

ECVDI Residency Training Program Application

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| **Submission date:** |  | | | |
| **Institution name & address**  **\*there can be more than 1 training centre/institution** |  | | | |
| **Type of application (please place a ‘x’ on the selection):** |  | New application | | |
|  | Reaccreditation | | |
|  | 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):** |  | | | |
| **Maximum number of ECVDI residents that can be trained at the institution** |  | | | |
| **Please state all the tracks of residency currently approved/affliated with this institution and the number of residents.** |  | | |  |
| **Director of the residency programme** |  | | |  |
| **Email address of the Director of the residency programme** |  | | |  |
| **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)** |  | | | wks/yr |
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| **For Standard/Alternative Small Animal Track (minimum of 4 weeks and maximum 12 weeks performing supervised training in a comparative species)** |  | | |  |
| **For Standard/Alternative Large Animal Track** |  | | |  |
| **Please provide CV attachment for the listed residency Supervisors** |  | | |  |
| **Please confirm that the application and selection procedure of the resident candidate conformed to the guidelines stipulated in the ECVDI Bylaw 4.3.1** |  | | |  |
| **Succinctly state the objectives of the training centre** |  | | |  |
| **What is the total length of the training programme?** |  | | |  |
| **Is an advanced degree a part of the training programme?** |  | | |  |
| **What is the starting month of the Residency?** |  | | |  |
| **What is the last month of the Residency?** (*minimum 36 months duration*) |  | | |  |
| **Duration of training at each Training Centre** |  | | |  |
| **What are the responsibilities of the resident in the remaining non-clinical portion of the program?** |  | | |  |
| **Please list Imaging Resident advisors and qualifications (i.e: veterinary nurses/technicians or DVM working in diagnostic imaging or comparative species supervisor)** |  | | |  |
| **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) | wks/yr |
| ii) | wks/yr |
| iii) | wks/yr |
| iv) | wks/yr |
| **Surgery** | | i) | wks/yr |
| ii) | wks/yr |
| iii) | wks/yr |
| iv) | wks/yr |
| **Neurology** | | 1. Neurologist:   on-site/externship  ***(please provide provisional FORM SE for externship and duration of externship, if off-site Neurologist)*** | 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:   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)*** | | | 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?** |  | | |  |
| **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):** * **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/per 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* |  | | |  |
| **What percentage of imaging reports are typically available within 48 hours after the examination is conducted in typewritten or electronic form?** |  | | |  |
| **Of the preliminary reports generated from the imaging caseload what percentage are initially produced by the resident?** |  | | |  |
| **What percentage of the resident reports are reviewed by the Dipl ECVDI or DACVR prior to finalization of the report?** |  | | |  |
| **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)** |  | | |  |
| **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** |  | | |  |
| **Frequency of clinical rounds and duration by Dipl ECVDI or DACVR** |  | | |  |
| **Frequency & duration of Known case Conference/Mock Clinical Cases by DipECVDI or DACVR** |  | | |  |
| **Frequency & duration of Journal Club DipECVDI or DACVR or other EBVS/ABVS recognized specialists** |  | | |  |
| **Anticipated number of attendance to locally organized seminars (University or Hospital level)** |  | | |  |
| **Anticipated number of attendance to international conferences during the residency & name of the conference** |  | | |  |
| **Number of presentations or lectures by the resident during the entire term of residency (Please specify local and international) (Bylaw 4.4.7.2)** |  | | |  |
| **Formal Course work:**  **Please list the number of ECTU (European Credit Transfer Unit)** |  | | |  |
| **Please acknowledge that the Programme Director and the Resident are aware of the requirements of the Scientific Paper Requirements (Bylaw 4.4.7.3)** |  | | |  |
| **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?** |  | | |  |
| **What is the nature and scope of the teaching file available to residents?** |  | | |  |
| **How is it maintained/updated?** |  | | |  |
| **List the internal mechanisms in place to protect your residents/supervisors if conflicts arise.** |  | | |  |
| **Does the resident has access to veterinary journals and reference books listed in the reading list of the syllabus?** |  | | |  |
| **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** |  |  |  |  |  | | **2** |  |  |  |  |  | | **3** |  |  |  |  |  | | **Total** |  | |  | | | | | |  |
| **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 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?** |  |  |  |  |  | | **How many resident(s) sat for the preliminary exam?** |  |  |  |  |  | | **How many resident(s) passed preliminary exam after 1st attempt** |  |  |  |  |  | | **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?** |  |  |  |  |  | | **How many resident(s) sat for the certifying exam?** |  |  |  |  |  | | **How many resident(s) passed certifying exam after 1st attempt** |  |  |  |  |  | | **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** |  |  |  |  |  | | | |  |