

## **GENERAL INFORMATION REGARDING YOUR RESIDENCY IN THE UAMS COLLEGE OF MEDICINE**

### **Housestaff Office**

Hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday. It is located in Room M1/1021 in the College of Medicine Dean's Office. This office suite is just off the UAMS Medical Center hospital lobby.

### **Housestaff Orientation**

In June, for incoming housestaff. A videotape of the presentation is available for review in the Housestaff Office if you are unable to attend.

### **ID Badges**

Each house officer will be furnished with an ID badge.

### **UAMS Resident Manual**

Available at <http://www.uams.edu>. Policies are distributed to incoming housestaff at orientation. Yearly updates of policies are provided to all housestaff.

### **Payday**

Last working day of the month. Checks are distributed to the department's business office at 11:00 a. m.

### **Loan Deferments**

All deferments should be submitted to your program coordinator.

### **Clearances**

Upon completion of your training program, you must go through the UAMS employee clearance procedure. On receipt of the completed form in the Housestaff office, your certificate will be released to you.

## **GENERAL INFORMATION REGARDING YOUR RESIDENCY IN THE DEPARTMENT OF RADIOLOGY**

### **Dress Code**

We expect our residents to dress conservatively and be clean, neat and well-groomed and professional in appearance. Remember that your professional appearance profoundly affects the impression you give and your relationships with your patients and professional associates. Standard dress varies slightly from hospital to hospital and is relaxed somewhat during nights and weekends. In general, you should take your cue from the teaching staff with whom you are working. If there are questions, ask the resident coordinator at your hospital.

### **Department of Radiology**

The residency is based in the Department of Radiology in the UAMS College of Medicine which has provided excellent training in the field of radiology since 1906. Currently the department has more than 40 faculty members with expertise in the sub-specialty areas of radiology, including VIR, pediatric radiology, neuroradiology, nuclear medicine, ultrasound, mammography, computed tomography, and magnetic resonance imaging. Faculty provide diagnostic services at the UAMS Medical Center, the Central Arkansas VA, and Arkansas Children's Hospital, as well as various remote locations served by satellite programs.

Dr. Ernest J. Ferris has served as department chairman since 1977 and has facilitated tremendous growth of both faculty and facilities during his tenure. He has trained a number of current radiology department chairpersons. A past president of the Radiological Society of North America (RSNA), Dr. Ferris received the 2001 Gold Medal Award, the highest honor given by the RSNA, in recognition of his unusual and exceptional service to the science of radiology.

Dr. Robert Buchmann began serving as program director on July 1, 2006. He holds several leadership roles within the Department of Radiology, including membership on the Executive Committee and chairmanship of the Resident Education Committee. Nationally, he participates in the Association of Program Directors in Radiology and the Association of University Radiologists, as well as the Radiological Society of North America, American College of Radiology, American Roentgen Ray Society, American Osteopathic Association, American Osteopathic College of Radiology, and the Society for Pediatric Radiology. Locally, he participates in the Central Arkansas Pediatric Society, and the Arkansas Medical Society. Dr. Buchmann is attentive to the personal and professional development of all radiology residents and interns.

### **Accreditation**

The residency is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), a private professional organization responsible for the accreditation of residency education programs. The formal periodic review of programs involves on-site inspection by specialty-specific committees, known as Residency Review Committees (RRCs). To measure a program's potential to educate, site visitors determine whether our program conforms to existing requirements. The interval between site visits ranges from 1 to 5 years, with a longer period indicating that the ACGME and RRCs are more confident about a program's or institution's

ability to provide quality education. In 2004, we received full five-year accreditation with no citations.

## **Faculty Advisors**

In addition to the program director, each 1<sup>st</sup> year resident is assigned an individual faculty advisor. The faculty advisor will monitor the progress of the resident throughout his/her residency, identify any areas of weakness and help the resident resolve them with the aid of other faculty members in the department. In addition, other members of the staff who have concerns about a particular resident should be in contact with the Program Director, or that resident's respective advisor.

## **Research**

Resident research activity is strongly encouraged by the department. Many of the teaching staff are engaged in research and are always available to work with residents on research ideas of their own, or may invite the resident to participate in on-going projects. If a resident has a specific research proposal which will require time away from scheduled clinical duties, it should be presented to Drs. Ferris and Buchmann. They will arrange for adequate time away from scheduled rotations for completion of the project. Presentation of proposed or on-going research projects will occur at Journal/Research Club meetings which are held every other month.

## **Recommendations**

Letters of recommendation, written by the program director, will be needed for fellowship and job applications as well as state licensure, application for board certification, and hospital staff appointments.

One of your most precious possessions is your reputation. You begin building your reputation as a radiologist on the first day of your residency and it will follow you for the remainder of your professional life. Each time you apply for hospital privileges or a new state license, for the rest of your life, a detailed evaluation is sent to the UAMS residency program director. If that person has not known you personally, the form will be filled out from a review of your folder. Suboptimal evaluations elicit telephone calls and may be used to deny privileges.

In most cases, however, especially for recent graduates, it is a pleasure and a privilege to write letters of recommendation and fill out hospital privilege forms. This is part of the program director's job and doesn't require a formal request by you, although we always enjoy hearing from you after you leave.

## **Resident Evaluation of the Training Program**

Residents are given multiple opportunities to evaluate the program, including:

- Rotation evaluations
- Semi-annual discussions with the program director
- Exit interview
- Annual institutional GMEC survey
- Annual faculty evaluation

## Residents' Evaluation of the Teaching Faculty

All physician faculty are expected to demonstrate:

- 1 Competence in clinical care
- 2 Competence in teaching abilities
- 3 Strong interest in the education of residents
- 4 Support for the goals and objectives of the educational program
- 5 Commitment to their own continuing education
- 6 Commitment to their subspecialty

Confidential evaluations by the residents are essential to this process. Each spring you will be asked to evaluate each member of the teaching faculty with whom you have worked. Thoughtful responses will enable us to continuously improve the quality of training for those who follow you, and your participation in the evaluation process is one way for you to demonstrate competence in professionalism. Although we ask you to indicate your year of radiology training, your evaluations are completely **anonymous and confidential**. Your name is not associated with your responses at any time. Data is reported in only the aggregate. The items on the faculty evaluation are listed below. The evaluation uses a 5-point rating scale anchored by "1" for "poor" and "5" for "outstanding." Your feedback is most helpful when you use the full range of the rating scales. We do not expect faculty to be "outstanding" in all areas.

### How do you rate this faculty member's teaching skills?

Effectiveness – one-on-one

Effectiveness – groups

Stimulates learning

Encourages mutual respect

Tells resident strengths/limitations

Gives suggestions for improvement

### How do you rate this faculty member's knowledge of the field?

General radiology

His/her sub-specialty

### This faculty demonstrates:

Dependability

Professionalism

Strong interest in the education of residents

Support for the goals and objectives of the teaching program

### This faculty member:

Devotes sufficient time to teaching responsibilities

Promotes a spirit of inquiry and scholarship

How do you rate this faculty member overall?

| What is your year of radiology residency training?

## **RESIDENT BENEFITS**

Information regarding the benefits and the terms and conditions of employment for all UAMS residents (including fellows) is provided in written format upon acceptance into the residency program. Each resident must sign an attestation that he/she has read and will abide by the requirements provided therein and submit the form to the housestaff office.

Information about health, dental, life, disability and malpractice insurance is discussed during orientation by Human Resource personnel. Premiums for coverage of your spouse and children (if you elect this option) will be deducted from your check.

UAMS house staff information is updated annually and is available at <http://www.uams.edu/gme/benefits.htm>.

### **Lab Coats**

You will receive 5 lab coats. Try on the coats BEFORE you accept them. Once you have accepted them, they are totally your responsibility, which includes laundry and general care. Coats will not be replaced due to carelessness or neglect.

### **Parking**

Parking is available in the Parking Deck for residents assigned to UAMS Medical Center. Parking is provided at other institutions during rotations at those institutions.

