Section I. Duration of Appointment and Conditions for Reappointment

The initial appointment for residents in the Diagnostic Imaging Medical Residency (DIPR) program begins on July 1 for a renewable period of two total years. It is anticipated that a resident will remain in the prescribed course of the residency until completion of this time. However, it is understood that appointments are renewed annually and that continued retention in the training program depends on the resident’s satisfactory performance and training progress, including adherence to acceptable professional behavior, as well as the continuation of requisite funding for the program. A resident's reappointment and progression to the advanced level will be based on the results of periodic reviews of the resident's educational and professional achievement, competence, and progress as determined by the Program Director and faculty Steering Committee. The program maintains a confidential record of the evaluations. Forms used for annual evaluations are provided at the end of this Appendix.

Facilities: Training will be primarily carried out, but not restricted to, the following sites: Indiana University School of Medicine – Department of Radiology and Imaging Sciences, Indiana University Health (IUH)-University Hospital, Methodist Hospital, and Riley Hospital for Children, Saxony Hospital, and IUH Methodist Medical Plazas. All these sites are approved by Joint Commission and the imaging equipment of CT, MRI and mammography are all ACR accredited.

Section II. Requirements for Residency Application, Selection and Acceptance

A. Application

Diagnostic Imaging Medical Physics residents are designated by their Post-Graduate Year (PGY) status, based on the number of years of service-in-training following graduation from an accredited medical physics graduate program. Residents are designated as PGY1 or PGY2 for junior and senior residents, respectively. Beginning residents are required to have a M.S. or Ph.D. in Medical Physics, preferably from a CAMPEP approved graduate program, or a related field with demonstrated knowledge of medical imaging physics as well as knowledge of anatomy, physiology and radiation biology. The candidate must be able to communicate effectively with radiologists, technologists, and other medical/physics staff. In some circumstances, the program will accept international medical physics graduates. In any case, CAMPEP-accredited medical physics educational program graduates are preferred. Diagnostic Imaging Physics Residency participants must comply with all Indiana University, Indiana University School of Medicine, Indiana University Health (IUH) affiliated hospitals, Richard L. Roudebush VA Medical Center, Sidney & Lois Eskenazi Hospital, CAMPEP, and Department of Radiology and Imaging Sciences guidelines.

B. DIPR Program Resident Selection Process

Diagnostic Imaging Physics residents in training are selected based on their academic achievement, personal qualities and proven ability to excel. All PGY1 positions must be filled through a competitive application process. The DIPR program participates in the AAPM MP-RAP (Medical Physics Residency Application Program) and the National Medical Physics Matching Program. Prospective residents identify their interest in the program via the online application site (http://careers.aapm.org/RAP) for formal application. The selection of the resident is based on considerations including academic performance, clinical training, research/publication record, and CAMPEP accreditation of the programs attended. Members of the Steering Committee review the files in the applicants’ folder and independently reach his/her recommendations regarding the top 10 candidates. The steering committee then meets and to share and discuss the recommendations to reach a consensus in identifying 5 to 8 applicants for onsite interviews. The interview is a one-day process including three components: a short presentation given to the committee by each applicant on a topic related to his/her research and/or career experiences (basic science or clinical), a group tour to the major clinical training sites, and an individual meeting with each member of the steering committee. Each applicant is ranked and the Steering Committee meets to discuss and reach a consensus on the final rankings. The Program Director submits the top ranked 4 to 6 applicants into the
National Medical Physics Matching Program. An applicant who is successfully matched to the program will receive an official letter of acceptance. The program seeks to maintain a steady state of two residents in training with one new recruitment each year. (At any given time, one junior (PGY1) and one senior (PGY2) resident are enrolled in the program.)

Section III. Promotion/Probation/Termination of Residents Policy

Promotion to the next level of training is determined by the Steering Committee’s assessment of the resident’s ability to assume the responsibilities of the new level. This determination is based, in part, on the resident’s demonstrated achievement of the milestones listed in responsibilities and competencies for each rotation and each year and, in part, on the faculty’s overall assessment of the resident’s progress in relation to the expected competencies at any given level. Promotion and retention are also dependent on continued appropriate ethical and professional conduct by the resident.

If the Steering Committee determines that a resident’s progress is not satisfactory, they may vote to 1) terminate the resident, 2) place the resident on probation, 3) require specific remedial activity or training, or 4) require that the resident repeat the year. If the faculty decides to terminate the resident, the resident will be notified by the Program Director and will be given the right to appeal as outlined in the due process policy. If the decision is to place the resident on probation, the Program Director will send the resident a letter outlining the resident’s deficiencies and suggesting remedial action. The Program Director will set the terms of probation and the circumstances that will result in lifting the probation or proceeding to termination. Probation is meant to be a very serious warning to the resident that their performance does not meet the standards set by the faculty of the Department of Radiology and Imaging Sciences. Serious violations of hospital policy, acts that endanger patient safety, or breaches of accepted ethical standards may result in summary termination at the discretion of the Program Director.

Diagnostic Imaging Physics Residency (DIPR) education is based on the principle of progressively increasing levels of responsibility, under the supervision of the faculty. All faculty are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered in this evaluation include the resident's clinical experience, judgment, professionalism, cognitive knowledge and technical skills. These levels are designated as PGY 1 and PGY 2, and they refer to the clinical years of training that the resident is pursuing. At each level of training, there is a set of competencies that the resident is expected to master. As these are learned, greater independence is granted the resident in routine medical physics assessments at the discretion of the faculty who, at all times, remain responsible for all aspects of the management of the DIPR program.

Residents are expected to treat all other members of the healthcare team with respect and with recognition of the value of the contribution of others involved in the care of patients and their families. The highest level of professionalism is expected at all times. Racial, ethnic or cultural discrimination will not be tolerated. All others are treated with the respect and consideration expected for professional behavior.

A. Graduate Levels of Responsibility Policy

Recommendation and approval for resident promotion to the PGY 2 level or for graduation from the residency are obtained from the Steering Committee, chaired by the Program Director, and discussions include faculty responsible for physics rotations. Summaries of resident performance are discussed with faculty at DIPR faculty meetings at least annually. Factors taken into consideration include:

1. Modality Rotation Competency. Any evaluation other than competent or above will require follow-up with the preceptor, residency director and resident, with specific deficiencies addressed with a plan for improvement.

2. Direct observations by faculty.
3. **Resident preparation for and performance on call.** The resident must successfully take call as required, with attending backup as needed.

