

**UT Health Science Center at Houston
Medical School
Neuroradiology Fellowship Program
Program Guide Manual**

Introduction:

The University of Texas Health Science Center Medical School at Houston offers one year ACGME accredited fellowships in Neuroradiology to two candidates each academic year. Our program offers a diverse experience in neuroimaging, intervention, and academics at some of the premier institutions in the Texas Medical Center. If you are reading this, chances are you have already joined us or you are thinking seriously about it. This guide contains important information about the policies and design of this program, your rights, and our expectations during your training.

Personnel:

NEURORADIOLOGY FELLOWSHIP FACULTY

July 1, 2007 through June 30, 2008

**Department of Diagnostic & Interventional Imaging,
The University of Texas Health Science Center Medical School at Houston**

Department Chair

Susan D. John, M.D.

Professor and John S. Dunn Distinguished Chair in Radiology

Section Chief

Edwin Cacayorin, M.D.

Professor and Chief, Neuroradiology

Program Director

Clark Sitton, M.D.

Assistant Professor and Director, Neuroradiology Fellowship Program

Eliana Bonfante-Mejia, M.D.

Assistant Professor

Richard Fremaux, M.D.

Assistant Professor

Leo Hochhauser, M.D.

Associate Professor

Alexander Simonetta, M.D.

Assistant Professor

Gayle Storey, M.D.

Clinical Assistant Professor

Raymond Weir, M.D.

Assistant Professor

Adjunct Faculty

Department of Diagnostic & Interventional Imaging, The University of Texas Health Science Center Medical School at Houston

Clark West, M.D.
Assistant Professor and Chief, Emergency Trauma/Radiology-HH and
Musculoskeletal Radiology – HH,
Director, Emergency Radiology Fellowship Program

Division of Diagnostic Imaging, Neuroradiology Section The University of Texas M.D. Anderson Cancer Center

George Hunter, M.D.
Associate Professor and Chief, Neuroradiology

Linda Chi, M.D.
Associate Professor

Lawrence Ginsberg, M.D.
Professor

Ashok I. Kumar, M.D.
Professor

Diagnostic Imaging, Texas Children's Hospital

Jill V. Hunter, M.D.
Head of Pediatric Neuroradiology and Associate Professor

FELLOWS IN TRAINING July 1, 2006 – June 30, 2007

1st Year: None
2nd Year: Emilio Supsupin, M.D.

Fellow Staff Support

Viola Charo, Neuroradiology Fellowship Coordinator 713-704-1704
Lea Roberts, Health Education Coordinator 713-500-7643
Lisa Kuchik, Residency Coordinator 713-500-7640

The fellowship coordinator's and program director's offices are located in the second floor of the Jones Pavilion, (room J2.424). All records for active fellows are maintained in that suite and the office serves as the primary resource for fellows. Applications, interviews, work and lecture schedules, timesheets, paychecks and, leave requests are processed here and referral to the graduate medical education office, international affairs,

benefits and many other services can be arranged by the program coordinator. Copy, fax, mail and Fed-Ex services are available. We are also here to just listen if you need us.

The Diagnostic Radiology Education Office is The Education Office is located on the 2nd floor of the Medical School Building (green elevator bank) in Room 2.026. They are an excellent adjunct resource and maintain all permanent records for the fellowship program for postgraduate verification purposes.

Eligibility and Application:

Medical and surgical residencies and fellowships at UTHSCMS-Houston are open to U.S. citizens, permanent U.S. immigrants and international applicants as follows:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 1. Have a currently valid certificate from the **Educational Commission for Foreign Medical Graduates** (ECFMG).
 2. Have successfully completed a ***Fifth Pathway program*** provided by an LCME-accredited medical school.
- Applicants who are not citizens of the United States must apply for an ECFMG-sponsored J-1 visa or have an INS issued employment authorization. This institution does not sponsor H1B visas for Graduate Medical Education.
- All applicable licensure eligibility requirements must be fulfilled prior to starting a training program.
- Prospective residents must pass a criminal background check.

