ECVDI Residency Training Program Application (SAMPLE ONLY)

|  |  |
| --- | --- |
| **Submission date:** | 2021-09-24 08:37:12 |
| **Institution name & address****\*You can have more than one training centre/institution** | ‘X’ UniversityCollege of Veterinary Medicine,123, Z Street, State Postcode/Zipcode , Country |
| **Type of application (please place a ‘x’ on the selection):** | X | New application |
|  | Reaccreditation  |
| X | Standard small animal biased track |
|  | Alternative small animal biased track |
|  | Standard large animal biased track |
|  | Alternative large animal biased track |
| **Name of resident (if applying for alternative track):** | Not applicable in this case. |
| **Maximum number of ECVDI residents that can be trained at the institution** | 6 |
| **Please state all the tracks of residency currently approved/affliated with this institution and the number of residents.** | Standard SA biased track – 5 residentsNo other track ECVDI residency. |  |
| **Director of the residency programme**  | Radiologist 1 DVM, BVSc (Hons), MMedVet (Diag Im),FMCVS (Vet Imaging), Dip ECVDI |  |
| **Email address of the Director of the residency programme** | Radiologist1@Xuniversity.edu |  |
| **List the residency Supervisors (the Supervisors must be a Dipl ECVDI or DACVR or ECVDI LA Associate) & state the weeks/year on-site clinical service (\* 1 week = 40 hours on-site)** | 1. Radiologist 1 DVM, BVSc (Hons), MMedVet (Diag Im), FMCVS (Vet Imaging), Dip ECVDI
 | 35 wks/yr |
| 1. Radiologist 2 DVM, MVS, MS, FMCVS (Vet Imaging), Dip ECVDI, DACVR
 | 35 wks/yr |
| 1. Radiologist 3 DVM, Dip ECVDI
 | 35 wks/yr |
| 1. Radiologist 4 BVSc, MS, PhD, DACVR
 | 35wks/yr |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **For Standard/Alternative Small Animal Track (minimum of 4 weeks and maximum 12 weeks performing supervised training in a comparative species)** | Residents in the current programme with spend 12weeks in large animal imaging under supervision of Radiologists 1, 2, 3 & 4 reading/interpreting cases from the Large Animal Hospital of X UniversityNo externships required.\*If there are externships, please provide externship supervisor name and qualifications |  |
| **For Standard/Alternative Large Animal Track** | Residents will spend a minimum of 24 weeks supervised training in small animal diagnostic imaging and this training should normally be performed in a fully approved ECVDI® standard small animal track residency programme ensuring a wide range of Diplomates from other disciplines are also involved in the training. \*Please provide small animal diagnostic imaging supervisor name and qualifications |  |
| **Please provide CV attachment for the listed residency Supervisors** | **Link to radiologists CV or provide attachment file** |  |
| **Please confirm that the application and selection procedure of the resident candidate conformed to the guidelines stipulated in the ECVDI Bylaw 4.3.1** | Yes/No |  |
| **Succinctly state the objectives of the training centre** | The objective of this programme is to train the resident to be eligible to sit for the ECVDI board examinations and subsequently become a specialist in veterinary diagnostic imaging. The resident will be trained in all aspects of diagnostic imaging in the academic veterinary hospital. |  |
| **What is the total length of the training programme?** | 3 years |  |
| **Is an advanced degree a part of the training programme?** | Yes, Masters of Science degree (non-thesis) |  |
| **What is the starting month of the Residency?** | July of Year 1 |  |
| **What is the last month of the Residency?** (*minimum 36 months duration*) | June of Year 3 |  |
| **Duration of training at each Training Centre** | ‘X’ University College of Veterinary Medicine – 120 weeksYou can list the other training centres and duration of training if you have multiple training centres. |  |
| **What are the responsibilities of the resident in the remaining non-clinical portion of the program?** | Off-clinic hours are used for the preparation for the board examination, conducting clinical research (at least 1 research based paper as primary author & a second paper (research based or case report) as first or co-author), personal vacation and preparation of manuscript for the required publication and attending congress. |  |
| **Please list Imaging Resident advisors and qualifications (i.e: veterinary nurses/technicians or DVM working in diagnostic imaging or comparative species supervisor)** | Vet Nurse 1, RT (MRI)Vet Nurse 2, RVT, VTS (DI)Vet Nurse 3, RVTVet Nurse 4, RVTVet Nurse 5, RVTVet Nurse 6, RVT, VTS (DI)Zoological specialist DECZM, DACZM – (comparative species – zoological animals -6 weeks) |  |
| **Please list on-site Non-Imaging Resident advisors in the following areas: Internal Medicine, Surgery and Neurology** **\*\*There must be** **ONE EBVS/AVMA supporting specialists in at least 1 of 2 following specialties in the specific track of the programme for more than 50% of the time (25wks/yr): Internal Medicine & Surgery** **\*Neurology specialist (DECVN or DACVIM-Neurology) can either be on-site or via arranged externship. If externship, at least 6-8 weeks duration** | **Internal Medicine** | i) Dr. 1 SA Internist DECVIM-CA,DACVIM  | 10 wks/yr |
| ii) Dr. 2 SA Internist DACVIM  | 25 wks/yr |
| iii) Dr. 3 SA Internist DECVIM-CA, DACVIM  | 35 wks/yr |
| iv) Dr. 4 SA Internist DACVIM  | 30 wks/yr |
| **Surgery**  | i) Dr. A SA Surgeon DACVS  | 25 wks/yr |
| ii) Dr. B SA Surgeon DACVS | 25 wks/yr |
| iii) Dr.C DECVS, DACVS  | 25 wks/yr |
| iv) Dr. D SA Surgeon DACVS  | 35 wks/yr |
| **Neurology** | 1. Neurologist DECVN or DACVIM (Neurology): Dr. X

