Rachel St-Vincent

rachel.stvincent@amcny.org

Submitter	Rachel St-Vincent
Submission Date	Jan 30, 2025 1:04 PM
By clicking below, I acknowledge that I have reviewed the Radiation Oncology (RO) Residency Program Essentials Training Standards and Requirements.	I have reviewed the RO Residency Program Essentials Training Standards and Requirements.
Submission Date	Jan 17, 2025
Please select one of the following:	This is a reapplication for an existing program.
Program/Institution Name	The Schwarzman Animal Medical Center
Date of Initial Program Approval	Jan 30, 1014
Date of Last Program Reapproval	Jan 28, 2022
Do you currently have radiation oncology resident(s) in training?	Yes

Please list the resident(s) currently in training at your institution.

	Name	Email	Start Date	End Date	Note Here if New to Program or Transfer
Resident 1	John	Fischer	July 2024	July 2027	New
Resident 2	Joseph	Moschella	July 2024	July 2027	New
Resident 3					
Resident 4					
Resident 5					
Resident 6					

	Name	Email	Start Date	End Date	Note Here if New to Program or Transfer
Resident 7					
Resident 8					
Resident 9					
Resident 10					

Residency Director Name

Rachel St-Vincent

Residency Director Email

rachel.stvincent@amcny.org

Primary Training Institution Address

510 E 62nd St

New York, New York, 10065-8314

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
Rachel	St-Vincent	DVM, MVSc, DACVR(RO)	Rachel.stvincent@amcny.org	2123298800	45
Heather	Ashcraft	DVM, DACVR(RO)	heather.ashcraft@amcny.org	2123298800	45

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:

We now have two RO diplomates available and therefore there will always be at least one available 5 days/week. In the event that a scheduled diplomate is not able to come in to work due to illness during the other diplomate's time off, then the other diplomate will be available on call via phone or facetime. Verification of patient positioning can be done online and facetime. Participation of daily case-based rounds can be done via zoom, phone or facetime. Review of plans can be performed remotely and discussed via zoom. Consultations can be performed via conference call with resident and client by phone.

This application is for (check one):

Standard Program

Comments:

NA

What is the total length (in months) of the training program?	36
Number of months dedicated solely to radiation oncology-specific activities as defined in the ACVR-RO Residency Essentials Training Standards document:	24-26
Primary Training Site:	The Schwarzman Animal Medical Center, Manhattan
Hospital/University	The Schwarzman Animal Medical Center
Department	Radiation Oncology
Address	510 E 62nd St New York, New York, 10065-8314

Cooperating Institution(s) [if applicable]

Cooperating Institution (if applicable)	Hospital / University	Department	Street Address	City	State/Province	Postal/Zip Code
Columbia University Irving Medical Center	Presbyterian Hospital - Herbert Irving Comprehensive Cancer Center	Radiation Oncology	622 W 168th St, New York, NY 10032	New York	New York	10065-8314
Icahn School of Medicine at Mount Sinai	The Mount Sinai Hospital	Radiation Oncology	1 Gustave L. Levy Pl, New York, NY 10029	New York	New York	

Advanced Degree and Research/Publication Requirement

	Yes	No	Optional
Masters		●	
PhD		●	
Research Project	●		
Publication		●	

Documentation of residency completion is required to obtain Diplomate status. Is receipt of residency certificate dependent on completion of

Yes

advanced degree/research/publication?	
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 still perform manual planning on several cases at our institution. This requires manual calculation using %DD, TMR and Scatter factor tables as well as the use of RadCalc for verification. Included in their training are Mock planning sessions to describe manual planning with blocks on a tray since our system now sets up with MLCs rather than blocks. Calculations of Equivalent Squares as well as Effective Equivalent Squares are routinely performed with the residents for ALL manual plans. Residents are required to plan cases with both 3DCRT and IMRT/VMAT on certain cases for practice and evaluation of the differences in tumor coverage and OAR dose between the different plans throughout their program. Actual 3DCRT plans are rarely performed on patients now at our facility.
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:	During the first part of the resident training, resident are taking primary responsibility of their patients, however the Staff doctors actually go over the options and side effects with the clients until they become more comfortable with these options. Residents are expected to take full responsibility from beginning to end of their cases by their third year. Discussion of all cases during rounds however will take place to assure all resident questions are answered and Staff doctors are in agreement with resident treatment recommendations.
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	Yes