### **Educational Allowance**

All residents receive a \$500 educational allowance ("book money") each year.

### **AFIP**

All residents are required to attend the 6-Week Radiologic Pathology Course that is provided by the Armed Forces Institute of Pathology (AFIP) on the campus of the Walter Reed Army Medical Center in Washington D.C. The department pays your AFIP tuition (\$1500) and reimburses up to \$1500 for living expenses. You must submit your housing receipt (lease agreement) for reimbursement. Proof of citizenship or VISA status is required upon registration for AFIP. For details, see <http://radpath.org/>. Please note that time and money designated for AFIP may not be used for other purposes.

### **Review Course**

The Department of Radiology will pay expenses (up to \$1,000) and give meeting time for each 4<sup>th</sup>-year resident to attend either a physics review course or a radiology board review course, whichever he/she chooses.

## Professional Meetings

The Department of Radiology will pay expenses up to \$1,000 and give meeting time for each resident to attend either RSNA or American Roentgen Ray Society Meeting once during their residency without a presentation. Familiarize yourself with the UAMS Travel Policy before planning your trip so you can be reimbursed without difficulty.) You must complete a Travel Request form (located on the web page and submit it to the program coordinator before making any travel arrangements. We all must obey these rules.

In addition, the Department of Radiology will fund up to \$1,000 total per year and give meeting time for those residents who are the first author on a paper or poster that is presented at a meeting. Arrangements must be approved by the program director before travel plans are made.

Residents may be given meeting time to attend additional professional meetings at their own expense. Arrangements must be made with the program director prior to making travel arrangements. Please provide a meeting brochure at that time.

## Mental Health Services

Confidential, professional services are available to assist UAMS College of Medicine housestaff with personal problems related to **stress, work, grief, family, aging, depression, family, parenting, finances, relationships, drugs/alcohol, and other personal problems.**

Services are provided through the HMHS and AEAP and are designed to be quickly accessible and financially friendly. Both services are described below.

Housestaff Mental Health Service (HMHS): The HMHS is provided by the UAMS College of Medicine for interns, residents, and fellows. The HMHS assures timely access to a complete mental health program including diagnostic evaluation; medication management; counseling (individual, family, couples); and preventative programs. Some HMHS coverage may be prepaid as a College of Medicine service while other HMHS services will require QualChoice involvement. The offices of the HMHS are located in the Program for Adults, Blandford Building, #5 St. Vincent Circle, Suite 410. The HMHS is directed by Winston Brown, M.D. and coordinated by LaQueita Hodge. **For further information or to schedule an appointment, call 686-5900 and identify yourself as housestaff.**

Arkansas Employee Assistance Program (AEAP): The EAP provides short-term counseling for you and your family. You can use the EAP for confidential assistance with personal problems that may be interfering with your life or work. Arkansas EAP works closely with the Housestaff Mental Health Service (HMHS) to ensure residents have timely access to quality Mental Health Services when indicated. Arkansas EAP is a pre-paid benefit provided to all benefited UAMS employees. All contacts and information between you and the EAP counselor are held in strict confidence. Arkansas EAP follows all of the state and federal confidentiality laws. **To schedule an appointment, call: 686-2588 or 1-800-542-6021.** Visit [www.uams.edu/eap](http://www.uams.edu/eap) for more information.

## **Chief Resident Responsibilities/Benefits**

Each year, two co-chief residents are elected by the resident group during the March resident's meeting. The selection is subject to approval of the program director and departmental chair. Generally, one chief is selected from the current second year group to serve a year from the time of their election and the other is selected from the current third year group to serve during the fourth year.

The chief residents coordinate resident interaction in all aspects of the radiology department and serve as a liaison between the resident group and the program director, the teaching staff, and the GMEC. IN addition the chief residents:

- 1 Prepare monthly rotation schedule for all residents.
- 2 Prepare call schedule.
- 3 Assist program director to conduct monthly residency meetings.
- 4 Attend monthly radiology department faculty meetings.
- 5 Attend Resident Education Committee meetings.
- 6 Schedule Journal/Research Club and make resident assignments for presentations.
- 7 Schedule and assign resident Grand Rounds.
- 8 Serve on the Chief Resident/Program Directors Council of the UAMS GMEC and attending all meetings.
- 9 Attend either the annual AUR A<sup>3</sup>CR<sup>2</sup> meeting or the RSNA Chief-Residents' meeting (one chief should attend each meeting every year).
- 10 Assure accurate attendance records are kept at all conferences.
- 11 Assist with applicant interviews in December and January.

Additional compensation to the chief residents includes:

- 1 One additional week of vacation/year.
- 2 Salary increase of \$500/year.
- 3 Up to \$1000 of expenses plus meeting time to attend A<sup>3</sup>CR<sup>2</sup>/RSNA Chief Residents' meeting. This is in addition to the usual resident meeting allowance.

## DUTY HOURS & WORK ENVIRONMENT

Residents are expected to be on duty during normal working hours, usually **7:00 a.m. to 6:00 p.m.** Monday through Friday. Exception to the above work hours include official holidays and while on approved annual, sick or educational leave. Providing you with a sound didactic and clinical education is carefully planned and balanced with concerns for patient safety and resident well-being. Duty hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The Radiology Department will obey ACGME Guidelines on work hours

### Duty Hours

Duty hours are all clinical and academic activities related to the residency program including:

- 1 patient care (both inpatient and outpatient)
- 2 administrative duties relative to patient care and transfer of patient care
- 3 time spent in-house during call activities
- 4 scheduled activities such as conferences

Duty hours do not include reading and preparation time spent away from the duty site.

Work hours guidelines also state that no resident should be required to work more than 80 hours per week. With our usual work day and conference schedule, and the above call guidelines, residents do not exceed 80 hours of assigned work per week.

Any resident whose assigned schedule requires greater than 80 hours per work in a week must report this to the chief resident and Program Director immediately so that the schedule can be modified. Duty hours are limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call. (If you are called into the hospital from home, the hours you spend in-house are counted toward the 80-hour limit.)

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. You may, however, remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. During this time, you may complete call activities and participate in read-out sessions with faculty of the previous night's cases. Following a night on call, you will be expected to review studies from the prior night with staff and attend the morning teaching conference, then leave the hospital. You will have no assigned duties until the following day.

Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties. Adequate time for rest and personal activities, consisting of a 10-hour time period between all daily duty periods and after in-house call, is provided.

## **Supervision**

Staff physician supervision is provided at all times appropriate to the skill level of the resident. A specific staff physician supervisor is identified for each rotation or the call schedule. Decisions made by the resident while on-call are under the supervision of the responsible faculty staff member. The progressive increase in the knowledge and ability of the resident when handling these decisions is an important step toward becoming a confident specialist.

## **Supervisory Lines of Responsibility for the Care of Patients**

Radiology residents are graduate physicians who are expected to assume some of the responsibility of their own education during the residency. Graduated levels of independence will occur with constant but diminishing staff supervision during the training period. Levels of supervision will be individualized for each resident and will be at the discretion of teaching staff. During the first two to three months, special conferences, rotations and teaching sessions will be given to begin instruction in basic radiology. A continuing educational program of conferences, lectures and one-on-one teaching sessions occurs throughout the residency.

There is posted staff night and weekend call schedule. Residents are expected to call for help if necessary. Most questions or requests for help should first be directed to the upper level resident in-house or "consult" resident and then to the staff person on call. In the rare instance that he/she cannot be reached, go down the list until you find someone. If the initial problem concerns a staff person on another service, the initial call should be to our staff consultant.