on-site/~~externship~~***(please provide provisional FORM SE for externship, if no on-site Neurologist)*** | 35 wks/yr |
| (Externship) Neurologist Email: |
| (Externship) Neurologist Address: |
| **Please list Non-Imaging Resident advisor in Pathology****\*Pathology specialist (DECVP or DACVP) can either be on-site or via arranged off-site(remote) consultation** | **Pathologist**1. Pathologist: Dr. Y, DACVP

on-site/~~off-site direct consult support~~***(please provide provisional FORM SE for externship and duration of externship or letter of support, if off-site Pathologist)*** | 40 wks/yr |
| (Off-site) Pathologist Email: |
| (Off-site) Pathologist Address: |
| **Please list the imaging facilities at the Institution/Training Centre(s)** | Radiographic equipment:Ultrasonographic equipment:CT equipment:Nuclear medicine equipment:MRI equipment: |  |
| **Indicate the approximate number of patients seen annually by the home institution?** | 18000  |  |
| **What is the annual imaging caseload (non-teleradiology) and caseload for each imaging discipline?***\*Note that residents enrolled under the small animal track must have a minimum of 4 weeks (maximum 12 weeks) supervised training in a comparative species (such as but not exclusively limited to, large animal or livestock, equid species, exotic species, zoo species, wildlife and humans)**\*Note that residents enrolled under the large animal track must have a minimum of 24 weeks supervised training in small animal diagnostic imaging* | If Standard/Alternative SA Track (as in cases/year)* **Annual Small Animals caseload (canine, feline):** X number of cases/year
* **Small Animal Radiology:**
* **Small Animal contrast radiographic procedures:**
* **Small Abdominal Ultrasound:**
* **Small Animal echocardiography:**
* **Small Animal Computed Tomography:**
* **Small Animal Magnetic Resonance Imaging:**
* **Comparative studies (Exotic Animals/Large animal or livestock/Equine/Zoo species/Wildlife/Humans) – Estimate number of cases (either from same institution or from externships):**

