retrospective or prospective study within the time frame of their residency. This process starts within the first few months of residency and requires compiling a study protocol that is submitted for IACUC approval.

Grant writing may also be included in this process. Training diplomates are supported in this work with colleagues from Ethos Discovery that provide expertise in study design, data acquisition, statistical analysis, and manuscript preparation.

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.

Residents are required to give 3 CE lecture (1/year) and 1 grand rounds presentation.

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

The residents are expected to help clinically train interns and visiting externs that rotate through the department. Similarly, residents are expected to educate house officers from other departments (Surgery, Neurology, Emergency, Cardiology) when they consult with us about clinical cases.

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

No current teaching file

How many Known Case Conferences 26 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.

Journal Club: Bi-weekly Topic Rounds: Monthly

IDEXX Rounds: Several times/month

OSU Equine Rounds: Monthly NBC Equine KCC: Monthly

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.

Ethos provides free online access to 18 major veterinary journals to all employees. The Radiology department also maintains a current library of textbooks for clinical reference and board preparation.

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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.

N/A

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

No current residents

List the current members of the resident review committee.

N/A

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

The resident is expected to bring any concerns to the attention of the Resident Director. If the matter involves the Resident Director or if the resident feels uncomfortable discussing the problem with the radiologists in the department,

the resident can contact the Hospital Service Manager for Imaging or any member of the People & Organizations Department (HR) to discuss the matter.

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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: N/A

Number of Residents That Took Prelim Exam: N/A

Number of Residents That Passed On 1st Attempt: N/A

Number of Residents That Passed After Multiple Attempts: N/A

Number of Residents That Have Not Passed: N/A

2019	Number Of Prelim Board Eligible Residents: N/A
	Number of Residents That Took Prelim Exam: N/A
	Number of Residents That Passed On 1st Attempt: N/A
	Number of Residents That Passed After Multiple Attempts: N/A
	Number of Residents That Have Not Passed: N/A
2018	Number Of Prelim Board Eligible Residents: N/A
	Number of Residents That Took Prelim Exam: N/A
	Number of Residents That Passed On 1st Attempt: N/A
	Number of Residents That Passed After Multiple Attempts: N/A
	Number of Residents That Have Not Passed: N/A
2017	Number Of Prelim Board Eligible Residents: N/A
	Number of Residents That Took Prelim Exam: N/A

N/A

Attempts: N/A

Number of Residents That Passed On 1st Attempt:

Number of Residents That Passed After Multiple

Number of Residents That Have Not Passed: N/A

Number Of Prelim Board Eligible Residents: N/A

Number of Residents That Took Prelim Exam: N/A

Number of Residents That Passed On 1st Attempt: N/A

Number of Residents That Passed After Multiple Attempts: N/A

Number of Residents That Have Not Passed: N/A

Certifying Board Exam Pass Rate

2020

Number of Certifying Board Eligible Residents: N/A

Number of Residents That Took Certifying Exam: N/A

Number of Residents That Passed On 1st Attempt: N/A

Number of Residents That Passed After Multiple Attempts: N/A

Number of Residents That Have Not Passed: N/A

2019

Number of Certifying Board Eligible Residents: N/A

Number of Residents That Took Certifying Exam: N/A

Number of Residents That Passed On 1st Attempt: N/A

Number of Residents That Passed After Multiple Attempts: N/A

Number of Residents That Have Not Passed: N/A

2018	Number of Certifying Board Eligible Residents: N/A
	Number of Residents That Took Certifying Exam: N/A
	Number of Residents That Passed On 1st Attempt: N/A
	Number of Residents That Passed After Multiple Attempts: N/A
	Number of Residents That Have Not Passed: N/A
2017	Number of Certifying Board Eligible Residents: N/A
	Number of Residents That Took Certifying Exam: N/A
	Number of Residents That Passed On 1st Attempt: N/A
	Number of Residents That Passed After Multiple Attempts: N/A
	Number of Residents That Have Not Passed: N/A
2016	Number of Certifying Board Eligible Residents: N/A
	Number of Residents That Took Certifying Exam: N/A
	Number of Residents That Passed On 1st Attempt: N/A
	Number of Residents That Passed After Multiple Attempts: N/A
	Number of Residents That Have Not Passed: N/A

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.