4. **Seminar and scheduled meeting attendance and participation.**

5. **Feedback from medical practitioners, colleagues and staff.**

6. **Objective measurements such as performance on the mock oral board examinations.** Subjects with conditional pass or failure require re-evaluation.

7. **Successful management of equipment testing and instrument calibration schedules.**

8. **Completion of all professional requirements in a timely manner;** including but not limited to evaluations, activity log, HIPAA and Medical Errors training and continuing education.

9. **American Board of Radiology Medical Physics (Part 1).** The resident is expected to pass American Board of Radiology Medical Physics Part 1 (both General and Clinical examination sections) by the end of the diagnostic imaging medical physics residency.

Recommendation and approval for the resident to meet graduation requirements from the residency include all of the above. In addition, the resident must demonstrate sufficient competence to enter practice without direct supervision in order to graduate from the Indiana University DIPR Program.

Additional graduation requirements include the completion and submission of a procedure log, including documentation of meeting initial training for ACR accreditation requirements for medical physicists, and completion of the nuclear medicine program requirements. Residents are also required to have completed assigned clinical duties, activity logs and all evaluations, including the final evaluation meeting with the Program Director.

If it is determined by the faculty that a resident has deficiencies that require remediation, a remediation plan for improvement is developed. This includes meeting with the resident to discuss the deficiencies and initiate the remediation process. The resident is responsible for developing a learning plan, and progress is monitored by the resident mentor and Program Director. Resident progress is assessed by the Steering Committee at the next monthly evaluation of resident performance.

For more serious performance deficiencies, the Steering Committee may elect to place a resident on Probationary status.

B. **Resident Mentors**

Each Radiology resident is assigned a faculty member who will act as the advisor/mentor. Each resident should meet with the mentor at least annually. The purpose is to provide ready access to a faculty member for guidance in education, academic matters, and post-residency career options. The mentor can also serve as an observer for undue stress or personal complications that may affect optimal resident performance. The Program Director will serve as mentor to the resident or will assign another member of the Steering Committee to serve as the mentor.

C. **Resident Conference and Scheduled Meeting Attendance Policy**

A commitment to lifelong learning is essential for continuous professional development. One of the goals of the Indiana University Diagnostic Imaging Physics Residency Program is to foster this commitment to lifelong learning. Resident conferences form an integral part of this learning process during residency training. It is the professional responsibility of the resident to attend and participate actively in conferences.

The program monitors conference attendance with the monthly activity log. Residents are encouraged to attend multidisciplinary conferences and should document that the multidisciplinary conference was
attended in lieu of the concurrent required conference with an email to the Program Director. Individual attendance logs are reviewed with each resident by the Program Director at the monthly resident meetings.

Expectations:
- Attend all of required DIPR conferences and meetings unless attending concurrent multidisciplinary conference or meeting as described above.
- Document conference attendance as outlined above.
- Arrive at conference promptly. No credit for attendance if more than 10 minutes late unless excused. Habitual tardiness will not be tolerated.
- Professional and honest behavior is expected at all times when documenting conference attendance.

D. Resident Supervision and Clinical Responsibilities for DIPR Residents

All clinically-related activities must be supervised by qualified faculty. It is the responsibility of the Program Director to ensure, direct, and document adequate supervision of residents and systems for communicating with supervising faculty at all times. If there are any lapses in this communication that the resident identifies, they will be brought to the attention of the Program Director, who will then be responsible for correcting the situation.

Diagnostic Imaging Physics Residency education is based on the principle of progressively increasing levels of responsibility, under the supervision of the faculty. All faculty are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered in this evaluation include the resident's clinical experience, judgment, professionalism, cognitive knowledge and technical skills. These levels are designated as PGY1 and PGY2, and they refer to the clinical years of training that the resident is pursuing. At each level of training, there is a set of competencies that the resident is expected to master. As these are learned, greater independence is granted the resident in routine medical physics assessments at the discretion of the faculty who, at all times, remain responsible for all aspects of the management of the DIPR program.

All residents rotate through each imaging modality and, within each modality, a faculty member is assigned to be responsible for the daily supervision and evaluation of each resident. Every report is reviewed by a faculty member, and all reports are countersigned by that faculty member. Performing equipment evaluations and reporting findings are assigned in a graduated fashion, depending upon the abilities and level of training of the resident. Monthly competency-based evaluations of a resident’s performance are reported to the Steering Committee and sub-par performance mandates additional training on an individualized basis.

The resident will work with the assigned DIPR faculty during activation of the call schedule as needed for the acceptance testing of replacement or upgraded components of imaging systems, or if unexpected or urgent clinical issues or questions arise outside the normal workday.

Expected competencies and responsibilities for each level are delineated in the rotation competency-based goals and objectives.

Additional clinical responsibilities are assigned by DIPR faculty as needed in the Department of Radiology and Imaging Sciences.

**Medical Physics Reports:** All reports written by a resident are first approved by the resident and then must be verified by a program faculty member. The faculty member signs the report only after full review and agreement with the report.

E. Teaching Requirements for DIPR Residents

To prepare for teaching medical physics as a diagnostic medical physicist, PGY1 and PGY2 DIPR residents may be asked to participate in teaching medical physics to graduate students, radiology
residents, medical students on radiology elective, and radiological technology students. Furthermore, it is expected that the DIPR residents will fully participate in and contribute to periodic DIPR resident meetings with faculty and students, journal club meetings, and other activities associated with diagnostic imaging physics education.

F. Quality Assurance Policy

Each resident is required to participate in DIPR program quality assurance activities during residency training. This will include participation in periodic DIPR meetings with the Program Director and associated faculty. During these meetings, quality assurance (QA) is reviewed with a focus on changes that can be implemented to reduce systems and individual errors. Issues related to professionalism and communication skills are also addressed.

G. Recordkeeping Requirements

Log of Medical Physics Activities: Resident activity journals and other logs will be reviewed by the Program Director monthly and with the Steering Committee as needed. Electronic logs must be kept in an Excel file that is accessible by the resident and by the Steering Committee.

Educational Activities: Each resident will provide an annual summary of educational activities. All educational activities such as lectures, symposia given or attended, papers or posters presented, conferences given or attended, or major meetings attended should be listed.

Medical Physics Accreditation Surveys and Equipment Evaluations: Diagnostic Imaging Medical Physics residents are required to keep an ongoing record of all equipment and facility accreditation surveys in which they have participated. This record is mandatory for the individual’s ability to apply for subsequent employment and credentialing and medical physics training to meet accreditation standards for performing equipment surveys of various modalities. Accreditation survey reports and ACR accreditation program facility identifiers are important records to keep for records of initial modality physics survey training, particularly to meet FDA MQSA mammography requirements.

