Radiology Residency Manual:

Department of Diagnostic and Interventional Imaging
The University of Texas Medical School at Houston

Chairman: Susan D. John, MD, FACR
Residency Program Director: Sandra A. A. Oldham, MD, FACR

Integrated Institutions:
1. Memorial Hermann Hospital and Children’s Memorial Hermann Hospital
2. Lyndon Baines Johnson General Hospital
3. MD Anderson Cancer Center

Affiliated Institutions:
1. Texas Children’s Hospital
INTRODUCTION

Susan D. John, M.D., F.A.C.R.,
Professor of Radiology and Pediatrics; Chair of the Department of Radiology at the University of Texas- Medical School at Houston; Medical Director, Department of Diagnostic and Interventional Imaging at Memorial Hermann Hospital; and Chief of Pediatric Radiology, Memorial Hermann Children’s Hospital.

Dr. John has been a member of the UT-Houston faculty since 1998. She received her M.D., in 1984, from the University of Texas Medical Branch, in Galveston, Texas, where she did her residency in Diagnostic Radiology from 1984 to 1988 and a fellowship in Pediatric Radiology from 1988 to 1989. She was certified by the American Board of Radiology in 1988 and holds a Certification of Added Qualifications in Pediatric Radiology since 1995. She became a fellow in the American College of Radiology in 2003.

Dr. John’s professional area of expertise is pediatric radiology. She has a significant interest in emergency and acute care imaging of children and in pediatric ultrasound, with focused expertise in the musculoskeletal system and gastrointestinal tract. Dr. John was appointed Chair of the Department of Radiology in April, 2004.

Sandra A. A. Oldham, M.D., F.A.C.R., came to UT Medical School at Houston in July of 1994. She went to college at the University of Florida, medical school at the University of Miami School of Medicine where she graduated in 1973. She then went to Ohio for her medical internship. There was a one-and-one-half year hiatus in her training where she worked for the Allegheny County Health Department and had a part time private practice in adolescent medicine in Pittsburgh before starting her Radiology residency at the University of Pittsburgh School of Medicine, Presbyterian University Hospital. After being selected Chief Resident and completing residency in 1979, Dr. Oldham stayed on the faculty at the University of Pittsburgh School of Medicine, Presbyterian University Hospital Department of Radiology. There she became interested in medical student education, thoracic radiology, and non-vascular interventional procedures. Her two children were born in Pittsburgh.

In 1982, Dr. Oldham returned to her alma mater, the University of Miami School of Medicine, Jackson Memorial Medical Center. During her twelve years in Miami, Dr. Oldham was Chief of the section of Thoracic Radiology and Mammography, Director of Medical Student Education in Radiology, as well as Residency Program Director, in charge of a 40-resident program, positions which she held until coming to the University of Texas Medical School at Houston and Memorial Hermann Hospital. She is Professor of Radiology, Chief of the Section of Thoracic Imaging, Director of Undergraduate Education in Radiology, and has been Program Director of the Radiology Residency since July of 1995. She is the Vice Chair for Education and was inducted into The Academy of Master Educators at the UT-MSH in 2010.

Her primary interests include resident and medical student education. In Thoracic Radiology, she has particular interest in lung neoplasms, the lung in immunosuppression and chronic interstitial lung diseases.
Emma Ferguson, M.D., has been a member of the faculty at the UT Medical School at Houston since 2006. She received her medical degree from Baylor College of Medicine in 2000, and completed her residency in Diagnostic Radiology at The University of Texas at Houston Medical School in 2005. Upon completing a one year Fellowship in Thoracic Radiology at UT Medical School, she joined the faculty. She is the Associate Program Director of the Radiology residency for Memorial Hermann Hospital.
RADIOLOGY HOUSE STAFF

Chief Residents:

Roshon Amin, M.D.  Pager 23852
Elizabeth Birkenfeld, M.D. Pager 24400
Whitney Boyce, M.D.  Pager 23840

Residents:

<table>
<thead>
<tr>
<th>1st Yr.</th>
<th>2nd Yr.</th>
<th>3rd Yr.</th>
<th>4th Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adkins, Jake</td>
<td>Belchuk, Stanislav</td>
<td>Adam, Michael</td>
<td>Amin, Roshon</td>
</tr>
<tr>
<td>Al-Halawani, Raya</td>
<td>Bledsoe, Matthew</td>
<td>Blair, Katherine</td>
<td>Birkenfeld, Elizabeth</td>
</tr>
<tr>
<td>Aziz, Shahroz</td>
<td>Bosserman, Andrew</td>
<td>Breland, Matthew</td>
<td>Boyce, Whitney</td>
</tr>
<tr>
<td>Borror, William</td>
<td>Braaten, Tyler</td>
<td>Chen, Bo</td>
<td>Collette, Jeremy</td>
</tr>
<tr>
<td>Budde, Catherine</td>
<td>Jordan, Roger</td>
<td>Desai, Bella</td>
<td>Guillory, Rachael</td>
</tr>
<tr>
<td>Davila, Anthony</td>
<td>Kebbel, Frederick</td>
<td>Johnson, Rashad</td>
<td>Guirguis, Mary</td>
</tr>
<tr>
<td>Guccione, Jeffrey</td>
<td>Khetan, Rahul</td>
<td>Jones, Christopher</td>
<td>Ifokwe, Joseph</td>
</tr>
<tr>
<td>LeBlanc, Anthony</td>
<td>Mai, Andrew</td>
<td>Key, Brandon</td>
<td>Krishnasarma, Rekha</td>
</tr>
<tr>
<td>McVay, Matthew</td>
<td>Matthew, Manoj</td>
<td>Landinez, Gina</td>
<td>Rachakonda, Varun</td>
</tr>
<tr>
<td>Park, Peter</td>
<td>Mayeux, Trae</td>
<td>Maneevese, Michelle</td>
<td>Rajagopal, Manoj</td>
</tr>
<tr>
<td>Patel, Shrey</td>
<td>Murai, Naoki</td>
<td>Nickamp, Andrew</td>
<td>Simmons, Garrett</td>
</tr>
<tr>
<td>Shin, Jane</td>
<td>Patel, Sagar</td>
<td>Tran, Michael</td>
<td>Tayyab, Sidra</td>
</tr>
<tr>
<td>Sun, Jeffrey</td>
<td>Xu, Kai</td>
<td>Zheng, Steven</td>
<td>Vahora, Nissar</td>
</tr>
<tr>
<td>Ucisk, Eymen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fellows:

- Susana Calle, MD  Neuroradiology
- Octavio Espejo, MD  Neuroradiology
- Moreko Griggs, MD  Sports, Orthopedic & Emergency Imaging
- Sanjay Jain, MD  Cardiothoracic Radiology
- Irina Kapstina, MD  Body Cross-Sectional Imaging
- Suhare Khalil, MD  Body MRI Imaging
- Jason Lally, MD  Neuroradiology
- Daniel Maland, MD  Sports, Orthopedic & Emergency Imaging
- Robby Rahim, MD  Cardiothoracic Radiology
- Magaret Skaug, MD  Body MRI Imaging
- Natalia Solomon, MD  Neuroradiology
- Christopher Stuart, MD  Neuroradiology
- Mumtaz Syed, MD  Neuroradiology
- Rajesh Thampy, MD  Body MRI Imaging
- Niroj Tripathee, MD  Body Cross-Sectional Imaging
RADIOLOGY FACULTY
Department of Diagnostic and Interventional Imaging
The University of Texas Houston Medical School

Chairman: Susan D. John, M.D., F.A.C.R.
Professor and Chair,
Department of Diagnostic and Interventional Imaging

Residency Director: Sandra A. A. Oldham, M. D., F.A.C.R.
Professor and Chief, Section of Cardiothoracic Radiology
Director, Residency Training Program
Director, Medical Student Education
Vice Chair for Education

Faculty

Moiz U. Ahmad, Ph.D., Asst. Professor, Physics

Jason Au, M.D., Asst. Professor, Cardiothoracic Imaging – MHH

Haitham K. Awdeh, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Aaron Baxter, M.D., Asst. Professor, Vascular/Interventional – MHH

Charles Beasley, Ph.D., Asoc. Professor, Physics

Nicholas Beckmann, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging – MHH

Ronald Bilow, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Eliana Bonfante-Mejia, M.D., Clinical Assoc. Professor, Neuroradiology – MHH

Brian T. Bosworth, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Jeffrey J. Carlson, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Chitra Chandrasekhar, M.D., Clinical Assoc. Professor, Body Imaging – MHH, LBJ

Kiran Chang, M.D., Asst. Professor, Body and MSK Imaging

Suresh Cheekatla, M.D., Asst. Professor, Body Imaging/MRI – MHH

Naga Chinapuvvula, M.D., Asst. Professor, Body and MSK Imaging

Jeanie Choi, M.D., Asst. Professor, Neuroradiology – MHH
Steven S. Chua, M.D., Ph.D., Asst. Professor, Body and MSK Imaging