1. At University Hospital there are separate call schedules for Angiography, Nuclear Medicine and CT.
- 2) The University Hospital staff on call cover University Hospital and the Veterans Administration Hospital. They are posted at the technologist desk and in the resident's office.
- 3) Staff call at ACH is separate. The on-call staff for General, CT/MR and Interventional at Arkansas Children's Hospital are listed on the daily work schedule which is posted in the ACH reading room. The tech supervisor knows which staff member is on call if questions arise. In the rare instance when the staff member cannot be reached by their home phone number or beeper (beeper malfunction) call any staff member for help.
- 4) The upper level resident on call in-house at UAMS will cover on-call duties at ACH if they are not busy. If they are busy, they will call the consult resident to cover ACH or UAMS (at their discretion). The upper level and consult resident are responsible for notifying the chief technologist at ACH before 5:00 P.M. when they are on call. The chief tech can be reached directly at 364-4912.

## **Call**

Additional work hours include on-call duties. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

Call is busy! When you consider the number of hospitals we cover after hours – UAMS, the VA, and ACH, as well as a number of outside hospitals connected via teleradiology or PACS – together with the fact that every patient has some sort of imaging done – be it CXR to MRI – you will understand why it is the lucky exception that the residents get to sleep while on call. Take heart, however, there is good news! First, you are not alone. There are at least two residents in-house, and the key is working together to get the job done. Second, as busy as it gets, it will be over at 8 a.m. After the evening’s cases are wrapped up, the residents are “off,” free to go home, sleep, study, or whatever it takes to get rested up for work the next day. Third, call is an incredible learning experience. In a single night, you may be exposed to every radiology modality – CT, US, plain films, fluoroscopy, interventional procedures, MRI. Each case is an “unknown” and you will be challenged to make the call, which sometimes entails reaching just beyond your comfort zone. It is sometimes stressful, usually motivating, and, with the appropriate attitude, can sometimes be fun.

Call duties begin at 5 p.m. on weekdays, however, the lower level is expected to start carrying the pager at 4:30 because the VA technologists leave at that time and fielding a call earlier may catch them before they close things down. Weekend call is a 24-hour shift, from 8 a.m. to 8 a.m. A staff “Cover Doc” supervises all patient care and works with the residents to keep up with and dictate all emergent studies at UAMS and the VA as well as to clean up any cases left over from a particularly busy day in the reading room. The Cover Doc is in-house until 10 p.m. during the week and 9 a.m. to 9 p.m. on the weekends and remains available for consult throughout the night.

There is a separate staff call schedule for neuroradiology, VIR, and Nuclear Medicine.

At ACH, the staff person on call will cover call duties. Rarely, the staff on-call may ask for your assistance

Monday-Friday	until 7:30 p.m.
Saturday	One hour between 4:30 p.m. and 6:30 p.m.
Sunday	8:30 a.m. to 11:30 a.m. +1 hour in the evening

Outside these scheduled times, on call staff are available by pager or phone. ACH staff must be called for all fluoro and interventional procedures.

Lower Level (LL) Resident Responsibilities: The LL resident, armed with the call pager and a worksheet, manages all emergent studies that are requested. Having recently completed a clinical internship, the LL is well equipped to elicit an appropriate history – an invaluable asset as sometimes a study other than the one that is being requested may better serve the patient. The LL makes note of the patient’s information on the worksheet, then calls the corresponding technologist on call to set up the study. Probably the most difficult and the most essential skill is maintaining effective and professional interpersonal communication, that is, keeping your cool. A large part of being a good radiologist in the “real world” is one’s phone presence, since at times a radiologist will not ever meet a clinician he/she talks to on a regular basis. Consider this part of the training and rest assured, residents will have lots of practice in the four years to refine this skill.

If at any time as an LL you are uncomfortable or unsure about what to do, all you

have to do is ask the UL (who is probably sitting at a nearby PACS station). Remember, residents work as a team. Ask for help. As the year goes on, the LL will be increasingly encouraged to contribute to preliminary reports. This reinforces what you have learned, reveals what you need to work on, and prepares you to confidently take on additional responsibilities.

Upper Level (UL) Resident Responsibilities: The UL resident on call ensures that all studies on the worksheet are being appropriately managed, over-reads all the LL preliminary reports written at UAMS and the VA and, in the process, looks for the opportunity to teach. With few exceptions, residents of this radiology program profess that they learn more from their UL residents while they are on call than by any other resource available to them in their first year. Having been positively influenced by an UL on call encourages the LL to do the same for the next generation and so the cycle continues. Remember, work as a team.

In addition, the UL also is called for all emergent studies requested by ACH and all cases requiring interventional procedures. On those occasions when multiple UL duties arise at the same time, a back-up resident is called. Typically the back-up resident will handle the studies at ACH while the UL is involved with an interventional procedure, although circumstances will vary. It is understood that it is no disgrace to call in the back-up.

### **Short Call**

The short call resident is an UL who is assigned to help finish the day's work. On weekdays, this resident's duties begin at 5 p.m. by assisting in reading the CT's, ultrasounds, and plain films left over from the day schedule. When necessary, this resident may also help with any interventional cases which take place on call. Short call generally ends around 10 p.m. or when the bulk of the work is done.

On weekends, the short call resident helps with the reading room workload during the often busy morning and early afternoon hours. Once the resident goes home, he/she is considered to be on "backup call" should the primary call team get "swamped" to the point at which proper patient care is affected.

As with UL and LL call, the short call resident has the next day off from clinical duties. This is an excellent opportunity to catch up on necessary reading or even take care of any personal business such as getting a haircut or going to the dentist.

### **On Call Meals**

Food is available for those residents who provide twelve consecutive hours of in-house call. Information about meals while on-call at the institutions is provided as you rotate to each institution. A debit card will be issued by your program coordinator and \$8.25 will be credited for in-house call and \$4.25 for "short" call.

### **On Call Accommodations**

Call rooms are provided at the University Hospital for all residents who take in-house call.

### **Ancillary Support**

Adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the resident's responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but not limited to the following: drawing blood, obtaining EKG's, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

## **Post-Call Responsibilities**

After a night on call there are various loose ends that must be tied up before the resident leaves for the day. This usually takes less than 1 hour. Post-call residents are encouraged to attend AM teaching conference. Post call residents must leave the hospital before 2 p.m. and have no assigned duties until the following day.

Often a non-emergent study – either involving interventional radiology, neuroradiology, body imaging or pediatrics -- was requested that was agreed to be obtained the next day. The appropriate staff, resident, and technologist must be informed so that the responsibility for patient care is effectively transferred. This applies to both weekday and weekend call. During the week, all emergent cases that were obtained on-call are reviewed with staff in the morning and dictated. Again, this is to ensure appropriate patient care by verifying that accurate information was reported to the clinician. In those instances that a different interpretation was made "in the light of day," this checkout also serves as a learning experience. A resident may miss a case once, but chances are he/she will not miss it again! (refer to the aforementioned: being challenged beyond his/her comfort zone"). Additionally, on the weekends, it is the LL's responsibility to call the nuclear medicine staff on call to inform them of any nuclear medicine study that was performed, as they come in only if there is something to be read.

While the resident is excused from clinical responsibilities on post-call days (the rotation is covered for the day by the float resident), he/she is still responsible for any conferences assigned that month. Cases must be pulled from the file room or printed off of PACS, the staff notified, and another resident found to present the cases at the conferences. There are so many conferences that residents cover throughout the year that merely trading conferences is no big deal.

## **Call Schedule**

The call schedule for the entire year is carefully and methodically created and distributed by the chief residents in June. Once it is ready, any trade or combination of trades deemed agreeable by the parties involved is permitted. Call schedules are designed to comply with UAMS and ACGME work hours guidelines. While trading call is common and encouraged, you are not allowed to trade into a schedule that places you in non-compliance with the guidelines.

It is a rare instance that a resident is "stuck" and unable to switch out of a call. Cooperation, compromise, and recognition of the "big picture" epitomize what it means to be a team player. It is yet another subtle lesson that will serve you well in the real world.

The call schedule is completely paperless and available on the UAMS Radiology website at all times. This allows each resident to check the schedule and make any necessary trades with a few simple clicks of the mouse.

First year residents take an equal share of LL call. After shadowing the call team during the month of July, the LLs begin taking call in August, with all the rights, responsibilities and privileges thereof.