Section IV. Resident Duty Hours and the Working Environment Policy

A. Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., evaluating equipment used for patient care, administrative duties related to equipment used for patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. It is expected that DIPR residents be at work each weekday for at least 9 hours with one hour for lunch. Although the starting and ending times can be somewhat flexible, it is generally expected for residents to arrive sometime between 7:00 AM and 9:30 AM and be free to leave between 4:00 PM and 6:30 PM, after completion of the 9-hour work day. Any deviation from this schedule (e.g., due to additional night/weekend work activities) requires permission from the Program Director or immediate faculty supervisor associated with the modality rotation.

3. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

4. Residents will be 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 one 24-hour period free from all clinical, educational and administrative activities.

5. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time
period between all daily duty periods, and after in-house call.

B. Resident Call

1. DIPR residents are rarely called in outside normal working hours or weekends. However, when emergencies occur during those times, the on-call resident contacts the associated faculty member to determine an action plan. Weekends, holidays and university vacations must be scheduled to ensure that adequate coverage is available for clinical urgencies and necessities. Each resident on call must be available and reachable during the call period so that effective and timely contact can occur. After an evening call, the affiliated faculty member is responsible to ensure compliance with the duty hour requirement of 10 hours between daily duty periods.

2. Call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit. It is the joint responsibility of the resident and Program Director to ensure that the resident has adequate time to rest and re-assign resident coverage as needed.

It is the responsibility of each resident to review his/her schedule ahead of time and bring any concerns about scheduling that could potentially induce a violation of the duty hours rules to the attention of the Program Director. It is the joint responsibility of the resident and Program Director to assist the resident with the schedule changes necessary to comply with duty hour requirements. Residents failing to comply with this regulation will receive administrative sanctions from the Program Director.

C. On-Call Duty Hours

Graduate education in Medical Physics requires a commitment to continuity of patient-care equipment. This continuity of care must take precedence without regard to the time of day, day of the week, number of hours already worked or on-call schedules. Residency training in Radiology and Medical Physics is a full-time responsibility; activities outside the program must not interfere with the resident’s opportunity to rest, relax, and study. Residents in Radiology and Medical Physics must not work more than 80 hours a week, averaged over four weeks. Up to 6 hours for sign-out or to attend the morning conference is permitted. Each resident must have one day off in 7, averaged over 4 weeks, may not be on call more than every third night, must have at least 10 hours off duty with no call responsibilities between service attendances, and must document duty hours. Finally, any pre-approved non-programmatic outside employment must end 12 hours before the resident is expected to begin programmatic activity. Please see resident duty hour and the working environment policy for additional information.

A serious attempt will be made to accommodate each resident request for a change in call schedule. Once the schedule is published, it is usually easy to switch among the call participants if a problem or conflict arises. All changes must be approved by the Senior Resident and the Program Director.

Section V. Moonlighting and Other Professional Activities Policy

The purpose of this policy is to define moonlighting and policies governing moonlighting and other professional activities during the residency training program.

Moonlighting is defined as any professional activity conducted or arranged by an individual resident which is outside the course and scope of the approved residency program, whether or not the resident receives additional compensation. Historically, the use of the descriptors “internal” and “external” would not alter the fact that both are moonlighting and both are beyond the course and scope of the approved residency
program. Resident moonlighting is permitted while participating in the DIPR program as long as the following procedures and criteria are satisfied.

Per the ACGME Common Program Requirements, “Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.” IU School of Medicine believes that all moonlighting by residents is inconsistent with the educational objectives of residency training. Further, moonlighting could interfere with consistently safe patient care and prevent sufficient rest and preparation for the residency educational requirements. This includes any moonlighting done during paid time off, which is intended to provide residents with a necessary break from workplace activity. Therefore, an annual status disclosure is required. All moonlighting requests and disclosures will be closely monitored by the Program Director and the Office of Graduate Medical Education. Residents will not be required to engage in moonlighting for the program or the department.

**Duty Hours:** When monitoring the moonlighting activities, the program directors will consider the ACGME duty hour regulations which limit the residents to 80 hours per week. All moonlighting must be reported and counts toward the 80-hour average. PGY-1 residents are not permitted to moonlight (see Duty Hours and the Work Environment on the Policies and Procedures page in the online GME House Staff Handbook at http://medicine.iu.edu/residents/gme-house-staff-handbook/policies-and-procedures/#Duty_Hours). All time spent moonlighting must be entered in MedHub with the other duty hours.

**State Licensure Requirements:** All residents engaged in moonlighting must be licensed for unsupervised medical physics practice in the State of Indiana. It is the responsibility of the hiring institution and the Program Director to determine whether the resident has the appropriate training and skills to carry out the proposed duties. It is the shared responsibility of the hiring institution, the Program Director, and the Office of GME to verify that the resident is complying with the expectations of the moonlighting policy.

**Medical Malpractice Coverage:** It is the responsibility of the resident to demonstrate with documentation by individual name the appropriate medical malpractice coverage. Proof of coverage must accompany the MedHub Moonlighting Request.

The requirement for specific certification of malpractice coverage in the name of the resident must be obtained for ALL moonlighting. This requirement also pertains to all moonlighting taking place at IUSM affiliated hospitals including Indiana University Health Methodist, IU, and Riley Children’s Hospitals, Eskenazi Health, Roudebush VAMC, Indiana University Health West Hospital, Indiana University Health Saxony Hospital, and Indiana University Health North Hospital.

**Indemnification:** Indiana University Residency/Fellowship Insurers will have no responsibility for acts or omissions occurring outside the jurisdiction of the hospitals or the training program assignments. This includes resident engagement in employment outside the training program, Indiana University, the Schools of Medicine or Dentistry, any of the affiliated hospitals.

**Documentation:** The Program Director must be fully informed about any moonlighting activity by the resident. This includes any moonlighting activity planned for time considered paid time off from duties. Moonlighting activities and schedules must be submitted in writing, in advance, to the Program Director. The MedHub Moonlighting Request must be used. The Program Director must acknowledge awareness that the resident is moonlighting by reviewing and approving the Moonlighting Request in MedHub. The Program Director may at any time determine whether or not the activity is detrimental to the resident’s progress or standing in the training program. These procedures apply to all moonlighting activities regardless of whether or not the trainee is being paid for the activity.