verification imaging. Does the program fulfill these requirements?	
Comments:	Due to the extensive amount of computer programs to learn for this specialty, training on the linac and positioning is done gradually during the first year while they focus mostly on learning the Radiation Physics and Radiation Biology first. Therefore their first week of Linac rotation only starts at the end of the first year/beginning of the second year of their program. They do however fulfill a total of three rotations during their entire program. CT set ups are performed by the residents throughout the resident's entire residency program starting from the beginning of their first year with the participation and guidance of a boarded Radiation Oncologist, Dosimetrist or Therapist. The residents are expected to perform all routine standard CT set ups (Heads, Heart base, Pelvic/abdomen and Proximal limbs) on their own by Mid-second year.
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 residents will be taking a formal Radiation and Cancer Biology course offered through the Icahn School of Medicine at Mount Sinai in New York City. In addition to this, the book Radiobiology for the Radiologist written by Eric Hall will be reviewed with the Residents during the Radiation oncology teaching rounds throughout the program. Various articles pertaining to radiation biology will also be discussed during journal club discussions.
Please provide instructors' names and credentials for radiation biology formal and informal training:	Formal Course Instructor: Barry S Rosenstein, B.A., M.S., Ph.D. Informal Training (Radiation Oncology Teaching rounds and Journal Club): Rachel St-Vincent, DVM, MVSc, DACVR(RO) Heather Ashcraft, DVM, DACVR(RO)
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.	The residents will be taking a formal Radiation and Cancer Biology course offered through the Icahn School of Medicine at Mount Sinai in New York City. In addition to this, the book The Basic Science of Oncology written by Harrington, Tannock et al, will be reviewed with the Residents during the teaching rounds (Radiation oncology and Medical oncology teaching rounds) throughout the program. Various articles pertaining to cancer biology will also be discussed during journal club discussions.
Please provide instructors' names and credentials for cancer biology formal and informal training:	Formal Course Instructor: Barry S Rosenstein, B.A., M.S., Ph.D. Informal Training (Radiation Oncology Teaching rounds, Journal Club and Medical Oncology Teaching Rounds): Rachel St-Vincent, DVM, MVSc, DACVR(RO) Heather Ashcraft, DVM, DACVR(RO) Renee Alsarraf, DVM, DACVIM(Onc) Nicole Leibman, DVM, MS, DACVIM(Onc) Ann Hohenhaus, DVM, DACVIM(SAIM, Onc) Brook Britton, DVM, DACVIM(Onc)
Please provide instructors' names and credentials for didactic (non-clinical) medical physics formal and informal training:	Formal Course Instructor: Michael Price, PhD Formal Radiation Oncology Physics taken at Columbia University, Herbert Irving Comprehensive Cancer Center in New York City. Informal Training: Radiation Oncology Teaching rounds and Journal Club, Rotation with Physicists: Rachel St-Vincent, DVM, MVSc, DACVR(RO) Heather Ashcraft, DVM, DACVR(RO) Mordy Loksen, MS, CMD Ray Beers, MS, DABMP Kenneth Satchwill, MS, DABR
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.	Residents will spend time with one of our physicists throughout their residency program and go over required physicist responsibilities to include: Patient Treatment Planning Chart Reviews IMRT/SRT patient plan QAs Linear Accelerator Quarterly and Annual QAs - Residents will participate in this process after hours when the QA is performed. Linac operations and Calibrations

Strontium Leak testing
Commissioning process of Linac and computer treatment planning software

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

First Name	Last Name	Title/Credentials	Physicist on-site? Y/N
Ray	Beers	MS, DABMP	No
Kenneth	Satchwill	MS, DABR	No
Mordy	Loksen	MS, CMD	Yes

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:

A list of articles are assigned to each resident for them to read, summarize and present followed by discussion (minimum 3 participants but ideally 4+ participants). Articles to be discussed at each session will most often pertain to a lit review of ONE particular subject (examples Lit review of Gliomas, but which may cover various aspect of the subject such as, biology, pathology, imaging, treatment responses of radiation treatment options and other non-radiation treatment options).