All candidates applying for a position in the Neuroradiology Fellowship must submit a standard application form available from the program coordinator containing demographic information, personal history and academic information. They must submit a curriculum vitae, personal statement, photo, and three letters of recommendation. The candidate must have completed an accredited Diagnostic Radiology residency in the United States or Canada or equivalent training as deemed appropriate by the program director.

There are three primary pathways by which candidates enter the Neuroradiology Training Program.

Internal candidates, that are Diagnostic Radiology Residents at The University of Texas Health Science Center Medical School at Houston, may apply at anytime during their residency. At the discretion of the Program Director, the

Section Chief, and with the consensus of the remaining Neuroradiology staff, the individual will be offered a letter of intent stating that a fellowship position has been reserved for that individual. The individual then offers a reciprocal letter of intent promising not to pursue any other Fellowship opportunities in the interim between the date of the letter of intent and the beginning of match interviews for the year in question. Both agreements are non-legally binding.

If the Fellowship positions are unfilled internally, the Program enters into the National Residency Matching Program according to the rules of that organization. Applications will be submitted in accordance with Match rules and interviews will be conducted/offered during the period specified by the match for that year. Rank order listing for the Match is determined by consensus of the entire staff of the Neuroradiology Division enclosed meeting with the Section Director as Chair of that meeting. The Program will then abide by any selection of candidates performed by the NRMP.

If Fellowship positions are unfilled during the match, candidates may apply independently (Scramble) for positions by submitting the completed standard application as described above. They are then selected for interview based on their individual academic merits, a phone interview by the Program Director, and direct communication with individuals providing letters or recommendation. With the consensus of the Program Director, the Section Chief, and the remainder of the Neuroradiology staff, the individual will be offered a position in the Program.

CURRICULUM

Overview:

The curriculum for the fellowship is made up of several important elements:

- Clinical Rotations and Call Duty
- Scheduled Conferences
- Teaching Activities
- Research Activities
- Self-Directed Learning/Professional Development

Rotations:

The first year ACGME accredited fellowship consists of 12 one month rotations: six months of General Neuroradiology* at Hermann Hospital (HH), three months of Neuroangiography at MHH, one month of Spine imaging at HH, one month of Oncology/Head and Neck at M.D. Anderson Cancer Center (MDA), and one month of Pediatric Radiology at Texas Children's Hospital (TCH).

*The General Neuroradiology rotation includes reading MRI, MRA, MR spectroscopy, MR perfusion, CT, CTA, CT perfusion, and performing myelography, lumbar punctures, and other invasive spine procedures. A one-week rotation in neurosonology and one week of PET imaging are included during the six months.

Goals and objectives for specific rotations are listed below. These are important because they are the basis of the fellow's performance evaluation.

Goals and Objectives for Diagnostic Neuroimaging at Hermann Hospital:

The Neuroradiology Fellow (NRF) will participate in daily patient care at Hermann Hospital by personally interpreting diagnostic neuroimaging studies and engaging in other duties required for the operation of the Diagnostic Neuroimaging service under the supervision of Neuroradiology Staff (NRS). The goal (over the course of the six rotations) is to achieve a level of competence adequate to act independently at or near the level of junior staff (significantly greater than a General Diagnostic Radiologist). Increasing clinical proficiency and knowledge will be gained through daily teaching at readout, independent reading of texts and other literature, and attendance of working and educational conferences.

The NRF will be responsible for the timely, accurate, and clear written communication of imaging study results in the form of dictated preliminary reports. Reports should reflect an advanced knowledge of neuroanatomy and neuropathology and should contain terminology, measurements, and pertinent positive/negative findings relevant to the needs of physicians commonly referring patients to Neuroradiology (ENT, Neurosurgery, Neurology, Orthopedics). The NRF will receive frequent oral feedback on the quality of reports from NRS and make corrections in the written record as needed. The NRF will communicate urgent results orally to referring physicians and document that communication in the report. The NRF should gain increasing confidence in serving as a consultant via direct oral communication with clinicians who come to the service to discuss or clarify findings.