**GME Office:** If a resident is planning on engaging in moonlighting activity, a Moonlighting Request in MedHub must be submitted to the GME Office, in advance of moonlighting.

**Repercussions for Noncompliance:** Residents engaging in moonlighting activities that have not been approved by the Program Director risk dismissal from the program. If it comes to the Program Director’s
attention that a resident’s moonlighting schedule coincides with the training program assignments, the resident may be subject to disciplinary action, up to, and including termination. If it is determined that the moonlighting activity is interfering with the training of the resident, the Program Director may require the resident to reduce or terminate the moonlighting activity.

Resident Responsibilities:

1. Complete the Moonlighting Request in MedHub for each moonlighting location and submit the form(s) annually to the program director.
2. Complete a new Moonlighting Request prior to any change in moonlighting status.
3. Provide documentation of appropriate Indiana license.
4. Provide documentation of specific medical malpractice coverage in the name of the resident to all of the following: the hiring institution, the program director, and Office of GME. All moonlighting requires this documentation.
5. All moonlighting hours must also be documented in Medhub on a daily, every-other-day, or weekly basis, by the resident.

Visa Issues

Indiana University Residency/Fellowship Insurers will have no responsibility for acts or omissions occurring outside the jurisdiction of the hospitals or the training program assignments. This includes resident engagement in employment outside the training program, Indiana University, the Schools of Medicine or Dentistry, any of the affiliated hospitals.

H-1B Visas: Residents on H-1B visas may accept moonlighting employment, if approved by the Program Director, and only if the employer of the moonlighting employment obtains approval for the concurrent employment from the INS by filing a new H-1B petition for concurrent employment for the resident. The Moonlighting Request in MedHub and documentation are required as above.

J-1 Visas: Residents on J-1 visas may not engage in moonlighting in the United States. The J-1 visa only grants permission for the residents to undergo medical training, not moonlighting, in the United States.

Section VI. Unprofessional or Abusive Behaviors and Sexual Harassment Policy

The purpose of this policy is to define unprofessional or abusive behaviors and sexual harassment and to define the procedures used for investigation of a complaint.

There may be situations where medical students or house staff feel they have been abused or sexually harassed in the medical education setting. Because the relationship between faculty and students or house staff is hierarchical, it remains the ethical responsibility of the faculty to assure that students and house staff are professionally mentored and respectfully treated.

1. POLICY

   A. IU School of Medicine’s educational mission is promoted by professionalism in faculty/resident/student/staff relationships. Professionalism is fostered by an atmosphere of mutual trust and respect. Actions of residents that harm this atmosphere undermine professionalism and hinder fulfillment of the School’s educational mission. Trust and respect are diminished when those in positions of authority abuse or appear to abuse their power. Those who abuse their power in such a context violate their duty to the academic community.

   B. Harassment on the basis of sex is a violation of federal and state law. Indiana University School of
Medicine does not tolerate sexual harassment of its faculty, staff, or students. Residents who believe they are victims of sexual harassment, as well as those who believe they have observed sexual harassment, are strongly urged to report such incidents promptly. Indiana University will investigate every sexual harassment complaint in a timely manner and, when there is a finding of sexual harassment, take corrective action to stop the harassment and prevent the misconduct from recurring. The severity of the corrective action, up to and including discharge or expulsion of the offender, will depend on the circumstances of the particular case.

C. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or academic achievement;
2. Submission to or rejection of such conduct by an individual is used as the basis for training or academic decisions affecting such individuals; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's training or academic performance or creating an intimidating, hostile, or offensive learning environment.

D. Complaints involving faculty will be investigated in coordination with the following: the Office of Faculty Affairs and Professional Development (OFAPD), appropriate medical governing agencies or the Office of Equal Opportunity.

2. PROCEDURE

A. Residents who believe they have been abused or sexually harassed should notify either their DIPR Faculty Steering Committee, department chair, program director, or the Associate Dean of Graduate Medical Education. Individuals may also go directly to the IUPUI Office of Equal Opportunity.

B. Complaint procedures should include the following principles:

a. Investigations will be conducted promptly and thoroughly and the outcome will be reported to both parties involved.

b. The Associate Dean of Graduate Medical Education will advise and consult with either or both parties to the complaint.

c. Efforts will be made to restrict information regarding complaints to the complainant, the accused party, and those persons directly involved in processing the matter.

d. If necessary, a formal investigation of the complaint will be conducted by the Associate Dean of Graduate Medical Education or his or her designee.

e. The Office of Equal Opportunity will serve as a resource with regard to interpretation of sexual harassment guidelines.

f. If a complaint is found to be valid, corrective action, up to and including termination of the offender, will be taken through appropriate channels of the Graduate Medical Education Office. The corrective action will reflect the severity and persistence of the abuse or harassment, as well as the effectiveness of any previous remedial action.

g. The GME Office will make follow-up inquiries to ensure the abuse or harassment has not resumed and the complainant has not suffered retaliation.

h. Appeal will be open to either the complainant or the accused party.
A. Annual (Vacation) Leave and Sick Leave Policy

Full time DIPR residents earn three seven-day weeks free from their training responsibilities. This consists of 15 weekdays and 6 weekend days as well as 10 days of sick leave each fiscal year (July 1st to June 30th). With evidence of compelling reasons, up to two weeks of paid time off, i.e., ten weekdays and four weekend days, can be rolled over into the first contiguous four (or six) weeks of the next postgraduate year of training. No more than two weeks can be reassigned and approval must be obtained from the Program Director in advance. No payment will be made for unused paid time off at the completion of training. Vacation Leave may be taken after approval by the Program Director. Programs may place limits on the times of the year when paid time off can be taken. In addition, DIPR residents are entitled to observe all official holidays designated by Indiana University for state employees within certain restrictions (see below).

1. Pre-arranged vacation absences: A three-week notification of a request is required unless there are extenuating circumstances. Initially, the resident should confirm with the Program Director that vacation time is available at the requested time. The resident must then be cleared by the supervisor of the rotation. Once approved, the requested time is recorded and subtracted from the resident’s leave balance by the Residency Program Coordinator. Coverage is arranged by the resident.
   a. Residents are encouraged to request and schedule their vacations early in the year. This will increase the probability of receiving the desired vacation time frame and help prevent the possibility of losing vacation days (i.e., if no further vacation spots are available and/or accumulation of too many days that cannot roll over into the new academic year).