When there is no scheduling conflict with their training program and the ACVR journal club, residents will be expected to participate at these monthly sessions and will be expected to present to some of them as well.

Residents will be participating in Book Reviews during the Medical and Radiation Oncology Teaching rounds and/or Formal courses which will cover at least: Radiobiology for the Radiologist, The Basic Science of Oncology, Withrow and MacEwen's Small Animal Clinical Oncology, Khan's The Physics of Radiation Therapy.

Residents will participate in Resident's Grand Rounds and are also expected to present at Grand Rounds during their second year of Residency.

Residents will participate at weekly Tumor Boards and are expected to present the clinical cases they see during their clinical time that warrants group discussions with either Medical, Surgical Oncology and/or the Pathology department. Other specialties (neurology, surgery, internal medicine, ophthalmology, exotics, dentistry, interventional radiology) will occasionally present their oncology cases that they wish to refer and residents are expected to ask questions and share their opinions regarding recommendations for presented cases.

Residents will participate to at least one Veterinary Conference pertaining to their specialty (Either ACVR or VCS) of their choice throughout their residency program.

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 residency program requires 2 lectures to be given by the resident:

They need to present at the Resident Grand Rounds during the second year of their program
They need to present their scientific research results during the third year of their program

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

Elekta Infinity Linear accelerator

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:

Elekta Monaco Treatment planning system (on-site and IN USE for treatment of our clinical patients)
Varian Eclipse Treatment planning system (on-site but no longer commissioned).

The Elekta Monaco Treatment planning system is the software that we presently use clinically to treat our patients. This system is capable of both forward and inverse planning (including 3DCRT, IMRT and VMAT technology).

The Varian Eclipse is kept on-site to expose and familiarize residents to the program in the case of possible use in future employment. It is capable of both forward and inverse planning (including 3DCRT, IMRT).

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?	On-site. This facility still performs manual photon plans (mostly with SAD planning and occasional SSD planning) as needed per clinical case.
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?	On-site. This facility still performs manual electron plans as needed per clinical case. This facility no longer makes on-site custom electron blocks to minimize potential Exposure Safety hazards and environmental toxicity involved with lead blocks. Instead we set up the field size and shape required for the plan and then digitizes in the data specifics and required treatment field for custom ordering through the company Dot Decimal. Copper blocks are now utilized for our Electron plans for reduced Safety hazard and exposure. Residents are responsible to calculate the block factors once the custom block arrives and then incorporates it in their plan dose calculations.
The residency program requires hands-on clinical experience with forward planning for 3D conformal radiotherapy (non-IMRT). How does the program fulfill this requirement?	On-site. Residents are required to plan selected and assigned cases with both 3DCRT and IMRT/VMAT on certain cases for practice and to evaluate the differences in tumor coverage and OAR dose between the different plans throughout their program. Actual 3DCRT plans only rarely performed on patients now at our facility but have still been offered over IMRT/VMAT on certain select cases - most often in emergency cases requiring immediate treatment (which would not allow sufficient time for IMRT/VMAT planning).
The residency program requires hands-on clinical experience with inverse planning for IMRT. How does the program fulfill this requirement?	On-site. IMRT and VMAT are the most frequent forms of plans administered presently at our facility.
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?	On-site. IMRT and VMAT are the most frequent forms of plans administered presently at our facility. A fair amount of SRT plans are also preformed. ALL SRT plans are imaged with Cone Beam CT for positioning verification Prior to EACH treatment and verified and approved for treatment by one of our residents with the guidance of an ACVR Diplomate starting the first year of residency. This can eventually be performed by a resident without direct supervision by an ACVR Diplomate on selected cases once the resident is comfortable and deemed fully capable of performing this task without direct supervision. All fractionated IMRT/VMAT (non-SRT) plans are imaged with a Cone-Beam CT for positioning verification Prior to Each treatment. When available, this is also verified and approved for treatment by our residents.
The residency program requires hands-on clinical experience in on-board imaging verification with kV digital radiographs. How does the program fulfill this requirement?	On-site. This is very rarely used since CBCT is much faster and efficient with our system, however kV DRRs are sent over with the plans on occasion for simulation. DRRs are also produced and utilized for our Manual plans.
The residency program requires hands-on clinical experience in on-board imaging verification with MV portal imaging. How does the program fulfill this requirement?	On-Site. This is only performed for teaching purposes and not routinely utilized in a clinical setting any more at our facility. This is discussed and demonstrated during their training time with the physicists.