If Standard/Alternative LA Track (as in cases/year)* **Annual Large Animals caseload:**
* **Large Animal Radiology:**
* **Small Animal Radiology:**
* **Large Animal Ultrasound:**
* **Small Animal Ultrasound:**
* **Large Animal scintigraphy:**
* **Large Animal CT/MRI:**
 |  |
| **What is the annual Teleradiology caseload?***\*Cases from Teleradiology can contribute up to 30% of the total caseload requirement for each imaging modality.**\*Please include name and qualifications of supporting teleradiologists (maximum 3 remote supervisors), if applicable* | No additional teleradiology cases needed for this programme. No remote supervisors needed in this programme.* If you do have additional teleradiology caseload, please list the total number of cases that will be expected to be interpreted by the resident and reviewed together with the remote supervisor according to the modality

Examples:* Small Animal Computed Tomography: 100 cases for entire residency
* Small Animal Magnetic Resonance Imaging: 100 cases for entire residency
* Names & qualifications of remote supervisors, supervision time (in weeks for the entire duration of residency):
1. Dr X ,DECVDI – 4 wks
2. Dr Y, DECVDI - 4 wks
3. Dr Z, DACVR – 4 wks
 |  |
| **What percentage of imaging reports are typically available within 48 hours after the examination is conducted in typewritten or electronic form?** | 100% |  |
| **Of the preliminary reports generated from the imaging caseload what percentage are initially produced by the resident?** | 90% |  |
| **What percentage of the resident reports are reviewed by the Dipl ECVDI or DACVR prior to finalization of the report?** | 100% |  |
| **Please acknowledge that the Programme Director and the Resident are aware of the requirements of the documentation of training, monthly case diary and known case diary (Bylaw 4.4.6)** | Yes/No |  |
| **Please acknowledge that the Programme Director and the Supervisors have read and agree with the most recent version of the Bylaws of the College and the submission deadlines that can be found on the website** | Yes/No |  |
| **Frequency of clinical rounds and duration by Dipl ECVDI or DACVR** | Every morning (Mon-Fri), 8:30am- 10:30am |  |
| **Frequency & duration of Known case Conference/Mock Clinical Cases by DipECVDI or DACVR** | Once every 2 weeks, 1.5 hours |  |
| **Frequency & duration of Journal Club DipECVDI or DACVR or other EBVS/ABVS recognized specialists** | Twice every 3 weeks, each time 1 hour |  |
| **Anticipated number of attendance to locally organized seminars (University or Hospital level)** | * 40 postgraduate seminars every year (every Friday of the week, 8am-9am) at the training institution.
* The resident will also deliver an oral lecture presentation (45 mins) at once a year at the training institution.
 |  |
| **Anticipated number of attendance to international conferences during the residency & name of the conference** | * Attending at least one of the EVDI or ACVR Annual Scientific Meeting
 |  |
| **Number of presentations or lectures by the resident during the entire term of residency (Please specify local and international) (Bylaw 4.4.72)** | * 1 oral abstract (International meeting at EVDI or ACVR Scientific meeting)
* 4 oral presentations (Local University postgraduate seminars)
* 2 lectures (Local, DVM Undergraduate Course VCS 82700 Introduction to Veterinary Diagnostic Imaging)
 |  |
| **Formal Course work:****Please list the number of ECTU (European Credit Transfer Unit)** | VCS 61100 (3 Units) – Radiobiology, nuclear medicine, ultrasonography, CT & MRI |  |
| **Please acknowledge that the Programme Director and the Resident are aware of the requirements of the Scientific Paper Requirements (Bylaw 4.4.7.3)** | 2 (1 research-based article as primary author and a case report as primary author/co author) |  |
| **If this is an established program, how many and what percentage of residents have made formal research presentations at the annual EVDI or equivalent international meeting?** | 3 out of 3 (100%) since the acceptance of the programme in 2018. |  |
| **What is the nature and scope of the teaching file available to residents?** | Teaching files are available in shared drive (S-drive) accessible to all radiologists and diagnostic imaging residents. Files include 10 years of students case presentations (over 700 cases in PowerPoint), past 3 years updated radiology lecture notes (in PowerPoint), resident presentations (in Powerpoint) and a log of interesting cases (more than 2600 cases in Excel Spreadsheet).Cases are continually added to this interesting log from cases seen in clinics. |  |
| **How is it maintained/updated?** | Maintained by radiologists and residents. The caselogs are updated into the Excel sheet very fortnight by veterinary technicians (RVT). |  |
| **List the internal mechanisms in place to protect your residents/supervisors if conflicts arise.** | We have a residency committee that overlook the entire residency program within the training institution. The programme director, supervisors and resident advisor will attend the biannual evaluation with residency committee. |  |
| **Does the resident has access to veterinary journals and reference books listed in the reading list of the syllabus?** | Yes.Our training institution have dedicated Vet Library with hard copies and online access to all veterinary and medical journals listed in the syllabus.There are also other libraries within the campus available of interlibrary loans. |  |
| **Please fill in the blanks for the Summarizing Work Chart.***\*It is the responsibility of the Programme Director to ensure that the time schedule is compatible with the proposed starting date of residency and anticipated dates for taking the Theoretical and Practical Examinations* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Supervised Clinical Training** | **Research / Congress/****Unsupervised time** | **Exam Preparation****/study** | **Vacation** |
| **Weeks** | **Supervisor** |
| **1** | -40w | -Radiologist 1,2,3&4 | 4 | 4 | 4 |
| **2** | -37w-3wk (externship) | -Radiologist 1,2,3&4-Externship Supervisor | 4 | 4 | 4 |
| **3** | -37w-3wk (externship) | Radiologist 1,2,3&4-Externship Supervisor | 4 | 4 | 4 |
| **Total** | **120weeks** | **36 weeks** |