Alan M. Cohen, M.D., FACR, Professor, Vascular/Interventional – MHH

Miguel Fabrega, M.D., Asst. Professor, Neuroradiology

Janet Feng, Ph.D., Asst. Professor, Physics

Emma C. Ferguson, M.D., Assoc. Professor, Cardiothoracic Imaging - MHH

Marcos P. Ferreira Botelho, M.D., Asst. Professor, Pediatric Radiology

Elliott Friedman, M.D., Asst. Professor, Neuroradiology – MHH

Isis Gayed, M.D., Professor, Nuclear Medicine – MDACC

Paige Green, M.D., Clinical Asst. Professor, Body Imaging

Susan Greenfield, D.O., Asst. Professor, Pediatric Radiology

Agnes M. Guthrie, M.D., Clinical Assoc. Professor, Diagnostic Radiology – LBJ

Mina F. Hanna, M.D., Asst. Professor, Cardiothoracic Imaging

Joseph Hasapes, M.D., Asst. Professor, Body Imaging

Heather He, M.D., Asst. Professor, Breast Imaging

Leo Hochhauser, M.D., Clinical Assoc. Professor, Neuroradiology – MHH

Paul B. Horwitz, M.D., Asst. Professor, Body & Outpatient Imaging – MHH Outpatient

Katrina S. Hughes, M.D., Clinical Asst. Professor, Pediatric Radiology

LaVerne D. Ingram, M.D., Asst. Professor, Chief of Diagnostic Imaging Services – LBJ

Amanda M. Jarolimek, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging – MHH

Susan John, M.D.
Professor and Chair, Chief, Pediatric Diagnostic and Interventional Imaging – MHCH
Chief, Diagnostic and Interventional Imaging – MHH

Usha Joseph, M.D., Assoc. Professor, Nuclear Medicine

Elaine Khalil, M.D., Clinical Asst. Professor, Mammography

Larry A. Kramer, M.D., Professor, Body Imaging/MRI – MHH
Manickam Kumaravel, M.D., Assoc. Professor, Emergency, Trauma and MSK Imaging – MHH, Director, Emergency Radiology Fellowship Program

Polina Kyriakides, M.D., Asst. Professor, Vascular/Interventional Imaging

Steven Lutzker, M.D., Clinical Asst. Professor, Neuroradiology

Marcelle Mallery, M.D., Asst. Professor, Neuroradiology

Eduardo Matta, M.D., Asst. Professor, Body Imaging

Daniel Ocazionez, M.D., Asst. Professor, Cardiothoracic Imaging – MHH

Sandra A. A. Oldham, M.D., FACR
Professor and Chief, Thoracic Imaging – MHH, Dir., Residency Training Program
Dir., Medical Student Education, Vice Chair for Education

Rajan Patel, M.D., Asst. Professor, Neuroradiology

Maria O. Patino, M.D., Asst. Professor, Neuroradiology

Anil K. Pillai, M.D., Assoc. Professor, Vascular/Interventional Imaging

Michael D. Redwine, M.D., Assoc. Professor, Body Imaging – MHH

Roy Riascos-Castañeda, M.D., Assoc. Professor and Section Chief, Neuroradiology – MHH

Lawrence H. Robinson, M.D., Professor of Radiology and Pediatrics – MHH

Latifa Sanhaji, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Kaustubh Shiralkar, M.D., Asst. Professor, Body Imaging

Alexander Simonetta, M.D., Asst. Professor, Neuroradiology

Clark Sitton, M.D., Assoc. Professor Neuroradiology

Susanna Spence, M.D., Asst. Professor, Emergency, Trauma and MSK Imaging

Emilio Supsupin, M.D., Asst. Professor, Neuroradiology

Venkateswar Surabhi, M.D., Assoc. Professor, Body Imaging

Varaha Tammisetti, M.D., Asst. Professor, Body Imaging

Chakradhar Thupili, M.D., Asst. Professor, Body Imaging

Louis K. Wagner, Ph.D., Professor of Radiology – MHH, Chief Physicist
David Q. Wan, M.D., Assoc. Professor of Radiology, Nuclear Medicine – MHH

O. Clark West, M.D., Professor and Chief, Emergency/Trauma Radiology and Musculoskeletal Radiology, Vice Chairman for Clinical Operations and Informatics – MHH

Derek West, M.D., Asst. Professor of Radiology, Vascular/Interventional Imaging & Research – MHH

David L. Zelitt, M.D., Asst. Professor, Body Imaging – LBJGH

Rodrick C. Zvavanjanja, M.D., Asst. Professor, Vascular/Interventional Imaging – LBJGH
RADIOLOGY FACULTY
Division of Diagnostic Imaging
The University of Texas M. D. Anderson Cancer Center

Division Head & Chairman  Marshall E. Hicks, M.D.
Professor and Chairman – Interventional Radiology

Deputy Division Head  Joseph Steele, M.D.
Associate Professor – Interventional Radiology

Deputy Chair & Division Chief  Wei-Tse Yang, M.D.
Professor – Breast Imaging

Faculty

Beatriz Adrada, M.D., Assoc. Professor – Diagnostic Radiology

Salmann Ahmed, M.D., Assoc. Professor – Neuroradiology

Judy Ahrar, M.D., Assoc. Professor – Interventional Radiology

Kamran Ahrar, M.D., Professor – Interventional Radiology

Behrang Amini, M.D., Ph.D., Asst. Professor – Musculoskeletal Radiology

Elsa M. Arribas, M.D., Assoc. Professor – Body and Breast Imaging

Rony Avritscher, M.D., Assoc. Professor – Interventional Radiology

Tharakeswara Bathala, M.D., Asst. Professor – Body Imaging

Deepak Bedi, M.D., Professor – Body Imaging

Marcelo Benveniste, M.D., Asst. Professor – Thoracic Radiology

Sonia Betancourt, M.D., Asst. Professor – Thoracic Radiology

Priya Bhosale, M.D., Assoc. Professor – Body Imaging

Rosalind Candelaria, M.D., Asst. Professor – Breast Imaging

Brett Carter, M.D., Asst. Professor – Thoracic Imaging

Lauren Q. Chang Sen, M.D., Asst. Professor – Breast Imaging

Beth Chasen, M.D., Assoc. Professor – Nuclear Medicine
Marvin H. Chasen, M.D., Professor – Thoracic Radiology

T. Linda Chi, M.D., Professor – Neuroradiology

Haesun Choi, M.D., Professor – Body Imaging

Hubert Chuang, M.D., Ph.D., Assoc. Professor – Nuclear Medicine

Dianna D. Cody, Ph.D., Professor – Physics

Rivka Colen, M.D., Asst. Professor – Neuroradiology

Colleen Costelloe, M.D., Assoc. Professor – Musculoskeletal

Veronica Cox, M.D., Asst. Professor – Body Imaging

Patricia de Groot, M.D., Asst. Professor – Thoracic Radiology

J. Matthew Debnam, M.D., Assoc. Professor – Neuroradiology

Catherine Devine, M.D., Assoc. Professor – Body Imaging

Mark J. Dryden, M.D., Assoc. Professor, Breast Imaging, Fellowship Program Director

Beth S. Edeiken-Monroe, M.D., Professor – Neuroradiology

Khaled Elsayes, M.D., Assoc. Professor – Body Imaging

Jeremy J. Erasmus, M.D., Professor & Section Chief – Thoracic Radiology

Randy Ernst, M.D., Professor & Section Chief ad interim – Body Imaging

William D. Erwin, M.S., Senior Medical Physicist – Physics

Silvana Faria, M.D., Ph.D., Asst. Professor – Abdominal Imaging

Bruno D. Fornage, M.D., Professor – Body Imaging and Breast Ultrasound

Dhakshina M. Ganeshan, M.D., Asst. Professor – Body Imaging

Naveen Garg, M.D., Asst. Professor – Body Imaging

Karen Gerlach, M.D., Asst. Professor – Breast Imaging

William R. Geiser, M.S., Medical Physicist – Physics

Lawrence E. Ginsberg, M.D., Professor – Neuroradiology

Gregory W. Gladish, M.D., Professor – Thoracic Radiology
Myrna Godoy, M.D., Asst. Professor – Thoracic Radiology

Nandita Guha-Thakurta, M.D., Assoc. Professor – Neuroradiology

Sanjay Gupta, M.D., Department Chair *ad interim*, Deputy Chair for Academic Affairs, Professor – Interventional Radiology

Shiva Gupta, M.D., Asst. Professor – Body Imaging

Tamara M. Haygood, M.D., Ph.D., Assoc. Professor – MSK Radiology and Breast Imaging

John D. Hazle, Ph.D., Professor & Chairman – Physics

Marshall E. Hicks, M.D., Professor & Division Head – Interventional Radiology, Dept. Ad Interim Chairman

Monica Huang, M.D., Asst. Professor – Breast Imaging

Revathy B. Iyer, M.D., Professor – Body Imaging, Asst. Residency Program Director at MDACC