Residents take call throughout their four years. The majority of the weekend calls are assigned to the second year class. Holidays (and peri-holiday days) are

distributed among the third year class.

## **Fatigue**

We are committed to preventing and counteracting its potential negative effects in this training program. Faculty and residents are required to complete an educational program about sleep loss and fatigue. The program director and supervising faculty monitor the demands of individual rotations and call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

In the event a resident experiences fatigue severe enough to interfere with his/her ability to function normally or to impair patient care or safety, the resident, another resident or a faculty member will contact the PD. If the PD is not available, the report may go to the faculty member in charge of the rotation, or the director of resident education at that facility (VA-Dr. Livoni, UAMS-Dr. Ferris, ACH-Dr. Bhutta)

The resident will nap in the 8<sup>th</sup> floor call room until they can return to their clinical duties or safely drive home. The faculty member or PD who receives the original report of resident fatigue will notify the chief resident who will arrange coverage if needed. The chief resident will also report the incident to the PD by telephone or e-mail, if the PD was not involved in the original report.

In the event a resident experiences recurrent problems with sleepiness/fatigue, the PD will refer the resident for medical evaluation or counseling as appropriate.

## **Illness**

Residents have 12 days of sick leave (including weekend days) for medical reasons during each year of training. The sick leave cannot be "carried over". Sick leave in excess of 12 days requires special review by the Associate Dean for GME and Program Director.

A resident who needs to be absent from work because of illness (or illness of immediate family) **must make 2 phone calls as early as possible**. Call the program coordinator (364-4865) to let her know you will be out; if it will be for several days, give an estimate. If the program coordinator is not answering her phone, leave information on voice mail. At 7:30 a.m. or whenever you know the staff you are working with arrives at work, call the physician to say that you won't be at work. If you are responsible for conference or other extra duties that day, remind the staff physician so they can either plan to do the conference themselves or contact the chief resident for resident coverage. At ACH you may contact any of the radiologists and tell them you won't be there.

If you are unable to reach your specific staff, call the Resident Coordinator at your hospital.

UAMS	Dr. Ferris	686-5747
VA	Dr. Livoni	257-6615
ACH	Dr. Fitch	364-4912

As a last resort, if you are unable to reach any of the above, call the chief resident. Don't forget to mention the conferences you will miss.

In the case of an extreme emergency during the night, when you leave the message with the program coordinator, tell her you have not called staff and she will do that for you in the morning. Try to remember to tell her about conferences you will miss.

If the physician staff need resident coverage during an illness, the staff will contact the chief resident.

Remember to turn in a "leave with pay" form the day you return to work. All days a resident is not at work must be strictly documented according to UAMS policy. Failure to notify the program coordinator of sick leave days taken will not be tolerated and may be used as grounds for failure to renew your contract.

Sick days **may not** be used to moonlight, interview, or move.

### **Pregnancy – Maternity Leave (UAMS Policy)**

In recognition of the variations in physical demands among the residency programs in the UAMS-COM, the interdependence between the number of the residents in a particular residency program, the educational and patient care experiences, and to ensure optimum consideration for both the mother and the unborn child, the following procedure should be followed:

The resident should see a physician as soon as she believes there may be a pregnancy. When the pregnancy is confirmed, she should notify her Program Director promptly in order to plan future training assignments. She should also provide the date on which she will most likely cease program responsibilities.

By the end of the 6<sup>th</sup> month of pregnancy, the resident must provide the Program Director with a statement from her personal physician certifying the expected date of delivery, her physical ability to continue working, and the date to which she is permitted to work. Any subsequent change in medical condition that might alter these health guidelines is to be documented by an additional statement from her physician.

The maximum period of maternity leave with pay is 33 days (12 days of unused sick leave plus 21 days of unused vacation time). Time off-duty beyond that amount is without compensation. The time off-duty is to be used in the following order, unless the Program Director gives permission to use the leave in another way: unused sick leave, unused vacation time, and/or leave without pay.

Under special circumstances, most commonly for reasons of pregnancy, the resident may request to take one year of the residency program over a two-year period. Requests must be made in advance to the Program Director. Approval will be based upon the educational curriculum of the program, the requirements of the clinical

service, and the Residency Review requirements of the residency program.



***UAMS ADMINISTRATIVE GUIDE***

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**SECTION: CAMPUS OPERATIONS**

**AREA: GENERAL AND OCCUPATIONAL SAFETY**

**SUBJECT: PREGNANT EMPLOYEES WORKING WITH IONIZING RADIATION**

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**PURPOSE**

This policy concerns employees who become pregnant who, in the course of their duties, are occupationally exposed to ionizing radiation (X-rays, gamma rays, or radioactive materials).

The purpose of this policy is (1) to provide information, training, and options to employees so that they can make informed decisions in the best interest of themselves and their fetuses; and (2) to provide a mechanism whereby UAMS can manage or implement appropriate safety practices. No employee shall be discharged, transferred, or otherwise have her employment affected without her agreement solely because she is pregnant. On the other hand, employees can be required to perform the essential functions of their positions as a condition of continuing their positions.

**PROCEDURE**

(1) This policy shall be invoked when employees in one of the following categories become aware of their pregnancy:

(a) Any employee who receives (as demonstrated by film badge reports), or is likely to receive (as determined by the Radiation Safety Officer's (RSO) evaluation of duties) a radiation dose in excess of 50 millirems per month, averaged over a nine month period.

(b) Persons engaged in the following activities may be "at risk" as defined in (a) above:

- 1) Physicians who conduct radiological procedures (radiologists, nuclear medicine physicians, cardiologists, orthopedists, etc.)
- 2) Nurses who assist during radiological procedures or work in areas where these are performed frequently (O.R., ICU, nursery, etc.)
- 3) Paramedical personnel (radiology, nuclear medicine, dentistry, radiation therapy, etc.)
- 4) Students who are in training in any of the above areas
- 5) Laboratory personnel working with radioactive materials or X-ray generators

(2) Employees do not have to notify anyone of their pregnancy. However, an employee who decides to notify the hospital of her pregnancy or intended pregnancy has the following responsibilities:

- (a) Notify her immediate supervisor OR the Radiation Safety Officer of her pregnancy.
  - (b) Assist her supervisor and the RSO in evaluating the level of risk to a fetus from her particular working conditions and in evaluation the reasonableness of modifications to her working conditions to reduce risk. She shall sign a Female Radiation Exposure Declaration Form acknowledging that she has officially notified her supervisor of her pregnancy and knows the possible risks to her fetus from ionizing radiation exposure.
  - (c) Notify her supervisor of any changes in her work or any problems in her pregnancy that may relate to exposure to radiation.
- (3) Employee's options:
- (a) Resign from employment.
  - (b) Continue in employment in her current position.
  - (c) If the supervisor offers the employee an alternative position with less radiation risk, she may accept such position.
  - (d) Take a leave of absence for a period of time not exceeding the duration of the pregnancy.
- (4) Supervisor's responsibilities:
- (a) Contact the RSO and schedule a conference with the employee.
  - (b) Implement any modifications in working conditions that the supervisor deems appropriate.
  - (c) Establish the duration and conditions of any leave of absence or transfer to another position allowed under other provisions of this policy.
  - (d) Provide the employee with information furnished by the Radiation Safety Officer regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection.
- (5) Radiation Safety Officer's responsibilities:
- (a) Develop information to be furnished to employees regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection. (This information is provided on pages 4-6 of this policy.)
  - (b) Advise the supervisor regarding the nature, the magnitude, and appropriate preventive measures associated with the employee's exposure to ionizing radiation.
  - (c) Provide dosimeters and keep the supervisor and employee advised of exposure readings.