2. Holidays: Residents shall be entitled to observe all official holidays designated by Indiana University for state employees except when they are on call for clinical responsibilities. Residents on Veteran's Administration Medical Center (VAMC) rotations shall be entitled to observe all official holidays designated by the federal government for VAMC employees except when they are on call for clinical responsibilities. When on duty or call for clinical responsibilities on designated holidays, the assignment will be considered as part of the residency and will not result in extra remuneration.

3. Pre-arranged education absences: A three-week notification of a request is required unless there are extenuating circumstances. The educational activity must initially be approved by the Program Director. The resident then fills out a leave slip (see example) which must be cleared by the supervisor of the rotation which will be missed, and the Program Director. This slip should be returned to the Program Director. Once approved, the requested time is recorded and subtracted from the resident’s annual education leave hours. Coverage is arranged by the resident.

4. Non-scheduled absences: A sick resident is to call the Program Director before the start of that shift. The Program Director then finds coverage and contacts the Coordinator so that it can be recorded properly.

5. Total absences may not exceed 5 weeks (25 working days) in 1 year and may not exceed 10 weeks (50 working days) in 2 years. Longer approved leaves of absence require an extension to the required period of education.

6. Residents failing to comply with this policy will receive administrative sanctions from the Program Director.

B. Special Leave Policies

Family Medical Leave Act (FMLA): Eligible residents (residents who have worked for the School of Medicine at least twelve months and at least 1250 hours during the twelve-month period prior to the first day of leave) are entitled by law to a maximum of twelve weeks of FMLA leave with full benefits for the following qualifying events: Birth of a child or care for the newborn; placement with the employee
of a child for adoption or foster care; the need for the resident to care for a spouse, child, or parent with a serious health condition; a serious health condition that renders the resident unable to perform the functions of the job. FLMA consists of six weeks paid and six weeks unpaid. The amount of paid leave will be reduced by the number of paid days off already taken during a given year.

This document is not intended to cover all of the provisions of the FMLA. Some of the key requirements of the FMLA are listed that will have the most significant impact on personnel practices for resident. If more information is required, please contact the Office of Graduate Medical Education.

**Parental Leave:** Residents may take up to 6 weeks paid leave using accrued sick leave and vacation leave to care for a new child by birth or adoption. Sick/Vacation leave may be advanced to residents proportionate to expected service. Please see above sick leave policy. The official parental leave period may begin two weeks before the expected date of the child’s arrival and must occur with the 12-month period beginning with that date. Residents who plan to utilize parental leave are expected to notify the Program Director as soon as they know they will need to use parental leave to facilitate appropriate scheduling. Complicated pregnancy or delivery will be handled through additional sick leave and disability policies. FMLA mandates that up to 12 workweeks may be taken for the birth of a biological child or placement of child pending adoption. If the resident chooses to take more than the 6 weeks leave, he/she will be placed on unpaid leave the remaining 12 weeks. While on unpaid leave, resident’s insurance benefits will be covered by the academic department for up to two (2) months.

The total time allowed away from a program in any given year or for the duration of the residency program will be determined by the requirements of the specialty board involved or CAMPEP requirements. Any absences must be made up in accordance with specialty board policy or CAMPEP requirements. The resident will be paid for makeup or extended time.

**Domestic Violence Leave:** Residents are eligible up to 3 days leave in a twelve-month period if the resident or a family or household member is a victim of domestic violence. The fiscal year of July 1 to June 30 will be considered the 12 month period. Except in case of imminent danger to the health or safety of a resident, or the health or safety of a family or household member, a resident seeking leave from work under this section must provide his or her Program Director advanced notice of the leave. The resident is required to use accrued sick or annual leave. In the event that the employee does not have sufficient leave hours to cover the event, the leave that is not covered will be unpaid.

**Bereavement Leave:** A resident shall be granted, upon request to the Program Director, up to 5 days off for funeral of an immediate family member. Residents are granted 2 days of bereavement pay and for the other 3 days, the resident may use their sick or annual leave time. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, step-children, parents, parents of spouse, and the stepparents, grandparents, grandchildren, brothers and sisters.

**Military Leave:** A resident inducted to active military duty through Selective Service, voluntary enlistment, or called through membership in the National Guard or military reserves will be granted leave without pay. A resident who is on leave of absence for military duty, and eligible dependents, may continue participating in the Indiana University School of Medicine-sponsored medical and dental plans for up to 24 months following the beginning of the employee’s leave of absence for military duty. To continue coverage, the resident must pay the total monthly premium for the continuation coverage period.

1. **Short Tours of Military Duty:** A resident will receive fifteen days of paid leave for military training in the National Guard or military reserves in any one military year (October 1 to September 30). Available vacation time may be taken to receive pay for military training that exceeds fifteen days. All fringe benefits will continue to be provided for up to six weeks of military leave. Written military
orders must be submitted to the program director as soon as possible to allow for revision of the rotation and on-call schedules.

2. **Extended Active Military Duty:** A military leave of absence may extend to four years. An additional year of leave may be taken at the request of or for the convenience of the federal government, even if the additional year is voluntary. Upon return from military leave of absence the resident will be reinstated in his/her former position, provided the resident meets all conditions for eligibility. Additionally, while the aim of return after leave might be to resume duty at the same level, the continuum of competence and expectations in some instances may require that the resident demonstrate current competence or remediate the deficits as needed. Military leaves may result in extension of training periods based on the requirements of individual specialty.

**Jury Duty Leave:** A Resident who is summoned to jury duty will be granted paid leave for all hours required for such duty. If jury duty does not require absence for the entire workday, the employee should return to work immediately upon release by the court. Indiana University will not reimburse the employee for meals, lodging, and travel expense while as a juror. This type of leave must be approved by Program Director in advance. Any absences must be made up in accordance with specialty board policy. The resident will be paid for makeup or extended time.

**Educational Assignment Leave:** If the Program Director or a department chair specifies certain seminars, meetings, or courses as part of the educational experience, residents may be granted a few days' leave with pay. All educational leaves are at the discretion of the department chair and no additional pay or compensating time off will be granted. Each program determines whether expenses will be provided for attending medical physics-related conferences.

**Certification Examination Leave:** Residents taking American specialty board examinations will be authorized leave at the discretion of the Program Director. The amount of absence authorized will not exceed the time actually required for taking the examination and for travel to and from the place of examinations. Only one ABR certification and one specialty exam shall be authorized per resident. Any additional absence will be charged to annual leave or leave without pay if annual leave is not available.