Corey Jensen, M.D., Asst. Professor – Body Imaging

Aaron Jessop, M.D., Asst. Professor – Nuclear Medicine

Jason Johnson, M.D., Asst. Professor – Neuroradiology

Kyle Jones, Ph.D., Asst. Professor – Physics

Megan Kalambo, M.D., Asst. Professor – Breast Imaging

HyunSeon Kang, M.D., Ph.D., Asst. Professor – Body Imaging

Harmeet Kaur, M.D., Assoc. Professor – Body Imaging

Leena Ketonen, M.D., Ph.D., Professor – Neuroradiology

Joshua Kuban, M.D., Asst. Professor – Interventional Imaging

Ashok J. Kumar, M.D., Professor & Section Chief – Neuroradiology

Rajendra Kumar, M.D., Ph.D., Professor – Musculoskeletal Radiology

Vinodh (Vince) Kumar, M.D., Assoc. Professor, Neuroradiology

Vikas Kundra, M.D., Ph.D., Professor – Body Imaging

Anne Kushwaha, M.D., Assoc. Professor – Breast Imaging
Michael C. Kwon, M.D., Ph.D., Assoc. Professor – Neuroradiology
Deanna Lane, M.D., Assoc. Professor – Breast Imaging
Elizabeth A. Lano, M.D., Professor – Body Imaging
Ott Le, M.D., Assoc. Professor – Body Imaging
Ravinder Legha, M.D., Asst. Professor – Breast Imaging
Huong T. Le-Petross, M.D., Professor – Breast Imaging
Jessica Leung, M.D., Professor & Section Chief – Breast Imaging
Xinming Liu, Ph.D., Assoc. Professor – Physics
Evelyne M. Loyer, M.D., Professor – Body Imaging
Homer A. Macapinlac, M.D., Professor & Chairman – Nuclear Medicine
John E. Madewell, M.D., Professor & Section Chief – MSK Radiology
Armeen Mahvash, M.D., Assoc. Professor – Interventional Radiology
Leonardo Marcal, M.D., Assoc. Professor – Body Imaging
Sarah Martaindale, M.D., Asst. Professor – Breast Imaging
Aurelio Matamoros, Jr., M.D., Professor – Body Imaging
Osama R. Mawlawi, Ph.D., Professor & Section Chief – Nuclear Medicine Physics
Kevin W. McEnery, M.D., Professor – MSK Radiology
Stephen McRae, M.D., Assoc. Professor, Educational Director – Interventional Radiology, Fellowship Prog. Dir.
Bilal Mujtaba, M.D., Asst. Professor – MSK Radiology
William A. Murphy, Jr., M.D., Professor – MSK Radiology
Ravi Murthy, M.D., Professor – Interventional Radiology
Chaan S. Ng, M.D., Professor – Body Imaging
Bruno Odisio, M.D., Asst. Professor – Interventional Radiology
Madhavi Patnana, M.D., Assoc. Professor – Body Imaging
Donald A. Podoloff, M.D., Professor – Nuclear Medicine

Aliya Qayyum, M.D., Professor – Abdominal Imaging

Brinda Rao Korivi, M.D., Asst. Professor – Body Imaging

Gaiane Rauch, M.D., Ph.D., Asst. Professor – Body/Breast Imaging

Bharat Raval, M.D., Professor – Body Imaging

Gregory C. Ravizzini, M.D., Asst. Professor – Nuclear Medicine

John T. Rong, Ph.D., Assoc. Professor – Physics

Bradley Sabloff, M.D., Professor – Thoracic Radiology

Tara Sagebiel, M.D., Asst. Professor – Body Imaging

Barry I. Samuels, M.D., Professor – Body CT and Breast Imaging

Lumarie Santiago, M.D., Assoc. Professor – Breast Imaging

Dawid Schellingerhout, M.D., Assoc. Professor – Neuroradiology

Donald Schomer, M.D., Professor – Neuroradiology

Marion Scoggins, M.D., Asst. Professor – Breast Imaging

Komal Shah, M.D., Assoc. Professor – Neuroradiology

Kyungmin (Karen) Shin, M.D., Asst. Professor – Breast Imaging

Megan E. Speer, M.D., Asst. Professor – Breast Imaging

Girish S. Shroff, M.D., Asst. Professor – Thoracic Imaging

Konstantin V. Sokolov, Ph.D., Professor – Physics

Ashmitha Srinivasan, M.D., Asst. Professor – Breast Imaging

Joseph Steele, M.D., Assoc. Professor, Deputy Division head of Clinical Operations – Interventional Radiology

Janio Szklaruk, M.D., Ph.D., Professor – Body Imaging

Alda L. Tam, M.D., Assoc. Professor, Clinical Medical Director – Interventional Radiology

Davis Teichgraeber, M.D., Asst. Professor – Breast Imaging
Eric P. Tamm, M.D., Professor – Body Imaging

Mylene Truong, M.D., Professor – Thoracic Radiology, Fellowship Prog. Dir.

Datla G. K. Varma, M.D., Professor – Body Imaging

Raghu Vikram, M.D., Assoc. Professor – Body Imaging

David Vining, M.D., Professor – Body Imaging

Chitra Viswanthan, M.D., Assoc. Professor – Body Imaging

Thinh Vu, M.D., Assoc. Professor – Neuroradiology

Nicolaus Wagner-Bartak, M.D., Asst. Professor – Body Imaging

Bing Wang, M.D., Asst. Professor – Neuroradiology

Gary J. Whitman, M.D., Professor – Breast Imaging

Franklin C. Wong, Ph.D., Professor – Nuclear Medicine

Carol C. Wu, M.D., Assoc. Professor – Thoracic Radiology

Wei-Tse Yang, M.D., Professor & Deputy Chairman, Section Chief – Breast Imaging

Sireesha Yedururi, M.D., Asst. Professor – Body Imaging
RADIOLOGY FACULTY
Texas Children’s Hospital
Diagnostic Imaging

Faculty

Sherri Birchansky, M.D., Assoc. Professor – Neuroradiology

George S. Bisset, M.D., Professor and Chairman

Richard M. Braverman, M.D., Asst. Professor – Body Imaging

Christopher I. Cassady, M.D., Asst. Professor – Interventional Radiology, Dir. of Pedi. Radiology Residency Prog. - BCM

James E. Crowe, M.D., Assoc. Professor – Pediatric Radiology

Nilesh K. Desai, M.D., Asst. Professor & Division Chief – Neuroradiology

Scott R. Dorfman, M.D., Asst. Professor – Diagnostic Imaging

Verghese George, M.D., Clinical Assoc. Professor & Division Chief – Adult Radiology

Robert P. Guillerman, M.D., Assoc. Professor – Body Imaging

Carolina V. Guimaraes, M.D., Clinical Asst. Professor – Neuroradiology

J. Alberto Hernandez, M.D., Clinical Asst. Professor – Interventional Radiology

Jill V. Hunter, M.D., Section Head for Pedi. Neuroradiology, Professor, Radiology - BCM

Anna Illner, M.D., Clinical Asst. Professor – Neuroradiology

Siddarth P. Jadhav, M.D. – MSK Radiology

Pamela D. Ketwaroo, M.D., Asst. Professor – Body Imaging

Kamlesh U. Kukreja, M.D., Clinical Asst. Professor & Chief – Interventional Imaging

Marcia K. Kukreja, M.D., Asst. Professor – Neuroradiology

Nadia F. Mahmood, M.D., Assoc. Director Radiology Education Program – Body Imaging

Prakash M. Masand, M.D., Division Chief – Cardiac Imaging

Amy Mehollin-Ray, M.D., Clinical Asst. Professor, Body Imaging

HaiThuy N. Nguyen, M.D. – Body Imaging
Robert C. Orth, M.D., Ph.D., Clinical Asst. Professor & Division Chief – Body & Nuclear Radiology

Sheena Pimpalwar, M.D., Asst. Professor – Interventional Radiology

Ronald A. Rauch, M.D., Assoc. Professor - Neuroradiology

Alicia Roman-Colon, M.D. – Body Imaging

Erica K. Schallert, M.D. – MSK Imaging

Alan E. Schlesinger, M.D., Assoc. Professor of Radiology

Victor J. Seghers, M.D., Ph.D., Body Imaging

Huy (Brandon) Tran, M.D., Clinical Asst. Professor – Neuroradiology
RESIDENT POLICIES AND GENERAL INFORMATION

The Education Office
General Information

Resident Life Lines:

Lea Roberts, Residency Training Program Coordinator IV
Lori Brown, Radiology Residency Coordinator II

The Radiology Education Office is a service-oriented section whose responsibilities include everything from processing leave requests, appointments, re-appointments, letters for verification of residency training, obtaining necessary signatures for loan deferment forms, etc.

The Radiology Education Office Staff, as you will find out, “wear many hats”. For any assistance, or just someone to talk to, please call 713-500-7640. The Education Office is located on the 2nd floor of the Medical School Building (blue elevator bank), next to the residents’ room, in MSB 2.116.