 |  |
| **For programme reaccreditation, please provide attachment for residents working schedule of the last 3 years.** **\*For new application, please provide a draft schedule for the resident for the duration of the residency**  | [**Link**](https://www.jotform.com/uploads/acvr/63494657791169/3948566319216061062/Resident%20schedule%202018.xlsx) **to residency schedule (include radiologists and resident on duty each week) or provide attachment file** |  |
| **Provide the pass rate for both the preliminary and certifying exams for your residents for the past 5 years.**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ECVDI Preliminary Exam Record** | **Year 2018** | **Year 2019** | **Year 2020** | **Year****20****21**  | **Year**  |
| **How many resident(s) eligible to sit the preliminary exam?** |  | 1 | 1 | 1 |  |
| **How many resident(s) sat for the preliminary exam?** |  | 1 | 1 | 1 |  |
| **How many resident(s) passed preliminary exam after 1st attempt** |  | 1 | 1 | 0 |  |
| **How many resident(s) passed preliminary exam after 2nd attempt** |  |  |  |  |  |
| **How many resident(s) passed preliminary exam after >2 attempts** |  |  |  |  |  |
| **How many resident(s) unsuccessful in all attempts** |  |  |  |  |  |
| **Unsuccessful in all attempts** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ECVDI Certifying Exam Record** | **Year 2018** | **Year 2019** | **Year 2020** | **Year** **2021** | **Year**  |
| **How many resident(s) eligible to sit the certifying exam?** |  |  |  | 2 |  |
| **How many resident(s) sat for the certifying exam?** |  |  |  | 2 |  |
| **How many resident(s) passed certifying exam after 1st attempt** |  |  |  | 2 |  |
| **How many resident(s) passed certifying exam after 2nd attempt** |  |  |  |  |  |
| **How many resident(s) passed certifying exam after >2 attempts** |  |  |  |  |  |
| **How many resident(s) unsuccessful in all attempts** |  |  |  |  |  |

 |  |