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
Anthony	Fischetti	DVM, MS, DACVR	Yes
Antonia	DeJesus	DVM, DACVR	Yes
Ria	Watko	BVMS, DACVR	Yes

First Name	Last Name	Title/Credentials	Diplomate on-site? Y/N
Jessica	Wild	DVM, DACVR	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?

A minimum of two diagnostic imaging ACVR Diplomates are scheduled ON-SITE available from Monday to Friday (except national holidays). One ACVR Diplomate is scheduled for either on-site support or remote support on Saturdays and Sundays.

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:

Residents have access to the diagnostic imaging department to discuss all of their patient's imaging as needed during the day from Monday to Friday. Imaging of clinical patients are also regularly reviewed with ACVR Diplomates during daily clinical rounds. The opportunity for discussions with an ACVR (RO and Diagnostic Imaging) diplomate to discuss Contouring questions is available Monday to Friday.

CT and MRI image interpretations are also covered during some of the Radiation Oncology Teaching rounds sessions.
A one to two hour presentation on MRI imaging is given by a guest Board certified neurologist or Radiologist during one of the Radiation Oncology Teaching rounds sessions.

The resident will spend a total of 4 weeks rotating in the Radiology department where he/she will learn how to interpret and report cases. Specific cases will be assigned for the resident to review and report. Residents will also participate in morning/evening clinic and teaching rounds during this rotation.

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. We have on-site Digital/computed radiography, ultrasonography, Computed Tomography, Magnetic Resonance Imaging as well as Fluoroscopy.

Please provide a list of the equipment that is available:

Digital Radiography
Ultrasonography with Doppler capability in our Diagnostic imaging department
Small Portable ultrasound unit in our Radiation Treatment area for use as needed for our clinical use (for T-FAST and A-FAST as needed)
Separate Ultrasound units for the cardiology department with Doppler
Computed Tomography for full diagnostics as well as a portable Cone Beam CT for dentistry
Magnetic Resonance Imaging
Fluoroscopy (C-arm) primarily utilized for Intra-op Surgical procedures or Internal Medicine studies
Fluoroscopic Procedure table in our interventional radiology surgical suite.

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
Nicole	Leibman	DVM, MS, DACVIM(Onc)	Yes
Ann	Hohenhaus	DVM, DACVIM(SAIM and Onc)	Yes
Brooke	Britton	DVM, DACVIM(Onc)	Yes
Renee	Alsarraf	DVM, DACVIM(Onc)	Yes

The residency program requires at least 26 weeks/year

We have at least one on-site Medical Oncology ACVIM Diplomate scheduled 5 days per week year round.

of on-site medical oncology support from an ACVIM (Oncology) Diplomate. How will the institution fulfill this requirement?

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:

The resident will participate in morning rounds, be assigned new consultation patients as primary care, will participate in Recheck appointments of on-going medical oncology patient, will participate in the staging of new patients as well as the re-staging procedures of on-going and recheck patients as indicated, will participate at evening rounds as well as teaching rounds while on this rotation.