Frequently Used Telephone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology Education Office</td>
<td>713-500-7640</td>
</tr>
<tr>
<td>Lea Roberts</td>
<td>713-500-7643</td>
</tr>
<tr>
<td>Chairman’s Office</td>
<td>713-500-7700</td>
</tr>
<tr>
<td>Graduate Medical Education Office</td>
<td>713-500-5151</td>
</tr>
<tr>
<td>Page Phone Number</td>
<td>713-704-7243</td>
</tr>
<tr>
<td>UT Police (campus jurisdiction only)</td>
<td>713-500-4357</td>
</tr>
<tr>
<td>Radiology Computer / LAN</td>
<td>713-500-7655</td>
</tr>
<tr>
<td>Yasin Jabir</td>
<td>713-500-7648</td>
</tr>
<tr>
<td>Petra Surguy</td>
<td></td>
</tr>
<tr>
<td>Hermann Hospital Emergency Room</td>
<td>713-704-3990</td>
</tr>
<tr>
<td>Hermann Hospital (Main Number)</td>
<td>713-704-4000</td>
</tr>
<tr>
<td>Hermann Hospital Emergency Radiology</td>
<td>713-704-4060</td>
</tr>
<tr>
<td>Hermann Hospital MRI</td>
<td>713-704-2740</td>
</tr>
<tr>
<td>Hermann Paging Operator</td>
<td>713-704-4284</td>
</tr>
<tr>
<td>Radiology Front Desk</td>
<td>713-704-2800</td>
</tr>
</tbody>
</table>
FACULTY ADVISORS

All Radiology Faculty (Hermann Hospital, LBJ Hospital, and M.D. Anderson Cancer Center) is willing to serve as advisors to any resident during any stage of the training program. This is voluntary on the part of the residents, who can initiate the relationship by arranging for a meeting with a faculty member of their choice.

The first meeting is purely exploratory and residents should feel free to change Advisors should the need arise. There are no limitations on the types of problems that can be discussed. Any factors that affect the quality of work, attendance and home study would be appropriate for discussion. Frequently asked questions usually refer to the following: 1) textbooks, 2) research work, 3) rotations, and 4) future employment.

RESIDENTS’ ROOM

The residents’ room is located in the Blue Section (MSB 2.117). In this room you will find resident mailboxes along with computers and a microwave. Should you forget the combination for the door the education office will tell you the code.

CURRICULUM

We would like to remind you of the importance of attending conferences. Conferences are given for YOU - they are structured to teach, to show interesting cases and to make you more adept at discussing them, and finally, to expand your diagnostic capabilities.

Conference Attendance is Mandatory. It is NOT Optional.

The great majority of Faculty relishes teaching and does a good job of preparing for conference. We mind when attendance at conferences is poor and residents criticize the Training Program and the Faculty for a “poor educational experience”.

1. Any resident who does not attend at least 80% of the scheduled didactic conferences will not be allowed to take their 5 days of educational leave. Being allowed to take CME leave will depend on a resident’s having a cumulative minimum 80% level of attendance at the time of the request for CME. Juniors must achieve this 80% goal in the first six months of the year, since Board reviews will not enter into the tally of conference attendance.

2. Additionally, if a resident has 6 or more unexcused didactic conference absences in a calendar month, that resident will be assigned an extra call. This extra call will be assigned by the chief residents and they will take that call away from the resident in the same class with the best conference attendance during the same month.

Following all conferences, you should return to your rotation promptly. Please do not give Faculty a reason to complain about your punctuality. You should not make the Noon Conference a 2-hr lunch break. You may eat your lunch during the conference and then promptly return to your assigned rotation. We expect the Faculty giving these conferences to respect the time allocation and not run late.
ROUTINELY SCHEDULED CONFERENCES:

DIDACTIC CONFERENCES for all Residents:

Monday through Friday, 12:00 – 1:00 pm
Attendance is mandatory.

Check with your rotation for Interdepartmental conferences.

BASIC RADIOLOGY FUNDAMENTALS COURSE FOR 1ST YEAR RESIDENTS

The Fundamentals Course is exclusively for first year radiology residents. The course is held Wednesdays, from 1:30 - 5:00 p.m., starting July 12th and ending June 13th with the Fundamentals exam.

The Fundamentals curriculum covers the basic principles of specific subspecialties and material considered imperative that first-year residents are familiar with prior to taking Call. The faculty will prepare and present lectures, teaching file cases and case conferences. The faculty may or may not test the Residents’ knowledge after each course. It is up to the individual Faculty. However, there will be a “final certifying” examination at the end of the course. Residents must pass this exam prior to taking night float at LBJ.

PHYSICS OF NUCLEAR MEDICINE COURSE:

As part of the residency requirement for four months of rotation in nuclear medicine at our institution, there is didactic training and experience in the radiation management and safe use of radionuclides. Completion of this training and experience is mandatory in order to meet the requirements for ACGME accredited residency training and to qualify you as a future authorized user on nuclear medicine licenses under requirements promulgated by the Nuclear Regulatory Commission.

In order to document your completion of all requirements, a record will be maintained for completed work material submitted for rotation requirements. Due to strict credit requirements, all absences, regardless of the reason, will require make-up work. Lack of compliance with all the requirements of this course will result in a “non-compliant” grade and Dr. Oldham will NOT certify that you are prepared to take the ABR exam. If you have any questions, please address them to Dr. Beasley.

NOTE: Failure to complete this training will result in no certification to complete future parts of your board examinations, regardless of whether or not you have passed the physics part of the boards. This is required as part of your clinical rotations and residency training.
RISK MANAGEMENT:

The MSRDP Board has mandated that all residents are required to complete 15 hours of Risk Management education every 3 years. All first year residents must obtain 15 hours of risk management education. All fourth year residents must obtain another 15 hours of risk management education. For first year residents, this will include a quiz given electronically, which will account for 10 of the 15 credits. The remaining 5 credits for first year residents, as well as 15 credits for fourth year residents can be earned through attending Risk Management Seminars, reading approved articles, etc. This requirement is new, and the computerized testing and reporting format has just been instituted. Additional instruction and information will be disseminated by the Residency Education Office to the appropriate residents each year.

SUBPOENAS:

Please bear in mind that the subpoena is a legal document, subject to the jurisdiction of the court. If the subpoena is not UT work related, you, yourself must respond. Should you receive a subpoena, respond appropriately and make careful note of any instructions given to you. If you are asked to make yourself available at a specific time, be sure to be available at that time. It is within the jurisdiction of the court to issue a warrant for your arrest should you “forget”.

If the subpoena is UT-work related, the UT Office of Legal Affairs must be notified. You should immediately contact:

Office of Legal Affairs and Risk Management
Catherine R. Thompson, R.N., M.P.H.
Health Care Risk Manager
Telephone: 713-500-3280

AMERICAN INSTITUTE FOR RADIOLOGIC PATHOLOGY (AIRP) COURSE:

(Contact in Education Office: Lea Roberts)

Travel to and from the AIRP:
The AIRP courses begin on a Monday and end on a Friday. Residents can travel to the AIRP the Friday evening before the course is set to begin and travel back on the Sunday after the course concludes. Residents are NOT allowed to take vacation directly before or immediately after their AIRP rotation.

This four week course is designed to teach the pathologic basis of abnormal radiologic findings. The course is composed of live lectures and case seminars. The course faculty includes the AIRP Staff Radiologists, AIRP Pathologists, and numerous visiting lecturers. The morning schedule begins at 8:00 am with lectures until noon. Lunch is from 12:00 pm - 12:30 pm, and afternoon classes are from 12:30 pm until 4:00 pm. The course usually concludes at Noon on the last Friday. All federal holidays and government closings (e.g. “snow days”) are observed.
Each Radiology resident attending the AIRP must take with them two (2) cases (Imaging & Pathology). The two most important parameters used to evaluate a case are: the excellence of the correlative gross photography and the completeness and the quality of the radiologic images. All films will be returned promptly after duplication.

There are two ways to select your required cases. The first method, which results in the best examples of radiologic-pathologic correlation, requires your personal involvement in obtaining gross photographs of the resected specimen or autopsy.

Photography of the gross specimen will require careful advances planning to insure that the pictures are obtained in the same orientation as at least one of the diagnostic images (e.g. coronal, axial). Work with your surgeons and pathologists so that optimal sectioning of specimens can be achieved. Exclusive reliance on others (clinicians, pathologists, or medical photography departments) to obtain the photographs often results in disappointing and poorly correlated material. It is essential for you as the radiologist, to be an active participant in making the correlated material. It is essential for you as the radiologist, to be an active participant in making the correlation. A case with fabulous radiology is reduced to mediocrity by poor gross photography. A second method is to start with cases that already have the gross photographs, by consultation with your pathologists or surgeons.

Trying to work backward to find the gross pathology after beginning with great radiology can be frustrating, and in most hospitals, is largely unsuccessful.