#### **ACKNOWLEDGEMENT OF TRAINING: DECLARATION OF PREGNANCY**

I understand that UAMS is obliged by applicable law to take the position that protection of the health of the embryo/fetus is the immediate and direct responsibility of the prospective parent(s). While the medical profession and the UAMS can support the parent(s) in the exercise of this responsibility, the UAMS cannot assume it for the parent(s) without, according to the courts, simultaneously infringing upon individuals' rights. I also understand that policies which, as a rule, inhibit a woman's activities in the workplace on the basis of fetal protection concerns, are improper under the law of the United States,

unless a woman voluntarily requests more protective dose limits be applied to her or in cases in which sex or pregnancy actually interferes with the employee's ability to perform the job.

I have received training from UAMS concerning the radiological hazards of employment. I have also received training regarding the effects of radiation on an embryo/fetus (such as mental retardation and birth size, childhood cancer, radiation-induced genetic effects, and the radio-sensitivity of the embryo/fetus.)

I have had opportunity to ask questions concerning all aspects of the presentation.

I understand that the National Council on Radiation Protection and Measurement has recommended a separate dose limit of 500 mrem (not to exceed 50 mrem/month) to the embryo/fetus from occupational exposure of the expectant mother for the term of the pregnancy. I understand that if I become pregnant, I have the option to formally choose to be considered a Declared Pregnant Female. If I do not formally declare my pregnancy, my radiation dose limits will continue to be the same as they were before I became pregnant (annual limit of 5000 mrem).

I understand that I may be excluded from certain jobs or tasks that would require high radiation exposure if I choose to be a Declared Pregnant Female. I understand that these declarations and lower limits, however are strictly voluntary and will be implemented by UAMS only upon request. I understand that I may change my declaration at any time by notifying my supervisor and signing a new declaration form.

Based on the above information, I believe I adequately understand the risks of radiation related to employment and the choices available to me.

**CHOOSE ONE:** Initial yes for one of the classifications below; initial no for the other two classifications.

\_\_\_\_\_      \_\_\_\_\_  
yes                      no      Radiation Worker. Based on the above information, I want to be classified as an occupational worker with exposure limits of 5000 mrem/calendar year.

\_\_\_\_\_      \_\_\_\_\_  
yes                      no      Declared Pregnant Female. I currently am pregnant, and I voluntarily elect to choose the lower dose limit for the unborn child of 500 mrem for the gestation period, not to exceed 50 mrem per month.

Employee's Social Security No.

\_\_\_\_\_

Employee's Name

\_\_\_\_\_ Date: \_\_\_\_\_

**Please Print**

Employee's Signature

\_\_\_\_\_

Signature

Supervisor's Name

\_\_\_\_\_

Estimated date of Delivery

\_\_\_\_\_

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES**  
**INFORMATION FOR FEMALE EMPLOYEES & STUDENTS**  
**UNDER 50 YEARS OF AGE**

Possible Health Risks to Children of Women Exposed to Radiation During Pregnancy:

Some recent studies have shown that the risk of leukemia and other cancers in children increases if the mother is exposed to a significant amount of radiation during pregnancy. According to a report by the National Academy of Sciences, the incidence of leukemia among children under 10 years of age in the United States could rise from 3.7 cases in 10,000 children to 5.6 cases in 10,000 children, if the children were exposed to 1,000 mrem of radiation before birth (a "mrem" is a measure of radiation). The Academy has also estimated that an equal number of scientific studies have shown a much smaller effect from radiation. The University of Arkansas for Medical Sciences wants women employees to be aware of any possible risk so that the women can take steps they think appropriate to protect their offspring.

As an employee, you may be exposed to more radiation than the general public. However, the Arkansas State Health Department has established a basic exposure limit for occupationally exposed adults of 5,000 mrem per year. No clinical evidence of harm would be expected in an adult working within these levels for a lifetime. Because the risks of undesirable effects may be greater for young people, persons under 18 years of age are permitted to be exposed to only 10 percent of the adult occupational limits. (This lower limit is also applied to members of the general public.)

The scientific organization called the National Council of Radiation Protection and Measurements (NCRP) has recommended that because unborn babies may be more sensitive to radiation than adults, their radiation dose as a result of occupational exposure of the mother should not exceed 500 mrem. Other scientific groups, including the International Commission on Radiation Protection, have also stressed the need to keep radiation doses to unborn children as low as practicable.

Thus it is the responsibility of your employer to take all practicable steps to reduce your radiation exposure. Then it is your responsibility to decide whether the exposure you are receiving is sufficiently low to protect your unborn child. The advice of your employer's health physicist or radiation protection officer should be obtained to determine whether radiation levels in your working areas are high enough that a baby could receive 500 mrem or more before birth. If so, the alternatives that you might want to consider are:

- (a) If you are now pregnant or expect to be soon, you could decide not to accept or continue assignments in these areas.
- (b) You could reduce your exposure, where possible, by decreasing the amount of time you spend in the radiation area, increasing your distance from the radiation source, and use shielding.
- (c) If you do become pregnant, you could ask your employer to reassign you to areas involving less exposure to radiation. If this is not possible, you might consider leaving your job. If you decide to take such steps, do so without delay. The unborn child is most sensitive to radiation during the first three months of your pregnancy.
- (d) You could delay having children until you are no longer working in an area where the radiation dose to your unborn baby could exceed 500 mrem.

You may also, of course, choose to:

- (e) Continue working in the higher radiation areas, but with full awareness that you are doing so at some small increased risk for your unborn child.

The following facts should be noted to help you make a decision:

- (1) The first three months of pregnancy are the most important, so you should make your decision quickly.
- (2) At the present occupational exposure limit, the actual risk to the unborn baby is small, but experts disagree in the exact amount of risk.
- (3) There is no need to be concerned about sterility or loss of your ability to bear children. The radiation dose required to produce such effects is more than 100 times larger than the dose limits for adults.
- (4) Even if you work in an area where you receive only 500 mrem per three-month period, in nine months you could receive 1,500 mrem, which exceeds the full-term limit suggested by the NCRP. Therefore, if you decide to restrict your unborn baby's exposure as recommended by the NCRP, be aware that the 500 mrem limit applies to the full nine-month pregnancy.

The remainder of this document contains a brief explanation of radiation and its effects on humans. As you will see, some radiation is present everywhere, and the levels of radiation most employees of UAMS receive are not much larger than these natural levels. Because the radiation levels in the area where you will be working are required by law to be kept quite low, there is not considered to be significant health risk to individual adult employees.

## **DISCUSSION OF RADIATION**

The amount of radiation a person receives is called the "dose" and is measured in "mrems." The average person in the United States gets a dose of 1,000 mrem from natural sources (other than radon) every 12 years. The dose from natural radiation is higher in some states, such as Colorado, Wyoming, and South Dakota, primarily because of cosmic radiation. In these states the average person gets 1,000 mrem every eight years.

Natural background radiation levels are also much higher in certain local areas. A dose of 1,000 mrem may be received in some areas on the beach at Quarapari, Brazil, in only about nine days, and some people in Kerala, India, get a dose of 1,000 mrem every five months.

Many people receive additional radiation for medical reasons. The annual radiation dose averaged over the U.S. population from diagnostic X-rays is 40 mrem per year. The average dose from one chest X-ray is 10-20 mrem.

Radiation can also be received from natural sources such as rock or brick structures, from consumer products such as television and glow-in-the-dark watches, and from air travel. The possible annual dose from working eight hours a day near a granite wall at the Redcap Stand in Grand Central Station, New York City, is 200 mrem, and the average annual dose in the United States from TV, consumer products, and air travel is 2.6 mrem.

Radiation, like many things, can be harmful. A large dose to the whole body (such as 600,000 mrem in one day) would probably cause death in about 30 days, but

such large doses result only from rare accidents. Control of exposure to radiation is based on the assumption that any exposure, no matter how small, involves some risk. The occupational exposure limits are set so low, however, that medical evidence gathered over the past 50 years indicates no clinically observable injuries to individuals due to radiation exposures when the established radiation limits are not exceeded. Thus the risk to individuals at the occupational exposure levels is considered to be very low. However, it is impossible to say that the risk is zero. To decrease the risk still further, licensees are expected to keep actual exposures as far below the limits as practicable.