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
Jonathan	Ferrari	DVM, DACVS (SA), Fellow in Surg. Onc.	Yes
Jennifer	Huck	VDM, DACVS(SA), Fellow in Surg. Onc.	Yes
Chick	Weiss	DVM, DACVS (SA)	Yes
Pamela	Schwartz	DVM, DACVS (SA), CCRP	Yes
Daniel	Spector	DVM, DACVS (SA)	Yes
Robert	Hart	DVM, DACVS (SA)	Yes
Whitney	Phipps	DVM, DACVS (SA)	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 is always a minimum of two surgeons scheduled at a time and more often more than two.

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	Clinical or Anatomical
Taryn	Donovan	DVM, DACVP Anatomical Path	Yes	Anatomical
Heather	Daverio	DVM, DACVP Anatomical Path	Yes	Anatomical
Andrea	Siegel	DVM, DACVP Clin. Path	Yes	Clinical
Michael	Wiseman	DVM, MS, DACVP Clin Path	Yes	Clinical

The residency program requires at least 45 weeks/year of anatomic and clinical pathology support by ACVP

We have a scheduled pathologist on-site almost every day (except national Holidays).
Pathology rounds are scheduled every Friday specifically for the Medical

Diplomates. If not on-site, a letter of support must be submitted. How will the institution fulfill this requirement?

and Radiation Oncology residents during which the primary focus is on the subject of oncology..

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?

Our resident will participate in a 1 hour session of Oncology Clinical Pathology Rounds every Friday (except National Holidays) and during a break through Summer Holidays during which they will fulfill much more than 40 hours over the course of their program. These rounds are organized specifically for the Oncology residents during which they will be reviewing special cases from patients that they have see on clinics as well as other interesting oncology cases seen from other department or from outside hospitals. Review of commonly seen Clin path cases for Veterinary Oncology will be thoroughly discussed.

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
Andrea	Looney	DVM, DACVSMR, DACVAA	Yes
Heather	Smale	DVM, MSc, DACVAA	Yes
Kristi	Kobluk	DVM, 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.

Anesthesia rotation goals:
To learn about anesthetic terminology, equipment, machines, monitors, drugs, and techniques necessary for sedation and anesthesia or small animal/exotic cases
To learn indications and contraindications of drugs and techniques associated with various comorbidities and oncologic diseases.
To determine anesthetic planning (drug and technique) for both low risk and high risk patients via perusal of medical records, physical exam and diagnostic findings of the patient.
To mitigate successful sedation and anesthesia of clinical cases including addressing perioperative stability, locoregional anesthesia techniques, long term analgesic management, student and peer learning, and client concerns interactions regarding anesthesia and sedation.

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
Abbie	Lebowitz	DVM, DACVIM (Neuro)	Yes
Daniel	Cimino	DVM, DACVIM (Neuro)	Yes
Chad	West	DVM, MBA, DACVIM (Neuro)	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.

The resident will be participating in morning and evening neurology rounds. They will be assigned cases by the Neurology Staff doctors to take as primary care clinicians under their supervision for consultations, PE/neurologic examination and diagnostics/procedures. Residents will discuss all imaging with the staff doctors and give them their opinions regarding interpretation, differentials, treatment recommendations and prognosis based on symptoms and lab results and imaging. Residents will also participate in hospitalized patient care in ICU as well as surgical procedures when appropriate.