If you are not sure whether your case will be acceptable or whether your case has previously been submitted to the AIRP, please call the Department of Radiologic Pathology [Case Managers: (202) 782-2170/2172]. The cases must be complete upon your arrival to the course, but do not bring your cases on the first day of the course. All cases will be handed in during the first two weeks of the course.

PLEASE SEEK THE ADVICE AND GUIDANCE OF RESIDENTS WHO HAVE RECENTLY ATTENDED THE AIRP RADIOLOGIC PATHOLOGY COURSE! You should also refer to journal publications such as RadioGraphics (see the section: “From the Archives of the AFIP” AJNR, etc.,) that feature articles emphasizing radiologic-pathologic correlation. If you have any questions about the suitability of your case contact the case manager, before you prepare the case.

AIRP COURSE CHECKLIST

CASE MATERIAL for CASE #1

1. Radiologic Images
2. Pathologic Material
3. Correlated Gross 2X2’s
4. Duplicate Copy of Color 2x2’s

PAPERWORK (two copies of each)

1. Case Abstract
2. Pathologist’s Permission Letter
3. Radiology Caption Sheet
4. Gross Path Caption Sheet
5. Path Reports (match specimen #'s)
6. Radiology Reports
7. Operative Reports
8. Autopsy Reports; D/C Summary; Etc
9. Duplicate Copy of all Paper Work

**HOUSING:** Have you made your housing arrangements?

**TRANSPORTATION:**

1. Have you made arrangements to come to Washington?
2. Have you made arrangements for public transportation to and from AIRP?

As part of the privilege of going to the AFIP, each resident is required to prepare their one AIRP case just like ICF Cases and sent for publication into our electronic teaching web-file.

**ELECTIVES:**

You will have scheduled Elective time in your 4th year of residency training. The Hospital for your Elective is determined by the availability of funds each month. However, the Resident can select any clinical rotation in Radiology for that Elective. You must decide where you want to take your elective(s) and give this information to the chief residents PRIOR to making the schedule for the next year.

Prior to scheduling an elective, the program must consider the residents taking the rotation as a requirement as having “priority” over these taking the rotation as an elective. Hence, if there already are two residents on a rotation (e.g., a first year and a third year) then no senior can take that rotation as an elective without first getting BOTH the Program Director and the Chief Residents’ approval.

There will be NO exceptions.

**EVALUATION OF RESIDENTS BY FACULTY:**

All resident files are in the office of Lea Roberts, Health Education Coordinator. The attendings electronically evaluate the Residents at the end of each rotation. Evaluations and work performance are reviewed and discussed with Dr. Oldham twice a year. Residents must review their evaluations at the end of each rotation.

**EVALUATION OF FACULTY AND OF ROTATIONS BY RESIDENTS:**

This is a requirement of the Accreditation Council for Graduate Medical Education (ACGME) and it is noted in the Essentials and Guidelines for Residency Training Programs. These evaluations are strictly anonymous. Residents are asked to fill out the evaluations electronically in New Innovations. The resident evaluates (1) each faculty they worked with and (2) the rotation. The evaluations are anonymous.
ANNUAL RESIDENT EVALUATION OF PROGRAM:

Done electronically towards the end of the year (May or June).

EXAMINATIONS IN RADIOLOGY:

ACR National Resident In-Training Examination:
ACR In-Training Examination for Residents, takes place in January. The purpose of this examination is to provide residents with information that is useful in self-evaluation as well as providing Residency Training Directors with data helpful in analyzing and evaluating the training program. The Resident In-Training Examination is intended to be a measure of general achievement in radiology for both residents and program directors. All residents are required to take the examination seriously and study for it because the results are an important component of the evaluations. All In-Training scores are reported to the Training Director and are STRICTLY CONFIDENTIAL. The scores are discussed only between Residents and the Training Director.

Program Directors are encouraged to utilize in-training examinations to assess the progress of residents in training, to identify individual and/or program strengths and weaknesses and in general to improve graduate radiological education.

The American Board of Radiology, Inc.
Office of the Executive Director
5255 E. Williams Circle, Suite 6800
Tucson, AZ  85711
(520) 790-2900
Fax:  (520) 790-3200

Candidates beginning their graduate medical education after January 1, 1997, are required to have five years of approved training with a minimum of four years in Diagnostic Radiology. The other year must be accredited clinical training in Internal Medicine, Pediatrics, Surgery or surgical specialties, Obstetrics & Gynecology, Neurology, Family Practice, Emergency Medicine, or any combination of these. This clinical year will usually be the first postgraduate year. No more than a total of three months may be spent in Radiology and/or Pathology during that clinical or transitional year. All clinical training must be in an ACGME, American Osteopathic Association or equivalent approved program.

A minimum of four months, but no more than 12 months are required in Nuclear Medicine. Candidates will be eligible for the Core Exam of the American Board of Radiology examination when they have completed 36 of the required 48 months of approved training. On passing the Core Exam and completing the 48 months of training, and 15 months (12 in the fellowship + 3 more months) candidates will be eligible to sit for the ABR certifying exam.

Residents must have current Advanced Cardiovascular Life Support and Basic Cardiac Life Support certification.

It is not the intent of the American Board of Radiology for training programs to use any of the four years for traditional fellowship training.
RESIDENT CALL:

The Call Schedule is independent of a resident’s rotation. It should be equitable, flexible, and a graduated experience, which is commensurate with one’s level of training. To ensure an equitable system, all residents within a particular class should enter the call pool at the same time, at defined periods of time.

Call Distribution:

Calls will be evenly and fairly distributed. Most of the call at LBJ, MHH and MDACC is now done as a night float rotation. It will be up to the discretion of the Chief Residents to distribute and assign the calls in an equitable manner such as by lottery, giving each class some flexibility in making their own assignments. The Chief Residents will have the final review of any assignments. In any case, the goal will be to ensure as equitable a system as possible with the realization that with a finite number of holidays and weekends during each year, no system can necessarily be 100% equal (but the aim will be to be as close as possible.)

CALLS:
1. LBJ Night Float Rotation
2. Hermann Night Float Rotation
3. IR Call
4. Mini-call at HH ER 5-10 pm
5. General weekend call at MDA (Sat & Sun) + weekday 5-10 call at MDA
6. TCH Call
7. LBJ Weekends and Holidays: 7am – 7am

After checking out the night’s cases with the faculty, dictating all cases reviewed, making any corrections to pre-dictations as well as contacting clinicians should there have been any discrepancies between preliminary readings and the final report, residents on call at LBJ-ER have the next day off.

IR CALL:

This call is taken while on the IR rotations at MHH and LBJ.

Other Considerations:

If in the event, a member of any particular class is unable to fulfill call responsibilities (i.e. sickness, attrition, pregnancy, or any other reasons), his/her calls shall be the responsibility of that particular class, and shall be divided accordingly as determined by the Program Director.

If a resident is sick on the day he/she is to take call, it is that residents’ responsibility to find someone to cover his/her call. If the resident is unable to find adequate coverage, then the Chief Residents will assign someone to cover the call.

If an individual for any reason does not report to his/her call duty, and does not take appropriate measures for notification to either the Chief Residents or Faculty, this resident shall be assigned additional call duty at an unspecified date at the discretion of the Chief Residents. (If an individual does
not report for call duty, on a holiday, and does not take appropriate measures for notification, this individual may be assigned two additional holiday call duties.)

If a call trade has been performed, it is the responsibility of both parties to ensure that this call trade is reflected on the master call sheet posted on the internet.

**OFFICIAL HOLIDAYS:**

Observed Holidays will vary from one hospital to another. Resident Physicians do not follow the UT holiday schedule. **All Residents work the holiday schedule of the hospital where they are assigned.** If it is not an official holiday at the hospital where the Resident is assigned, residents may not take a holiday (unless a vacation day is used), regardless of whether or not it is a UT holiday. There is no “compensation” time off or additional pay for holidays worked.

**LEAVE REQUESTS:**

Leave requests are completed online through New Innovations, which can be accessed via the following link: [https://www.new-innov.com/uth](https://www.new-innov.com/uth). When you get to the login page, click **Log In With UTHealth**, then enter your UT Login & password. Anytime you have a question concerning your vacation/sick/CME balances, etc., please see or call Lea (713-500-7643).

**Lea Roberts** will process the GMEIS requests, and following your attending approval and the administrative approval, a copy is emailed to the Resident. An email of the eLAR serves as notification of vacation, as a courtesy, to allow the Faculty to plan ahead. The Education Office notifies the Faculty via EMAIL that a vacation request for a resident on their service has been approved. If you have requested and received approval for Leave several months in advance, **it is up to you to remind your attending when you will be off service.**

**VACATION LEAVE POLICY:**

Vacation is requested through New Innovations. Use this link to log into NI using your UT email ID and password. [https://www.new-innov.com/uth](https://www.new-innov.com/uth)

The request then comes to Lea Roberts to process. The leave requests are processed several different ways. When scheduling a leave request, put the name of the hospital and service you will be on so that there will be no delay in processing requests.