The current exposure limits for people working with radiation have been developed and carefully reviewed by nationally and internationally recognized groups of scientists. It must be remembered that these limits are for adults. Special consideration is appropriate when the person being exposed is, or may be, an expectant mother, because the exposure of an unborn child may also be involved.

### **PRENATAL IRRADIATION**

The prediction that an unborn child would be more sensitive to radiation than an adult is supported by observations for relatively large doses. Large doses delivered before birth alter both physical development and behavior in experimentally exposed animals. A report of the National Academy of Sciences states that short-term doses in the range of 10,000-20,000 mrem cause subtle changes in the nerve cells of unborn and infant rats. The report also states, however, that no radiation-induced changes in development have been demonstrated to result in experimental animals from doses up to about 1,000 mrem per day extended over a large part of the period before birth.

The National Academy of Sciences also noted that doses of 25,000-50,000 mrem to a pregnant human may cause growth disturbances in her offspring. Such doses substantially exceed, of course, the maximum permissible occupational exposure limits.

## **Holidays**

New Year's Day (January 1)  
Martin Luther King Day (3<sup>rd</sup> Monday in January)  
Presidents' Day (3<sup>rd</sup> Monday in February)  
Memorial Day (4<sup>th</sup> Monday in May)  
Independence Day (July 4)  
Labor Day (1<sup>st</sup> Monday in September)  
Veteran's Day (November 11)  
Thanksgiving Day (4<sup>th</sup> Thursday in November)  
Christmas Eve (December 24)  
Christmas Day (December 25)

## **Vacation**

Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. Days may be taken singly or in week blocks. Residents are allowed a great deal of flexibility in taking days off, however, planning ahead is essential as unused vacation days cannot be carried over to the next year according to UAMS policy.

In order to maintain adequate coverage of all our rotations and in hopes of accommodating most, if not all, requests for vacation, the following procedure must be practiced:

REQUESTS MUST BE TURNED IN NO LATER THAN THE 20<sup>TH</sup> OF EACH MONTH to allow for an accurate monthly schedule to be distributed to all hospitals. The Chief Residents review all requests and approve them based on the ability to cross-cover the rotation on those days the resident will be away. If multiple requests are submitted for the same days, approval will be granted to the requests turned in first. So, again, plan ahead. Please note that it is professional courtesy to notify the staff of days you intend to be absent so that they can be prepared and make plans accordingly.

LATE REQUESTS REQUIRE ADDITIONAL STEPS OF APPROVAL. First, the staff person who will be covering in your absence must approve the days off. "Float" residents need to anticipate what rotation they would be missing and notify the appropriate staff. Next, hand in the request and talk to the Chief Resident so that, together looking at the calendar, approval or denial of the request can be determined on the spot. Thirdly, notify the program coordinator (364-4865) of the approved request. Again, avoid the hassle by planning ahead.

ALL VACATION DAYS SHOULD BE ACCOUNTED FOR BY THE END OF APRIL! At maximum, 2 to 4 days can be "saved" for May and June, but should be pre-approved by the Chief Residents by the end of April.

There are several "black out" dates during which no vacations can be granted. These include the weeks prior to and of boards (both written and oral), the week of RSNA, Board Review Course week, and the last week in June. All changes or retractions of approved vacation dates must be documented by turning in a new vacation form. Otherwise, days in question may be lost.

RESIDENTS ARE RESPONSIBLE FOR ANY ASSIGNED CONFERENCE THAT THEY WILL BE UNABLE TO ATTEND WHILE ON VACATION. This means the resident must acquire

the case list for the conference, pull the cases and corresponding reports, and find a resident to present in his/her absence. There are so many conferences throughout the year that simply trading conferences is usually not a problem. Again, plan ahead.

## **Inclement Weather**

In the case of inclement weather (snow/ice storm), residents are expected to report at the regularly scheduled time. Most weather emergencies are predicted and special arrangements may be required (such as parking a car at the bottom of a hill, arranging a ride with a friend with 4-wheel drive, etc.)

If you are on call on the night of a weather emergency, you may be needed during the day to fill in for those who couldn't make it in or who leave early. You must be present, or arrange a trade with someone who is.

When you hear radio/TV announcements that the "inclement Weather policy has been implemented" at UAMS, this does not apply to radiology residents. It only applies to non essential personnel who do not have patient care responsibilities.

If you absolutely can not make it to your assigned rotation, call the department and speak to the on-call resident, attending staff, or chief resident so that a ride or coverage for your service can be arranged.

## **Moonlighting**

Residents are not required to moonlight. It is the position of the Department of Radiology that although excessive moonlighting is not allowed, professional activities outside of the residency program – including those providing remuneration – can be worthwhile. Certain criteria must be met and these include:

1. These extracurricular activities do not interfere with the residents fulfilling his/her obligations to the residency program, including conferences, Research Club and visiting professor attendance. Moonlighting activities will not occur during regular duty hours (7:10 A.M. – 5:00 P.M., Monday through Friday) unless the resident is on vacation that day.
2. The resident must follow the highest professional and ethical standards. The moonlighting activity must not involve any subspecialty of radiology in which the resident lacks experience.
3. The moonlighting activity should not involve angiography or interventional procedures. The resident must represent him/her self to the community at their particular level of competency and training (as a physician and a radiologist –in-training)
4. Radiology residents are not permitted to moonlight in Radiology until the second half of the second year.
5. Moonlighting is approved by the residency director or his designee in advance on appropriate forms, updated every six months. Changes in moonlighting should be approved with submission of a new form.
6. Residents who wish to moonlight must secure their own malpractice insurance, and DEA number as needed.
7. No resident will be granted permission to moonlight unless they have scored 50% or higher on their total score on their most recent ACR In-Service

Training Exam.

8. Any resident who does not take the last In-Service Exam given by the department will not be allowed to moonlight.
9. Sick leave may not be used for moonlighting.
10. Residents should be aware they are representing the UAMS Department of Radiology when moonlighting. They are expected to use the same standards of dress and conduct when moonlighting as when working at UAMS. Reports of drug or alcohol use or other unacceptable behavior while moonlighting will be considered the same as if that behavior had occurred at UAMS and may be used as grounds for dismissal.
11. Privileges to moonlight may be withdrawn at any time by the program director if resident is no longer performing satisfactorily in the program. In the event privileges are withdrawn, the obligation to notify the outside employer is the responsibility of the resident and not the program director or UAMS.
12. Resident will be subject to dismissal from the program for the following:
  - A. Moonlighting without written approval of the program director
  - B. Continuing to moonlight after permission to do so is withdrawn
  - C. Using the University Hospital's or Arkansas Children's Hospital DEA number while moonlighting.

**FAILURE TO COMPLY WITH THE ABOVE POLICY MAY BE CONSIDERED AS GROUNDS FOR TERMINATION OF THE RESIDENT AS A RADIOLOGY RESIDENT.**

Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

## Request to Participate in Moonlighting Activities

I, \_\_\_\_\_, request permission to engage in moonlighting activities as described below.

Where do you currently moonlight or have plans to moonlight? Include telephone number.

How many hours are you planning to moonlight in a typical month?

\_\_\_\_\_ hours/week

\_\_\_\_\_ days/month

Please list your malpractice coverage for moonlighting and the name of the insurance company.

Please detail for each site your responsibilities.

As a resident in the Diagnostic Radiology training program, I understand and will abide by the requirements for moonlighting activities as established by the UAMS College of Medicine GME Committee policy 3.300, *Moonlighting and Malpractice Insurance Coverage while Moonlighting*, and described in the Resident's Manual. I understand that the performance of these activities will not interfere with my ability to achieve the goals and objectives of my training program.

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Fellow (print name)  
Date

Signature

Permission to moonlight is granted. However, the effect of moonlighting activities upon the resident's performance will be monitored and adverse effects may lead to the withdrawal of my permission.