Please list all additional board certified specialists in direct support of the residency program. [e.g., ACVIM(internal medicine, cardiology), ACVO, etc.] If offsite, please explain relationship:

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite
La'Toya Latney DVM	DECZM (Zoo Health Management), DABVP (Reptile & Amphibian), CertAqV		On-Site
Robert Moore DMV	DABVP (Avian		On-Site
Katherine Quesenberry DVM	MPH, DABVP (Avian		On-Site
Vanessa Spano	DACVB		On-Site
Erin Achilles	DACVIM	(Cardiology)	On-Site
Betsy Bond	DACVIM	(Cardiology)	On-Site
Philip Fox	MSc, DACVIM/ECVIM , DACVECC	(Cardiology)	On-Site
Django Martel	DAVDC		On-Site
Dava Cazzolli DVM, DACVECC	DACVECC		On-Site
Christine Keyserling DVM, DACVECC	DACVECC		On-Site
Alicia Mastrocco	DACVECC		On-Site
Mary Pfeifer	DACVECC		On-Site
Joel Weltman	DACVECC, PhD		On-Site
Jennifer Prittie	DACVECC, DACVIM (SAIM)		On-Site
Ann Marie Zollo	DACVECC		On-Site
Meredith von Roedern	DACVECC		On-Site
Eileen C. Seage	DACVIM (SAIM)		On-Site
Doug Palma	DACVIM (SAIM)		On-Site
Dennis J. Slade	DACVIM (SAIM)		On-Site
Elizabeth Appleman	DACVIM (SAIM)		On-Site
Mariel Covo	DACVIM (SAIM)		On-Site
Nahvid Etedali	DACVIM (SAIM)		On-Site
Leilani Alvarez	DACVSMR		On-Site
Allyson Berent	DACVIM (SAIM)		On-Site
Robin Doherty	DACVIM (SAIM)		On-Site
Frederic Jacob	DACVIM (SAIM), PhD		On-Site

Name	Certifying College/Board	Subspecialty (if applicable)	Explain Relationship if offsite
Alexandra van der Woerdt	MS, DACVO, DECVO		On-Site

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?

The resident will go through a formal evaluation meeting every 6 months to discuss their progress. An evaluation form will be filled by the Department Staff doctors and then discussed as a group at a separate meeting. The resident will also fill out the same form as a self-evaluation to give us a better idea of where they feel most and least comfortable. There will then be a meeting with the resident to discuss the doctor evaluation form and their self evaluation to set goals and focuses until the next evaluation cycle.

Through the six months, Staff doctors will observe the resident's performance in clinics, will observe the resident's performance during CT set ups and computer treatment planning and also their performance in presentations during rounds discussions. Some occasional examination/tests in oral and/or written form will also take place.

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.

Dr. Jean Rogers completed her program in July 2021. She maintains ACVR (RO) Board certification as an active member.

Dr. Samantha Yeh completed her Program in July 2023. She maintains ACVR (RO) Board certification as an active member.

CVs

- Anthony Fischetti CV - no contact.pdf (89.75 KB)
- Renee Alsarraf CV.docx (33.27 KB)
- Watko_CV_2025.pdf (115.85 KB)
- No ID info_CV_JWild_2025.docx (5.46 MB)
- Confirmed Brook Britton professional ... .docx (107.7 KB)
- Confirmed CURRICULUM VITAE Rach... .docx (30 KB)
- Confirmed CURRICULUM VITAE -NIC... .docx (22.61 KB)

Antonia DeJesus.pdf
98.91 KB

AEH 2 page CV RT residency 1-23-25.pdf
136.86 KB

Heather Ashcraft ACVR CV 2025.pdf
166.52 KB

Resident Calendar

Three year Calendar 2025-2029.pdf
224.93 KB

Letters of Agreement From Cooperating Institutions

Radiation and Cancer Biology course Sig....pdf
83.87 KB

Signed Program Agreement AMC for Ph....pdf
417.92 KB

Letter of Agreement from Medical Physics Support for Clinical Training

Medical Physics Rotation Agreement w ... .pdf
1.34 MB

Resident Evaluation Forms

2025 RADIATION ONCOLOGY RESIDE... .pdf
148.33 KB

Resident evaluation - specialty rotation.pdf
125.84 KB

Syllabi for Coursework

Columbia Physics for Radiation Oncolog... .pdf
150.62 KB

Radiation and Cancer Biology course Syl....pdf
111.42 KB