Guidelines for scheduling vacation leave requests:

- No more than 5 working days may be taken off any one rotation without special permission from the Section Chief of the service.
- Vacation requests will be approved if submitted at least 3 weeks PRIOR to the START of the rotation for all rotations except TCH. Permission must be granted to take vacation from TCH, regardless of submission date.
• Vacation requests require approval from the Section Chief if submitted less than 3 weeks before the beginning of the rotation. **PLEASE DO NOT MAKE TRAVEL ARRANGEMENTS BEFORE THE LEAVE HAS BEEN APPROVED.**

• If more than 1 resident is on the same service, it is the resident’s responsibility to coordinate any leave so that both residents are not off the service at the same time.

If plans change, you may email Lea Roberts to cancel your leave request if the cancellation is done BEFORE the first day of the scheduled leave. No leave will be cancelled after the 1st day of the scheduled leave date.

• **The days will count as vacation if we are notified retroactively**

**SICK LEAVE POLICY:**

Sick leave is requested through New Innovations – use this link to log into NI using your UT email ID and password.  
[https://www.new-innov.com/uth/](https://www.new-innov.com/uth/)

• At the beginning of each rotation, ask who should be contacted in case of illness and how the service should be notified – by email and/or telephone call.
• Contact your service to let them know you will be absent EACH day you are absent.
• Contact the Radiology Education Office (REO) by email to both Lea Roberts  
  Lea.L.Roberts@uth.tmc.edu AND Lori Brown  
  Lori.M.Black@uth.tmc.edu  
  EACH day you are absent.
• Notification each day must be timely.

**Department policy on Resident CME time – Active and Passive CME**

**Passive CME:** Passive CME is defined as a meeting attended by a resident just for knowledge, education/ information’s sake. It is not a meeting where the resident is lecturing or exhibiting posters or educational exhibits. Active CME is a meeting attended by a resident who is either presenting a paper, poster or exhibit or if the resident has won an award and part of the award is attendance at the designated meeting.

All residents have up to 5 days per academic year to attend one meeting for CME. In order to be allowed up to five days to attend one meeting, the resident must be up-to-date with their physics and nuclear medicine modules, and must have attended at least 80% of the scheduled didactic noon conferences. Seniors must attend the didactic lectures during the first half of the year. Board reviews do not count towards the 80%.

For passive CME, if a resident has performed below the 30th percentile on the ACR In-service exam for the sections where the resident has rotated, it is up to the program director’s discretion whether to allow the resident to attend the meeting or not, to increase the amount of clinical training.
Residents must fill out an eLAR for those days and submit proof of their registration to attend that meeting (viz. proof of payment of registration). The REO office will check to make sure modules, and conference attendance requirements are met, before signing the eLAR.

For passive CME, the department merely gives the resident up to five days off rotation. The department does not pay registration fees, airfare, hotel or meals. Those charges are the resident’s responsibility.

Notice: A resident cannot use five days of CME to attend two meetings; namely the resident cannot go to RSNA for three days and ARRS for two days in the same academic year. If the resident chooses to attend a five day long meeting for only three days, they have used up the entire amount of CME and they forfeit the remaining days. Any unused CME days do not roll over to the following year. If not used, they are lost.

**Active CME:** Active CME is defined as a meeting attended by a resident where that resident is a lecturer or first author on a paper, poster or exhibit.

If a resident has a paper/poster/exhibit where he/she is first author, the department will pay for that resident to attend three days of that meeting. The department will pay registration fees (if any), airfare, hotel and meals for three days. If the meeting is longer than three days and the resident wishes to attend the entire meeting, the resident must pay for the hotel and meals for those extra days. A total 5 days of CME can be utilized by a resident per each first author paper, poster or exhibit. The resident may only attend one meeting per first author paper, poster or exhibit.

If the meeting is longer than three days but the resident is only going three days, and there is a poster/exhibit being exhibited/viewed during the entirety of the conference, then it is that resident’s responsibility to get someone also attending that meeting to either hand the poster/exhibit at the beginning of the meeting or take it down and bring it back to Houston at the end of the meeting.

Also, a resident may only attend one meeting for each poster where he/she is first author. While the department is pleased a resident is doing research and academic work, it does not have the financial luxury to send a resident to two national meetings for the same paper/poster or exhibit. For example, say the poster/educational exhibit is exceptionally good and is accepted at two national meetings, the resident cannot go to both meetings with the same poster. The resident must choose which one of those two national meetings to attend using their active CME time with their poster/exhibit. Someone else attending the second meeting will have to take the poster/exhibit to the second meeting. Or, the resident may use their passive CME time to take their poster to the second meeting.

Please meet with Lea Roberts to discuss institutional guidelines regarding reimbursement of expenditures.
AWARDS:

If you are the resident selected for the RSNA/AUR/ARRS “Introduction to Research” Award, that resident will go to the RSNA or to the ARRS meeting for the entire week, the length of that course. The award comes with a check to cover resident expenses during the meeting. The check goes to the Department and is used to cover resident expenses.

CHIEF RESIDENTS:

Each academic year, the chief residents attend the annual AUR meeting. If funds are available, the incoming as well as the outgoing chief residents attend this meeting. A portion of the meeting is dedicated to A3CR2 (an acronym for American Association of Academic Chief Residents in Radiology). The department will pay their registration, air fare, hotel and meals for the meeting. This does not count as any of the above CME or award times off. This is a perk for being chief resident.

Taking Time off for Fellowship / Job Interviews:

Third and fourth year residents may take a total of five working days during those two years (either all 5 days in the third year, or all 5 days in the fourth year or a portion of the 5 days in each of the 3rd and 4th years for a maximum total of 5 working days) to go for Fellowship or job interviews. No more that 5 total days for interviewing will be granted during the residency. Any additional time necessary for Fellowship or job interviews will have to come from the resident’s remaining available CME time or vacation time. If the resident takes all five days for interviewing during the junior year, then he/she has no additional time off for interviewing during the senior year.

The resident may not use sick leave for job or fellowship interviews. When the resident submits his/her eLAR to the Education Office for approval, he/she must submit documentation with the eLAR (viz. letter of invitation to interview).

LEAVE OF ABSENCE (LOA), INCLUDING LEAVE WITHOUT PAY (LWOP):

The Program Director may grant a Leave of Absence (LOA) of up to twelve (12) weeks. All requests for LOA must be approved by the Program Director and will be granted or denied on merit. This is in accordance with applicable state and federal laws and accreditation requirements. An extended LOA that exceeds the twelve (12) week allotment will necessitate resignation from the Program. The Resident Physician may seek reappointment to the Program at a later date.

LOA may be comprised of paid leave (including both paid sick leave and vacation) and/or leave without pay (LWOP). When LOA is requested for a medical reason (including pregnancy), the Resident Physician must exhaust all accumulated paid sick leave and vacation prior to beginning any LWOP. Paid sick leave may be utilized only if the leave is for a medical reason.

The duration of LOA must be consistent with satisfactory completion of training (credit toward specialty Board qualification), which is determined by each Department in consultation with the GME office. In any case, a LOA will never exceed twelve (12) weeks in duration.
Leave of Absence and Vacation (as defined by the American Board of Radiology):

Within the required period(s) of graduate medical education, the total such leave and vacation time may not exceed TWELVE CALENDAR WEEKS (60 working days) in any two years, EIGHTEEN calendar weeks (90 working days) in any three years, or TWENTY-FOUR CALENDAR WEEKS (120 working days) in four years. If a longer leave of absence is granted, the required period of graduate medical education must be extended accordingly.

A Resident Physician may continue his or her insurance coverage during LOA, but retains responsibility for payment of his or her portion of the premium. Arrangements for these payments must be made prior to the commencement of the leave.

Family Medical Leave Act (FMLA) (Maternity/Paternity Leave):

When a Resident has been with the UT system for a period of 1 year, he/she is eligible to take paid or unpaid leave up to 12 weeks through the Family and Medical Leave Act 1993 (FMLA). Health coverage is maintained for the duration of the FMLA leave. A special FMLA form must be approved prior to taking FMLA leave.

In compliance with the Federal Family and Medical Leave Act of 1993 (FMLA), the University of Texas Health Science Center (UTHSC-H) will grant up to 12 weeks of unpaid leave in a 12-month period to employees who have been employed at least 12 months and worked at least 50% time during the 12-month period immediately preceding the leave.

Family and medical leave may be granted for one or more of the following reasons:

- Birth of son/daughter and care after such birth;
- Placement of son/daughter for adoption or foster care;
- Serious health condition of spouse, child, or parent of employee; or
- Serious health condition of employee (unable to perform job).

Leave for birth or placement for adoption can be taken prior to the actual birth or adoption.