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Program Director (print name)  
Date

Signature

*Place in Resident's file*

## **Raising/Resolving Issues (Complaints and Concerns)**

If a radiology resident should have a complaint or concern about any aspect of the residency experience or if a dispute should arise which requires discussion or action, there are several established mechanisms for handling conflict. The resident should decide which mechanism seems most appropriate to the situation.

If a resident has a question about how conflict or problem should be handled, he/she should seek guidance from the chief resident or Program Director. In general, these situations should be handled at the "lowest" level which is appropriate to the situation. If resolution cannot be achieved at that level, it can be discussed at another level.

Scheduling problems, vacation, conference coverage, etc.? See a chief resident.

Dr. Panek  
Dr. Mitchell

Scheduling, technical staff, or personality problems? Talk to the appropriate residency coordinator.

UAMS	Dr. Ferris
VA	Dr. Livoni
ACH	Dr. Fitch

Substance abuse/impairment in self or others, personal problems, problems with curriculum, job references, problems with faculty member? See the program director.

Problems with program director? See the department chairman.

Problems not solved in the department? Seek advice from the Associate Dean for GME and or the Residents' Council.

A problem which has not been resolved at other levels? Refer to GMEC Policy 1.410, Adjudication of Resident Grievances (revised5/03).

## **SELECTION & APPOINTMENT OF RESIDENTS DIAGNOSTIC RADIOLOGY RESIDENCY PROGRAM**

The Diagnostic Radiology residency program fills 5 to 7 positions each year on a competitive basis. The number of positions depends on unexpected vacancies and available funding.

In accordance with the UAMS College of Medicine GMEC Policy on Recruitment and Appointment, the eligibility requirements, selection process, and procedure for appointment to the Diagnostic Radiology residency program are described below.

### **Application Process**

The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran's status.

All PGY-1 positions are filled through the National Residency Matching Program (NRMP). Applications and supporting documents must be transmitted to the program through the Internet-based Electronic Residency Application System (ERAS) by November 15th.

The Resident Selection Committee (REC) will consider all ERAS applications that include:

- 1 Completed application form
- 2 Personal statement
- 3 Medical school transcript
- 4 USMLE scores (all available)
- 5 Letters of recommendation from medical school faculty

Program information is available to applicants on-line at [www.uams.edu/radiology](http://www.uams.edu/radiology). Applicants with questions may contact the program coordinator at 501-364-4865.

### **Selection of Candidates**

Interview decisions are made in an ongoing fashion as completed applications are received. The Applicant Selection Committee (ASC), which is composed of faculty and residents, determines who will be invited for an interview based on (1) academic record, as evidenced by the applicant's medical school transcript and available USMLE scores, and (2) personal information, as reflected in the personal statement and letters of recommendation from medical school faculty.

Applicants who are recommended by the ASC for an interview are contacted by the program coordinator and scheduled for an on-campus interview.

Applicants are asked to become familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the resident and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided by accessing this information via the UAMS Resident Handbook posted at <http://www.uams.edu/gme/benefits.htm> prior to the interview.

Applicants will receive a copy of the current resident contract when they come for the interview. Applicants will sign an attestation that they have received this information.

All residents and faculty who interact with an applicant during the interview process will submit a written assessment of that applicant's interpersonal and communication skills, knowledge of the role of the radiologist, maturity, and commitment to the practice of radiology.

After all interviews have been conducted, the ASC meets to select candidates.

The relative strength of a candidate's application is determined by the following criteria:

- 1 Academic performance in medical school – medical school transcript, recommendations from medical school faculty, Dean's letter
- 2 Interpersonal and communication skills – personal statement, interview
- 3 Motivation to pursue a career in radiology – personal statement, interview, recommendations
- 4 Past work/volunteer experience – application/CV, interview, Dean's letter
- 5 Publication experience – application/CV
- 6 Research experience – application/CV, interview
- 7 USMLE performance – most of our residents score >230

Following consensus by the ASC, the program director compiles a final rank-order list for submission to the NRMP.

### **Qualifications/Eligibility to Begin Training**

Applicants who have completed the application process and been selected according to established criteria must meet the following eligibility criteria in order to be appointed.

- 1 Eligible candidates must have achieved a passing score on USMLE Step II.
- 2 Eligible candidates must have current Advanced Cardiac Life Support (ACLS) certification.
- 3 Eligible candidates must be a graduate of one of the following:
  - (1) United States or Canada medical school that is accredited by the Liaison Committee on Medical Education (LCME)
  - (2) college of osteopathic medicine in the United States or Canada that is accredited by the American Osteopathic Association (AOA)
  - (3) medical school outside the United States or Canada **who also:**
    - 1978has completed a Fifth Pathway program by an LCME-accredited medical school
    - 1979holds a full and unrestricted license to practice medicine in a US licensing jurisdiction
    - 1980holds a currently valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG)
- 1981Eligible candidates will be able to:
  - (1) Carry out the duties as required of the Radiology training program (including, but not limited to, travel to the clinical training sites during the day and on call, attend early morning and evening conferences, attend AFIP for 6 weeks in Washington, DC).
  - (2) Proficiently read printed and cursive English, write (print) English text, understand spoken English on conversational and medical topics, and speak English on conversational and medical topics.
  - (3) Reside continuously in the U.S. for the length of training.
  - (4) Complete all aspects of the training program (including on-call activities and

- attendance at AFIP) during the period of time allotted (5 years).
- 2 Eligible candidates will **not** have a felony conviction.

## **Appointment/Registration**

Applicants who have completed the application process, been selected according to established criteria, and meet the eligibility criteria begin the process of appointment and registration with the College of Medicine.

An applicant is considered fully appointed and registered only after all of the following documents have been provided to the Director of Housestaff Records:

- 1 Documentation of a negative drug test
- 2 Verification of graduation if previously anticipated (e.g., final transcript, letter from Registrar, copy of diploma)
- 3 Copy of currently valid ECFMG certificate and valid visa (if applicable)

These additional documents must be completed and returned with a valid signature:

- 1 Resident Agreement of Appointment (contract)
- 2 Medical Records Agreement
- 3 Attestation acknowledging receipt of GME Committee policies and procedures
- 4 Confidential Practitioner Health Questionnaire
- 5 Employee Drug Free Awareness Statement
- 6 Housestaff Medical Screening Form
- 7 Post Doctoral Medical Education Biographical Form

Once the Director of Housestaff Records has received all the documents, the applicant is registered in the payroll system to receive a stipend and may begin the residency program.

## **Reappointment, Evaluation, Promotion Academic & Other Disciplinary Actions**

### **Reappointment**

Educational appointments to the Radiology residency program are for a term not exceeding one year. The resident agreement of appointment, which outlines the general responsibilities for the College of Medicine and for the resident, is signed at the beginning of each term of appointment. Renewal of the resident agreement of appointment for an additional term of education is the decision of the Program Director and the Department Chair. Promotion to the next level of training is dependent upon the resident performing at an acceptable level and meeting the requirements for clinical competence for that PGY year. Promotions are discussed and recommended by the REC annually.

It is the intent of the Radiology training program to develop physicians clinically competent in the field of Diagnostic Radiology. Physicians completing the program will be eligible for certification by the American Board of Radiology with an ultimate goal of a 100% pass rate on this examination.

Clinical competence requires:

1. A solid fund of basic and clinical science knowledge
2. A solid fund of knowledge of the healthcare system
3. The ability to perform an adequate history and physical examination
4. The ability to appropriately order and interpret diagnostic test
5. Adequate technical skills to perform selected diagnostic procedures
6. Clinical judgment to critically apply the above data to individual patients and patient populations
7. Ethical behavior and professional attitudes, including appropriate interpersonal interactions with patients, professional colleagues, supervisory faculty and all paramedical personnel.
8. Personal integrity which includes strict avoidance of substance abuse, theft and unexcused absences
9. Regular and timely attendance at the educational activities of the training program

### **Evaluation & Promotion**

During the training period, each of the above elements of clinical competence will be assessed in writing on a monthly basis by direct faculty supervisor with subsequent review by the Program Director. A resident will meet with the Program Director twice a year to review evaluations and in-service scores. Written evaluations of the resident will be reviewed and signed by the resident to indicate that he/she has seen the evaluations. The evaluations will be maintained in confidential files and only available to authorized personnel. Upon request, the resident may review his/her evaluation file at any time during the year.