### C. Request for LOA/FMLA

All requests for leaves of absence will be made in writing (via the IUSM Official Leave of Absence Request form [https://www.hra.iupui.edu/forms.asp?content=Leaves](https://www.hra.iupui.edu/forms.asp?content=Leaves)) to the department chair/program director at least sixty days in advance except for emergent situations. Once the form has been approved by the program director, the resident or coordinator should contact the GME Office for further instruction. In addition, all requests for leaves of absence require the final approval of the Director of Graduate Medical Education.

This policy refers to IUSM’s academic year which begins on July 1st and runs through June 30th. Therefore, residents’ and fellows’ appointments usually begin on July 1st and end on June 30th of the academic year. Requested leave time includes all calendar days (including weekends).

### D. Make-Up Time

For a leave of absence that extends beyond the maximum allowed by specialty board involved or CAMPEP requirements, the department has the responsibility to see that the best interest of the educational program, as well as the interest of the resident, is served. In order to assure the highest quality education, the department may decide that making up absent time would not be satisfactory. The program director will ultimately decide how to resolve these situations. However, potential problems involving makeup time do not grant the program director the authority to deny FMLA leave to someone lawfully entitled to it.
Any makeup time that is required will be scheduled with an effort to best accommodate the needs of the resident, but makeup time cannot be guaranteed. When makeup time is scheduled, the resident ordinarily will be required to make up the absent time in excess of six weeks (or the maximum allowed by the specialty Board) at the end of the academic year in which the absence occurred. Exceptions will be granted for those programs who’s Boards permit makeup time to be added to the end of training.

This makeup time will necessarily delay the beginning of each of the resident's subsequent academic years by an amount equal to the makeup time (i.e., delay of promotion to the next PGY level). In effect, all future training years will become off-cycle by an amount equal to the makeup time. Any required makeup time will be paid and all fringe benefits provided.

E. Additional Provisions

If a leave extends past six weeks in the first twelve months of a resident/fellow’s appointment or if a leave extends past twelve weeks for all other appointments, health benefits may be provided at the resident’s expense and with the approval of the Indiana University School of Medicine.

Section VIII. Travel and Business Expense Policy

The purpose of this policy is to provide a mechanism for Diagnostic Imaging Physics Residents in the Department of Radiology and Imaging Sciences to cover general business and travel expenses associated with their activities in the residency program.

This policy applies to diagnostic physics residents who are active participating in the educational program. This policy specifies the level of support that is provided during each year of the program (maximum of 2 years of support).

Professional Membership Fees – The annual fee that is required for an individual to be considered an active member of a professionally relevant educational organization. This includes the American Association of Physicists in Medicine (AAPM) and the Radiological Society of North America (RSNA). Membership fees are capped at $125/year. Unused funds do not carry over from year to year.

Business & Educational Expenses – Any expense allowed by Indiana University that resident educational activities. This includes travel expense associated with attending the annual Radiological Society of North America meeting in Chicago, book expenses, or other miscellaneous expenses that augment the educational experience and training of a resident. Business and educational expenses are capped at $500/year. Unused funds do not carry over from year to year.

Scientific & Educational Presentation Expenses – Any expense allowed by Indiana University to support the travel of a resident to a national or international meeting. To be eligible for this expense category the resident must have a scientific or educational presentation (oral or poster) accepted through a traditional peer-review process. Scientific and education presentation expenses will be capped at a maximum of $1500/year.

POLICY STATEMENTS

1. Professional membership fee funds will be made available to each resident for each year they are in the program. Support for applications to societies other than AAPM or RSNA must be approved by the residency program director.

2. Business and educational expense funds will be made available to each resident for each year they are in the program. Requests for use of these funds must be submitted to the residency program director for approval.

3. Scientific and education presentation expenses are provided on an as needed basis up to the cap of $1500/year. The amount awarded is based upon legitimate expenses according to Indiana University
travel policies.

4. Unused professional membership fees or business and educational expenses do not carry over from year to year.

EXCEPTIONS

Any exception to this policy requires the approval of the Chairman of the Department of Radiology and Imaging Sciences or his/her designee.

Section IX. Evaluations Policy

An effective evaluation system is critical to the individual resident’s development and to improving the program. Assessment of both the individual and the system of education is meant to provide valid data about the performance of each and to provide information that can be used to improve the educational experience for the DIPR resident. Evaluation forms to be used for evaluations are shown at the end of this Appendix.

All residents are required to review their rotation evaluations periodically and discuss any issues with the faculty or Program Director. Periodic meetings between the residents and the Program Director also allow for feedback on rotations and faculty.

Resident Evaluations. The Steering Committee meets at least quarterly to review evaluations and to discuss resident and program issues. Professionalism issues, including responsibility as it relates to conference attendance, are addressed at resident evaluations, and more often as needed. Breaches in professional behavior are taken seriously, and the method by which a lapse in behavior is addressed depends upon the severity of the behavior. An initial minor lapse will typically be addressed with the resident by the Program Director. With more serious lapses or a pattern of behavior, a remediation plan will be developed. This plan includes the identification of specific goals, regular monitoring of progress, and re-assessment after an agreed upon timeframe.

A. Rotation Evaluations

Resident Evaluations: At the end of every medical physics rotation, the preceptor will complete an evaluation of the resident on the service. Forms will be provided to the Program Director for review. The Program Director will hold regular meetings with each resident to discuss evaluations and resident progress.

Rotation Evaluations: At the end of each rotation, each resident will complete an evaluation of the rotation and the faculty involved with the rotation. These evaluations will be provided to the Program Director and will be used in improving the educational content, reformatting the curriculum or making whatever departmental changes are deemed necessary and beneficial to the education experience.

B. Annual Evaluations

Evaluation of Resident Progress: The progress of the current resident is reviewed by the Program Director on an annual basis. The annual review is based on summarizing rotation evaluations throughout the year. The PD shares the evaluation with the resident and the signatures of both PD and the resident are required to complete the evaluation. Evaluation forms to be used for evaluations are shown at the end of this Appendix..

Resident Evaluation of the Residency Program: Each resident is expected to complete a confidential evaluation of the residency program at least annually. Combined data are reviewed during a DIPR
program meeting and used to make programmatic improvements. The purpose is to identify and correct perceived and real deficiencies in the development of an effective and superior education scaffold, providing as much anonymity as possible. Evaluation forms to be used for evaluations are shown at the end of this Appendix.