When an employee is taking leave to care for a family member, or due to his/her own serious health condition, the employee may be required to support the leave request with certification from the health care provider. Certification forms can be obtained from the Education Office. If the UTHSC-H does not agree with the medical certification, a second opinion at the University’s expense may be obtained. If the two opinions disagree, a third opinion may be obtained at the University’s expense, and will be the final determination. **There is no certification requirement if the employee is taking leave for the birth of a child or placement of a child.**
The following terms and definitions are included to further clarify the policy and procedures.

**Spouse/dependent:**

For the purposes of the FMLA, spouse is defined in accordance with the applicable state law including common law marriages when recognized by the state. Unmarried domestic partners do not qualify for family leave. Son or daughter is defined under the FMLA to include a child under 18 years or one who is 18 years or older who is incapable of self-care because of a mental or physical disability.

**Serious health condition:**

A serious health condition is one that requires in-patient care or continuing treatment by a health care provider. The term “serious health condition” is intended to cover those conditions that affect one’s health to the extent that in-patient care is required or continuing treatment by a provider of health care is necessary on a recurring basis for more than a few days for treatment or recovery. The FMLA is not intended to cover short-term conditions for which treatment and recovery are brief.

Examples of serious health conditions include heart attacks, heart conditions, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, respiratory conditions, appendicitis, pneumonia, emphysema, severe nervous disorders, injuries caused by serious accidents on or off the job, pregnancy, severe morning sickness, need for prenatal care, childbirth, and recovery from childbirth. A serious health condition includes treatment for a serious chronic condition that, if left untreated, would likely result in an absence of work for more than three days.

**Substance abuse:**

Treatment of substance abuse may be included under the FMLA if a stay at an in-patient treatment facility is required. However, absences because of an employee’s use of a substance without treatment does not qualify for family leave. By including substance abuse, the UTHSC-H is not prevented from taking any employment action against an employee who is unable to perform the essential functions of the job provided the UTHSC-H complies with the Americans and Disabilities Act of 1990 (ADA) and does not take action against the employee because such employee exercises his rights under the FMLA.

**Parental leave:**

An employee’s entitlement to leave for the birth or placement of a child expires 12 months after the birth or placement. If both parents work for the University, regardless of whether they work at different work sites or different component institutions, the total amount of leave cannot exceed 12 weeks. This limitation applies only for those cases involving the birth or placement of a child. In cases involving sickness, this limitation does not apply.

**Intermittent leave:**

Family leave taken due to the serious health condition of the employee or a member of the employee’s family may be taken at the time it is needed. There is no minimum limitation on the number of hours of intermittent leave that may be taken (i.e., the leave may be taken in increments of 2 hours, 4 hours) provided proper notice has been given if the need for the leave is foreseeable.
When an employee has requested intermittent leave, the University may transfer the employee to an alternative position with equivalent pay and benefits if the employee is qualified for the position, and if it better accommodates the recurring periods of leave more so than the employee’s current job.

PROCEDURES:

Calculating the 12-month Leave Period:

Eligible employees are entitled to take up to 12 work weeks of family leave during any 12-month period measured forward from the date the employee’s first family leave begins.

Requirement of Using Sick/Vacation Leave:

Under the Current Appropriations Act, employees are required to use all accumulated vacation and sick leave, if applicable, when taking leave under the FMLA. However, the UTHSC-H is not permitted to count paid leave that was not for an FMLA leave purpose against an employee’s family leave entitlement. For example, if an employee has taken sick leave on various occasions for a cold or flu, or condition that is not an extended illness, those days may not be counted toward the 12-week entitlement under the FMLA. If, however, the employee is expecting the birth of a child and has taken leave prior to the birth for prenatal care, the UTHSC-H may require the employee to use his or her sick and vacation leave, and limit the total amount of time away from employment to a total of 12 weeks. The UTHSC-H must inform the employee that paid leave must be taken when an individual requests family leave. It is the institution’s responsibility to designate whether or not the leave (paid or unpaid) will be considered leave taken pursuant to the FMLA.

Premium Payment for Medical Insurance:

When an employee is on unpaid family leave, the University will continue to contribute its share of premium sharing for medical/dental insurance as if the employee had continued in employment during the leave. For example, if the employee normally has family medical coverage, the UTHSC-H will continue sharing the cost of the premiums with the employee at the family rate. The employee is required to pay his or her share of the premiums in the same manner required when working. An employee may pay his or her share of premiums of the health plan in any manner customarily used by the University.

If the employee fails to pay a timely health plan premium, a 30-day grace period will be provided after the agreed upon date for which payment is due. If the employee does not make payment within 30 days, the University will cease to maintain the health coverage on the date the grace period ends. Prior to expiration of the grace period, the UTHSC-H will notify the employee of the discontinuance of insurance coverage.

If the institution discontinues health coverage as a result of non-payment of premiums, the employee’s group health benefits must be restored to at least the same level and terms as were provided when leave commenced. Therefore, the returning employee will not be required to meet any qualification requirements, such as a waiting period or pre-existing condition requirements, when the employee has failed to continue his or her health coverage for non-payment of premiums.
If an employee fails to return to work after a period of unpaid family leave, and the UTHSCH has paid for maintaining health coverage, the University is entitled to recover the premiums paid unless the reason the employee does not return to work is due to (1) continuation of a serious health condition that would entitle the employee to family leave, or (2) other circumstances beyond the control of the employee.

An employee is considered to have returned to work after he or she has worked for a period of 30 calendar days. Therefore, an employee who returns to work only one week and then departs is not considered to have returned to work for the purposes of premium payments. The UTHSCH-H may recover health insurance premium payments from any sum due to the non-returning employee such as travel reimbursement or paychecks, provided that prior to deducting any amounts, the institution consults with The University of Texas System Office of General Counsel to ensure that such deduction is appropriate.

**Returning Employee:**

When an employee returns to work under the FMLA, he or she is entitled to be restored to the same position held when the leave started, or to an equivalent position with equivalent pay. An equivalent position is one that has the same pay, benefits, and working conditions, and involves the same or substantially similar duties and responsibilities and with the equivalent skill, effort, responsibility, and authority.

**Notice by Employer Requirement:**

A notice will be posted to notify employees of their rights and responsibilities under the FMLA. The UTHSCH-H must also supply to employees a notice describing the FMLA that will be issued by the Department of Labor.

**Notice by Employee:**

Employees must give at least 30 days advance notice to the UTHSCH-H of the need to take unpaid family leave when it is foreseeable for the birth or adoption of a child or for medical treatment. When it is not practicable under any circumstances, such as premature birth or medical illness, to give such notice, the notice should be given as soon as practical within one or two business days of when the employee learns of the need for leave. Verbal notice is sufficient to inform the institution that the employee will be needing family leave.

An employee who has given notice under the FMLA and has provided the certification requirements, if needed, may not be denied family leave.

Rights of employees who exercise their rights under the FMLA are entitled to do so without restraint and must not submit to discharge or discrimination by the UTHSCH-H. The UTHSCH-H may not discriminate against an individual for having filed charges, instituted any proceeding under related to the FMLA, or given information in connection with an inquiry or proceeding regarding the FMLA.

If an employee’s FMLA rights have been violated, the FMLA provides that the employee may file a complaint with the Department of Labor or file a private lawsuit against the employer to obtain damages or other relief.
HEALTH INSURANCE FOR RESIDENTS:

The University of Texas System Medical Foundation will provide Life, Accidental Death & Dismemberment, Humana Medical and Delta Dental insurance benefits through Health Plans effective July 1. Long Term Disability Income insurance will be provided through TMAIT.

During orientation you should have been asked to choose between two plans: a PPO plan or a HMO plan. The PPO plan will have a broad network of physicians.

You can receive information regarding health insurance by calling the Medical Foundation at (713) 500-5243.

RESIDENT LICENSURE:

Institutional Permits (IP):

An institutional permit (IP) must be granted to the UT-Houston Medical School by the Texas State board of Medical Examiners on behalf of a physician who serves in Texas as an intern, resident, or fellow in graduate medical programs approved by the ACGME. For the purposes of the Resident Physician Appointment Agreement, the UTHMS will seek an IP on behalf of each Resident Physician who has never had an unrestricted license to practice medicine in Texas. The IP may be renewed on an annual basis for the duration of the program.

An institutional permit (IP) does not entitle the Resident Physician to assume professional activities outside of the Residency Program.

Permanent Texas Medical License:

A Resident Physician who obtains a permanent medical license from the Texas State Board of Medical Examiners during his or her training is required to furnish the GME office a copy of the permit issued annually when the license is renewed. It is the Resident Physician’s responsibility to maintain a current medical license at all times. A Resident Physician who has not renewed his or her license as necessary will be dropped from the PLI on the license expiration date. Consequently, a Resident Physician will be removed from clinical duties (on LWOP) until the Texas State Board of Medical Examiners reinstates the license.