Reappointment and promotion to a subsequent year of training require satisfactory ratings on these evaluations as determined by the Program Director. Residents being considered for non-promotion or re-appointment will be discussed by the Resident Education Committee, with input from the faculty advisor. The final decision will be made by the Program Director and Chairman.

The Resident Education Committee (REC) is comprised of one staff member from each of the 10 subspecialty areas tested on Radiology Boards, Dr. Buchmann, Dr. Ferris, Dr. Deloney, Dr. Baker, the Radiology Chief Residents and other ad hoc members invited by the Program Director. The committee meets quarterly to discuss the progress of each resident and other issues relating to resident education. Identified problems are discussed by the committee and recommendations are made to Dr. Buchmann for follow-up. During the June meeting, the progress of each resident's evaluations are reviewed and discussed individually. The REC then votes on promotion to the next PGY level for those residents demonstrating satisfactory academic progress.

A resident receiving one unsatisfactory evaluation during the year will be immediately reviewed by the Program Director and written recommendations made to him/her may include:

1. Specific corrective actions
2. Repeating a rotation
3. Psychological counseling
4. Academic warning status or probation
5. Suspension or dismissal, if prior corrective action, academic warning and/or probation has been unsuccessful.

The resident may appeal an unsatisfactory evaluation by submitting a written request to appear before the training program's Resident Education Committee in a meeting called by the Program Director. The Committee reviews a summary of the deficiencies of the resident and the resident has the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of this Committee is final.

At the completion of the training program the Program Director prepares a final evaluation of the clinical competence of the resident. This evaluation stipulates the degree to which the resident has mastered each component of clinical competence – clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior and provision of medical care. This evaluation verifies the resident has demonstrated sufficient professional ability to practice competently and independently. This evaluation remains in the program's files to substantiate future judgments in hospital credentialing, board certification, agency licensing and in the actions of other bodies.

### **Probation**

Probation is defined as the trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the training program. A resident may be placed on probation for any one or more of the following:

1. Failure to meet the performance standards on any rotation or during on-call duties.
2. Failure to meet the performance standards of the Radiology Residency Training Program.
3. Failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, VA Hospital or Arkansas Children's Hospital.
4. Misconduct that infringes on the principles and guidelines set forth by the Radiology Training Program.
5. Documented and recurrent failure to complete medical records in a timely and

- appropriate manner.
6. When reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the Radiology Training Program.

When a radiology resident is placed on probation, specific remedial steps shall be established by the Program Director and provided to the resident in a written statement in a timely manner. Usually within a week of the notification of probation. The probation action will establish a length of time in which the resident must correct the deficiency or problem. Depending on compliance with the remedial steps, as established by Dr. Buchmann, a resident may be

1. Continued probation
2. Removed from probation
3. Placed on suspension, or
4. Dismissed from the Radiology Residency Program

Documentation of placement on probation becomes part of the permanent radiology residency records and may be referenced to answer questions regarding probation or future hospital privilege and state license recommendations.

### **Suspension**

Suspension is defined as a period of time in which a resident is not allowed to take part in all or some of the activities of the training program. A resident may be suspended from clinical or other activities of the training program for reasons including but not limited to, any of the following:

1. Failure to meet the requirement of probation
2. Failure to meet the performance standards of the training program
3. Failure to comply with the policies and procedures of the training program, the GME Committee, the UAMS Medical Center or the participating institutions.
4. Misconduct that infringes on the principles and guidelines set forth by this training program
5. Documented and recurrent failure to complete medical records in a timely and appropriate manner as defined above
6. Misconduct or failure to meet ethical standards which bear on his/her fitness to participate in the training program
7. When reasonable documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program
8. If a resident is deemed an immediate danger to patients, himself or herself or to others
9. If a resident fails to comply with the medical licensure laws of the State of Arkansas

If suspension is deemed necessary, the Program Director notifies the resident through a written statement, with a copy to the Associate Dean for GME, to include:

1. Reasons for the action
2. Specific and appropriate measure to assure satisfactory resolution of the problem(s)
3. Activities of the program in which the resident may and may not participate
4. The date the suspension becomes effective
5. Determination of leave with or without pay
6. Consequences of non-compliance with the terms of suspension

7. Whether the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year

During the suspension, the resident will be placed on leave, with or without pay as appropriate depending on the circumstances. At any time during or after the suspension, the resident may be reinstated with no qualifications, reinstated on probation, continued on suspension or dismissed from the program.

The program director will determine whether or not the resident is required to spend additional time in training to compensate for the leave period and meet the time in training requirements of the Radiology Residency.

Subsequent to suspension, a resident may be:

1. Reinstated with no qualifications
2. Reinstated on probation
3. Continued on suspension or
4. Dismissed from the program

Written notice of suspension and other relevant documents become part of the permanent residency records and are available to be referenced for hospital privileges, state licenses, etc.

### **Dismissal**

Dismissal from the Radiology Residency may occur for reasons including but not limited to any of the following:

1. Failure to meet the performance standards of the Radiology Residency Training Program
2. Failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, VA Hospital or Arkansas Children's Hospital
3. Illegal conduct
4. Unethical conduct
5. Performance and behavior which compromise the welfare of patients, self or other
6. Failure to comply with the medical licensure laws of the State of Arkansas
7. Inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States

When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the program director shall notify the resident orally and in writing, stating the reasons for the proposed action and the appropriate measures and time frame for the satisfactory resolution of the problem(s). If the situation is not improved within the time frame, the resident will be dismissed.

Immediate dismissal can occur at any time without prior notification for instances of gross misconduct (i.e. theft of money or property, physical violence directed to an employee, visitor or patient, evidence of being under the influence of alcohol/drugs on duty).

If dismissal is planned and circumstances allow it, the program director will discuss the circumstances with the chairman, the REC (of selected members) and the resident's faculty advisor. The program director will then contact the Associate Dean

for GME and provide written documentation of the circumstances which led to the proposed action.

When a resident is dismissed, the program director will provide the resident with a written letter or dismissal stating the action and the date the dismissal becomes effective. A copy of this letter will be forwarded to the Associate Dean for GME and the Director of Housestaff Records. The letter also becomes a part of the permanent residency records of the Radiology Department and is available to be referenced for recommendation letters, hospital privilege requests, state licensure recommendations, etc.

A Radiology resident involved in any of the administrative actions noted above (probation, suspension, dismissal) has the right to appeal according to the GMEC Policy (#05 Adjudication of Resident Complaints and Grievances).

### **PROFESSIONAL ORGANIZATIONS**

There are two professional organizations which serve as educational forums and encourage research and education of all radiologists. These are the Radiological Society of North America (RSNA) and the American Roentgen Ray Society (ARRS). Each publishes a peer reviewed journal which contains papers in all radiological subspecialties and each sponsors a large yearly educational meeting.

You are encouraged to join these societies and read their journals monthly.

A journal and research club (as required by the RRC) is held in the department every other month. Resident assignments for presentations will be made by the chief resident. Residents will confer with assigned staff and present an article from one of these journals, or a subspecialty journal suggested by your staff. Discussion will include findings reported in the paper and their significance, but also a critical assessment of research and statistical methods used.

Each subspecialty also has one or more professional societies which publish journals and conduct educational meetings. You are encouraged to peruse these journals also, especially while you are rotating through a subspecialty. Some residents attend subspecialty meetings if they have done research resulting in a paper or poster to present.

The American College of Radiology and the subsidiary state societies serve as educational and political organizations. They represent radiologists on political and policy issues. All residents are encouraged to be aware of political issue as they affect radiology. Residents are required to attend the yearly Arkansas Society of Radiology educational meeting held each spring.