**Mock Oral Boards:** Once a year, a mock Oral Board examination is provided for each level of Medical Physics training. An in-depth oral examination is given by the faculty, covering each of the appropriate subspecialties. The ABR Oral Boards cover the following topics: Radiation Protection and Patient Safety; Patient-Related Measurements; Image Acquisition, Processing and Display; Calibration, Quality Control and Quality Assurance; and Equipment. Written comments and Board-type grading are provided for review, evaluation, and counseling. Residents will also receive verbal or written evaluations on the quality of their presentations, participation at conferences, and on special assignments throughout the year. Mock oral boards are considered important measures of medical physics knowledge and practice-based learning. Once completed, the evaluations are made available to the residents and are reviewed with the Program Director.

**Final Review of the Resident:** A final, summative evaluation of each resident who completes the 24-month program will be performed and placed in the resident’s permanent record. The summary includes a review of the resident’s performance during the final period of training and will verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

**Section X. Grievance, Non-Reappointment or Termination of Appointment**

The duties, privileges, authority and responsibilities of Diagnostic Imaging Physics Residents are governed by policies and procedures of the IU Diagnostic Imaging Physics Residency program. The guidelines of the University concerning employees and students will not be applicable to GME Trainees, unless so stated in the particular policy, regulation or guideline. Residents will be appointed for the term or terms set out in their letters of appointment and will be renewed in accordance with the provisions of their letters of appointment.

The term “grievance” shall mean any dispute concerning the Residents’ conditions of work, notice of non-reappointment, or the interpretation or application of any rule, regulation, letter of appointment, practice or policy of the Indiana University School of Medicine or its affiliated hospitals.

Non-reappointment or non-renewal refers to a decision not to renew a resident’s contract for a subsequent year of training resulting in its expiration at the end of the current term and termination of employment.

Termination refers to revoking or terminating a resident’s contract prior to the end of a current contract.

The appointment of a resident may be revoked or terminated prior to the end of a current term of appointment for failure to abide by the rules and regulations, or policies and procedures of the IU Diagnostic Imaging Physics Residency program, or for activities or professional conduct considered to be disruptive to the operations of the hospitals, or to the quality of patient care, or the teaching programs, or activities which constitute a material breach of the letter of appointment.

Whenever a resident's conduct or activities, in the opinion of the Associate Dean of Graduate Medical Education or designee, may cause a threat of injury or damage to the health or safety of patients, employees or other persons in the hospital or to the resident unless prompt remedial action is taken, or if it appears reasonable to believe that the resident has failed to observe all laws or principles of medical ethics of the profession in such a manner as to impose a threat to patient care or the high ethical standards expected of residents, the Associate Dean of Graduate Medical Education or designee may summarily suspend all or any part of resident's duties at such time and for such duration and under such terms and conditions as stated in the Procedure for Summary Suspension.

**PROCEDURES**
The procedures and remedies provided herein will be the exclusive remedies available to an IU Diagnostic Imaging Physics Resident who is disciplined or whose letter of appointment is modified, terminated or will not be renewed.

Procedure for Filing a Grievance Based on Discrimination:

a. Formal charges of discrimination based on race, sex, age, religion, national or ethnic origin, disability, marital status, sexual orientation, or veteran status, should be filed with the campus Affirmative Action Office.

b. Prior to filing a formal complaint with the Affirmative Action Office, DIPR residents are encouraged to utilize preliminary steps such as the Teacher-Learner Advocacy Committee (TLAC). [http://faculty.medicine.iu.edu/docs/TLACbrochure.pdf]

c. The submission of a grievance shall not relieve a DIPR resident from his or her responsibilities, including patient care, pending the outcome of any grievance.

Procedure for Non-Reappointment of Contract:

For any grievance related to non-reappointment, the following procedure shall apply.

a. First, the DIPR resident shall promptly discuss his or her concern with the Program Director.

b. If the matter is not satisfactorily resolved, the resident shall forward his or her written grievance to the Associate Dean of Graduate Medicine within five (5) days.

c. The Associate Dean of Graduate Medical Education shall then review the written grievance.

d. Following review of the written grievance, and recommendation, if applicable, the Associate Dean of Graduate Medical Education shall, with the consultation and approval of the Dean of the School of Medicine, promptly render a final decision, thus completing the grievance process.

Procedure for Discipline or Termination of Contract:

For any grievance stemming from discipline or termination (not including notice of non-reappointment) of the resident, the procedures outlined below shall govern.

a. The Hospital Director, or Chair of the Department, or Program Director, or Chief of a Service, Department or Section, may lodge a complaint with the Associate Dean of Graduate Medical Education that there are reasons for the discipline or termination of the letter of appointment of a resident, or the Associate Dean of Graduate Medical Education may initiate the matter.

b. The chair of the TLAC may also report egregious actions by a resident that have come to the attention of the TLAC to the Associate Dean of Graduate Medical Education.

c. If the complaint is made by a Chief of a Service or Director of a Section, or if the information has come to the Associate Dean of Graduate Medical Education from other sources including the TLAC, the complaint will be referred by the Associate Dean of Graduate Medical Education to the Chair of the Department or to the Program Director to which the DIPR resident is currently assigned.

d. The Chair of the Department or the Program Director will then investigate the matter, and in not less than twenty (20) days after such referral, make a written report and recommendation to the Associate Dean of Graduate Medical Education.

e. If the complaint is made by the Chair of the Department or Program Director in which the DIPR resident is currently assigned, the Chair will state the charges with reasonable particularity and make a written report and recommendations to the Associate Dean of Graduate Medical Education.

f. If the matter has not been satisfactorily resolved, the Associate Dean of Graduate Medical Education will furnish to the affected person, a written notice of:
1) the charges in reasonable particularity,
2) the Associate Dean of Graduate Medical Education's proposed recommendation, and
3) the right to be heard by the Associate Dean of Graduate Medical Education.

   g. Such notice will be sent by certified or registered mail, return receipt requested.
   h. Notice will be deemed delivered by either deposit via certified mail to the last known address of
      the affected Trainee or by personal delivery.
   i. The DIPR resident will have fifteen (15) days after the mailing of such written notice or hand
      delivery to request a hearing by the Associate Dean of Graduate Medical Education, and failure
      to request a hearing will be deemed a waiver of the hearing.
   j. If the affected person does not request a hearing, the Associate Dean of Graduate Medical
      Education may request a hearing to obtain more information, or forward his/her recommendations
      to the Dean who will take final action.