Texas State Board of Medical Examiners
P.O. Box 2029
Austin, Texas 78714-9134
(512) 834-7728 (from 2:00 - 5:00 pm)
Registration/Verification Inquiries: (512) 834-7860
SOCIETY MEMBERSHIPS:

The Radiological Society of North America
(no membership fee required for residents)
2021 Spring Road, Suite 600
Oak Brook, IL 60521
(708) 571-7870

The Texas Radiological Society
(no membership fee for residents)
401 West 15th Street
Austin, Texas 78701-1680
(512) 370-1507
Fax: (512) 370-1635

The Houston Radiological Society
(no membership fee for residents)
John P. McGovern Building
1515 Hermann Drive
Houston, Texas 77004-7126
(713) 524-4267
Fax: (713) 526-1434

The American College of Radiology, In-Training Member
(membership automatic when entering residency)
1891 Preston White Drive
Reston, Virginia 22091
(703) 648-8900
1-800-227-5463
Fax: (703) 648-9176

American Roentgen Ray Society
1891 Preston White Drive
Reston, Virginia 22091
(703) 648-8992
Fax: (703) 264-8863
**GRIEVANCES:**

*(Compiled from Graduate Medical Education Trainee Handbook, February 2000):*

It is the policy of the Foundation to encourage fair, efficient, and equitable solutions for problems that arise out of the appointment of the Resident Physician to the Foundation.

Grievances may involve payroll, hours of work, working conditions, clinical assignments, or the interpretation of a rule, regulation, or policy.

If a Resident Physician has a grievance, he or she should first attempt to resolve it by consulting with (1) the Chief Resident; (2) the Program Director; or, (3) the Department Chairperson. If after twenty-one (21) days the matter has not been resolved in a satisfactory manner, the Resident Physician should then present the grievance in written form to the PRC through the Graduate Medical Education Office.

A Grievance Subcommittee of the PRC appointed by the PRC chairperson will be assigned to review the grievance. After the Grievance Subcommittee has reviewed the written grievance, a final decision will be issued and communicated in writing to the Resident Physician and other appropriate involved persons.

**COMPLAINTS OF SEXUAL HARASSMENT OR UNLAWFUL DISCRIMINATION:**

*(Compiled from Graduate Medical Education Trainee Handbook, February 2000):*

Complaints of sexual harassment and/or other forms of unlawful discrimination are to be addressed in accordance with the regulations of UTHMS as set out in its Handbook of Operating Procedures.

**CONDITIONS OF SEPARATION:**

*(Compiled from Graduate Medical Education Trainee Handbook, February 1996):*

1. A Resident Physician may resign from a Program with thirty (30) days written notice of his or her intent to resign. The Resident Physician’s resignation must be submitted to the Program Director and/or department chairperson. All conditions of appointment will terminate on the effective date of resignation.

2. Separation may occur at the end of an appointment term.

3. A Resident Physician’s appointment may be terminated prior to the end of the appointment term for cause due to a disciplinary infraction or when the Program Director determines that the continued performance of the Resident Physician would constitute a threat to patient safety, in accordance with the procedures described in Section II.0.2. A Resident Physician so terminated will continue to be compensated until all appeals are exhausted and a final decision is rendered.
RESIDENT PHYSICIAN IMPAIRMENT:

(Compiled from Graduate Medical Education Trainee Handbook, February 2000):

The institutional policy regarding substance abuse among Resident Physicians recognizes the importance of prevention through education, recognition of the impaired Resident Physician, and the counseling and rehabilitation of the impaired Resident Physician. Resident Physician rights and confidentiality is strictly protected. However, the safety of patients, other Resident Physicians and employees of the affiliated institutions must be protected and the laws of the State of Texas must be observed. Thus, if necessary, disciplinary action will be taken against the impaired Resident Physician.
The University of Texas HSC at Houston
Department of Diagnostic and Interventional Imaging

Policy regarding pregnancy and service by residents on clinical rotations

**Fluoroscopy:**

When appropriate professional radiation-safety practices are applied, radiation exposure to a resident during a clinical rotation that involves the application of fluoroscopy is maintained well below the gestational exposure limits established by the National Council on Radiation Protection and Measurements, which are generally required nationally by the State regulatory agencies. Before special protection can be implemented, the resident must bring the fact that she is pregnant to the attention of the Radiation Safety Officer who will discuss the circumstances with her. Proper practice requires the use of an appropriately fitting 0.5-mm lead equivalent apron that covers at a minimum the front and sides of the operator. Women residents are assigned a radiation monitor that is to be worn on their person at belt level during all working hours, even when not pregnant. During fluoroscopy, the monitor is to be worn underneath the lead apron. This monitor indicates the radiation exposure at the abdominal surface during the rotations for which the badge was worn. Any unusual readings are discussed with the resident to determine whether modification of practices is warranted. As a further precaution, the pregnant resident will be provided a lap apron to be worn over the anterior and/or posterior pelvic area under the normal lead apron. This provides an extra 0.5-mm of lead protection to assure minimal exposure. As always, the pelvic radiation monitor will be worn under the aprons at the anterior pelvic area. The resident will abide by all radiation protection practices, including the practice of not turning her back to the source of radiation during fluoroscopy or fluorography.

Any resident who wishes to transfer out of a rotation during pregnancy may do so but is required to make arrangements for an appropriately trained resident to substitute for them during that rotation. The arrangements are subject to the approval of the Radiology Residency Education Office. This does not relieve the resident from appropriate completion of the rotation as a necessary part of their training and the rotation will have to be completed at a later time.

**Nuclear Medicine:**

Nuclear medicine involves the use of radioactive materials. When professionally managed, exposure to a pregnant resident during this rotation can readily be maintained well below the gestational exposure limits established by the National Council on Radiation Protection and Measurements, which are generally required nationally by the State regulatory agencies. Before special protection can be implemented, the resident must bring the fact that she is pregnant to the attention of the Radiation Safety Officer who will discuss the circumstances with her. The greatest risk involves the potential inhalation of radioactive iodine-131. Therefore, during this rotation, pregnant residents will not participate in the administration of radioactive I-131 to patients.
Meal Tickets/Pagers/Parking for Radiology Residents and Fellows On-Call at MD Anderson

Radiology residents are scheduled to take call at M.D. Anderson Cancer Center Friday, Saturday, Sunday and Monday. Radiology fellows are scheduled to take call Tuesday, Wednesday and Thursday.

If you have any questions or need to make changes to the on-call schedule, please contact Patricia “Pat” Alaniz (713-792-5082) or Esmeralda Fuentes (713-792-4487).

Pagers:

There are five pagers shared among the residents (all have the same number). Each on-call resident has a pager. **It is the responsibility of the residents to see that the pagers and parking cards stay together. If the parking cards are misplaced, they will not be replaced.**

Residents who take call on Saturday and Sunday each have a pager.

Meal Tickets:

A resident who is taking weekend call (Saturday and Sunday) is to receive two meal tickets (this also applies to holidays).

Monday through Friday on-call residents receive one meal ticket.

On-call fellows receive one meal ticket.

The Chief Residents distributes meal tickets for residents and Judy Bunch distributes tickets for the fellows.

Parking:

A parking card for after-hours parking for R1s on call is provided for garage 10. These cards may not operate on some MDACC holidays that are not designated TMC holidays (eg. Christmas Eve). On these occasions residents should pay for parking and turn in receipts for reimbursement to Pat Alaniz or Esmeralda Fuentes.
Statement to the residents about Privileges and Expectations

There are several activities in which the residents are involved that are not necessarily part of the formal educational program. These additional activities are privileges accorded the residents. These include but are not limited to: running for chief resident, moonlighting, going to the AIRP and CME time off.

Receiving these privileges is contingent upon achievement of the following landmarks. These include, but are not limited to:

- Passing the ABR Core exam
- Scoring above the 30th percentile on the individual categories of the ACR in-service exam in rotations which the resident has participated
- Turning in the nuclear medicine modules on time
- There should be no issues of unexcused absenteeism, dishonesty or unethical behavior.

Privileges may be revoked if the above landmarks are not met. For example:

- Residents who do not show up to work and do not have a signed eLAR will be docked those days as vacation days, will not be allowed to moonlight, will not be considered for CME travel or chief residency.

- Some hospitals are doing random drug testing. A positive drug test has significant implications on the resident’s residency.

- An individual resident may not be allowed to run for the chief resident position if the Radiology Residency Executive Committee is concerned that study time should not be sacrificed.

- An individual resident may be denied the privilege of moonlighting (in order to preserve their time to study)

- An individual resident may be denied attendance to the AIRP (if it is decided the resident would benefit from supervision at the home program)

- An individual resident may not be given CME time off; the two weeks of CME in the senior year may be limited or denied to increase the amount of clinical training.

The Radiology Residency Education Committee will maintain the responsibility for the process regarding administration, limitation or denial of these privileges.
Residents must submit copies of their case logs to the Program Director/Education Office after the completion of each of:

- 4 nuclear radiology rotations
- 3 interventional rotations
- 3 mammography rotations

Links to each case log can be found online (listed below), and you can also copy them as needed.

Rotation Log templates can be found on the following website:

https://med.uth.edu/radiology/education/residency/medical-physics-education