Procedure for Summary Suspension:

   a. This action will be reported in writing to the Chair of the Department, the Program Director, the
      Dean, and the affected DIPR resident.
   b. The DIPR resident has the right to a hearing to appeal the summary suspension in accordance
      with this article, providing the request is made within fifteen (15) days of the date of the Order of
      Summary Suspension.

Procedure for a Hearing:

   a. If a request is made for hearing by the Associate Dean of Graduate Medical Education, the
      Associate Dean of Graduate Medical Education will promptly and in no event less than five (5)
      days prior to the date of the hearing, notify the DIPR resident in writing of the date, time, and
      place of the hearing, and will state in concise language the acts or omissions with which the DIPR
      resident is charged.
   b. The Associate Dean of Graduate Medical Education may appoint an Ad Hoc Hearing Committee
      or may hear the grievance him/herself. An accurate record of the hearing will be kept, which may
      be accomplished by the use of a court reporter or a recording device.
   c. The affected person against whom the complaint has been lodged will have the right to be present
      at the hearing, but if the person fails without just or due cause to appear at the hearing, the failure
      will be deemed a waiver of the opportunity for hearing, in the same manner as though one had
      not been requested.
   d. The person will be entitled to be accompanied by or represented at the hearing by a member of
      the Medical Staff or an attorney.
   e. The Associate Dean of Graduate Medical Education may also be represented by an attorney.
   f. The hearing need not be conducted strictly according to the rules of law relating to the
      examination of witnesses or presentation of evidence, and will be conducted by the Associate
      Dean of Graduate Medical Education on an intra-professional basis.
   g. Any relevant matter upon which responsible persons customarily rely in the conduct of serious
      affairs will be considered.
   h. The affected person will have the right to call and examine witnesses, to introduce written
      evidence, to cross-examine any witness on any matter relevant to the issue of the hearing, and to
      challenge any witness and to rebut evidence.
   i. If the affected person does not testify on their own behalf, the person may be called and examined
      as if under cross-examination.
j. The hearing will be confidential and open only to the Associate Dean of Graduate Medical Education and those participating in the hearing process. Observers are allowed only by mutual agreement of the parties.

k. Within fourteen (14) days after the matter has been heard, the Associate Dean of Graduate Medical Education will transmit his/her recommendations to the Dean and the affected person.

l. The affected person may request an informal hearing with the Dean within five (5) days of the Associate Dean of Graduate Medical Education's recommendation.

m. Within five (5) days of the Associate Dean of Graduate Medical Education's recommendation, the Dean will make the decision, which will be final and will be transmitted in writing to the affected DIPR resident, with a copy to the Associate Dean of Graduate Medical Education, the Chair of the Department, and the Program Director.

Section XI. Additional Professional Standards for DIPR Residents

**Code of Conduct:** All residents are expected to comply with the standards established by the Indiana School of Medicine and the hospital. All residents should maintain a professional appearance, conduct, and attitude, as well as exhibit behavior that is exemplary of the medical profession. All residents must be identified by their Indiana University School of Medicine identification badge, which should be worn at all times.

**ID Badge:** Each resident should have an identification badge, which includes his or her photograph and should be worn at all times.

**Confidentiality:** The program recognizes that the rights and individual dignity of each patient (including the parents and/or surrogates of minors or incapacitated patients) are to be respected during the delivery of health care services. Reasonable and responsible behavior on the part of the resident with regard to the privacy and feelings of the patient and the patient’s family is expected. Cases are not to be discussed except in the course of the care of the patient. Conversations in the elevator, lunchroom, or other public places should not involve patient care matters. No specific information about any particular patient should be released without the written consent of the patient. From time to time colleagues, friends, or public personages may be admitted to the hospital. Unless you are directly involved in the care of these individuals it is a breach of confidentiality and medical ethics to read the chart or seek to obtain information on these patients. Indiana University School of Medicine and Indiana University Health fully endorse and support the HIPAA directives and regulations which govern the use, distribution, and exposure of Protected Health Information.

**Resource Management:** As the nation changes the system of health care delivery, older styles of practice and attitudes must change and adapt. In an environment of limited resources, each practitioner must be aware of the financial implications of their style of practice and be accountable for the resources consumed. While it is easy for the resident to lose sight of the importance of cost-effective and efficient practice, learning this from the start will enhance your future success in whatever practice arrangements you find yourself. It is essential for the survival of the Hospital and Department and materially affects the quality of your education. Faculty and house staff must work together to practice in a manner that is best for the patient and best for the system. Excessive tests, unreasonable delays, inappropriate or poorly done work are detrimental to those whom we serve and cannot be tolerated. All should approach this issue with a positive attitude and a willingness to contribute, as it is good medicine, very much in the patient’s, university’s and hospital’s best interests, and should be a positive educational experience as well.

**Dress Code:** Appropriate standards of dress are required of all DIPR residents. Approved attire in patient care areas shall not include shorts, cut-offs, jeans, T-shirts (with or without writing applied), or similar casual clothing. Badges shall be worn when on duty within the hospital. Footwear shall be clean and appropriate to the occasion. No flip-flops or heavy boots shall be permitted.
**Personal Radiation Dosimeter:** During nuclear medicine rotations, each resident should have a personal radiation dosimeter that is changed monthly. This dosimeter is to be worn in accordance with State regulations and University and Hospital policies.

**Resident E-Mail:** Each resident is assigned an e-mail address in the Indiana University email system, which is the preferred method for communication between the program and resident. It is expected that each resident check e-mail daily. Private or separate e-mail address (e.g., Gmail, etc.) will not be used for these communications. The Program Director will expect that all e-mail communication is received by the residents. The residents must be sure that the e-mail address used by the Department is accurate.

**Resident Mail Box:** Each resident is assigned a mailbox in the main Department mail room. Residents should check the mailbox at least twice weekly, as the program often communicates with the residents via internal mail. In addition the Program Director periodically sends articles and other items of interest to the residents by Department email. The residents will be responsible for information distributed in this manner.

**Section XII. Resources**

**Reference Materials and Library:** The Indiana University School of Medicine maintains a full service medical library. Residents should avail themselves of the resources contained in this library frequently. Electronic access to all library resources is available at: http://library.medicine.iu.edu/.

Reference materials associated with DIPR education are kept, whenever possible, in a virtual format on the Department of Radiology and Imaging Sciences shared drive that are electronically accessible by the residents.

In addition to the Indiana University School of Medicine Library, the Division of Imaging Sciences Library is available to the DIPR residents at all times except when the Library is in use for meetings.