The NRF will learn the appropriate protocolling of MRI and CT studies (based on clinical indication) under the supervision of NRS. They will gain experience in advising referring physicians in appropriate and cost-effective utilization of imaging to answer specific clinical questions. They will gain skills in post-processing of images at the computer workstation to obtain additional information from existing image data.

The NRS will supervise the NRF in performing quality control by checking the technical and diagnostic adequacy of studies on sedated patients still in the scanner. The NRF will also gain skills in the management of patient sedation, MRI safety, and triage as they pertain to the professional efficient running of an MRI service.

The NRF will perform myelograms, lumbar punctures, and cervical punctures as they occur on the service under the supervision of the NRS and log that experience as specified by the ACGME. The NRF will perform and gain rudimentary proficiency in vertebroplasty, spine biopsies and other invasive non-vascular procedures that may periodically occur on the service under the supervision of the NRS and will log that experience as specified by the ACGME.

The NRF will make at least four formal case presentations per month at the Tuesday Neuroradiology conference including supporting literature and discussion derived from independent self directed learning. The NRF shall attend and participate in teaching conferences and grand rounds offered by referring departments.

Goals and Objectives for Interventional Neuroradiology at Hermann Hospital:

The Neuroradiology Fellow (NRF) will participate in daily patient care at Hermann Hospital by personally performing or assisting with neuroangiographic and neurointerventional procedures and engaging in other duties required for the operation of the Interventional Radiology service (see attached *Procedures for Neuro Angiography*) under the supervision of Neuroradiology Staff (NRS). They will participate in at least 50 procedures as specified by the requirements of the ACGME and will log that experience. The goal (over the course of the three rotations) is to achieve a level of competence in neuroangiography and a knowledge of neurovascular disease processes adequate to act independently at or near the level of junior staff (significantly greater than a General Diagnostic Radiologist). Increasing technical proficiency and knowledge will be gained through daily teaching during procedures and at readout, independent reading of texts and other literature, and attendance of working and educational conferences.

The NRF will be responsible for the timely, accurate, and clear written communication of angiographic study results in the form of dictated preliminary reports. Reports should reflect an advanced knowledge of neurovascular anatomy and pathology and should contain terminology, measurements, and pertinent positive/negative findings relevant to the needs of physicians commonly referring patients to Interventional Neuroradiology (ENT, Neurosurgery, Neurology). The NRF will receive frequent oral feedback on the quality of reports from NRS and make corrections in the written record as needed. The NRF will communicate urgent results orally to referring physicians and document that communication in the report. The NRF should gain increasing confidence in serving as a consultant via direct oral communication with clinicians who come to the service to discuss or clarify findings

The NRF will learn appropriate indications, risks, contraindications, pre-procedure care/work-up, and post-procedure care for diagnostic and interventional neuroangiographic procedures. They will be responsible for timely and complete informed consent of patients and families. They will perform/assist in procedures as their skill level dictates. They should become familiar with current and evolving standards of care in the treatment of neurovascular diseases as defined by the recommendations of national and international trial studies and understand the role of interventional Neuroradiology procedures in the multi-disciplinary treatment of those diseases.

The NRF and NRS will jointly engage in quality control by over-reading CT and MR angiographic studies interpreted in the Diagnostic Neuroradiology section noting and documenting any discrepancies with catheter angiographic findings. They will gain skills in post-processing of images at the computer workstation to obtain additional information from existing image data.

The NRF will collect morbidity and mortality cases as they occur and present them periodically at the Tuesday Conference.

Goals and Objectives for Rotation at M.D. Anderson Cancer Center:

Under the supervision of sub specialist faculty, the Neuroradiology Fellow will gain experience in interpreting MRI and CT of the neck, face and skull base. The fellow shall gain experience in the neuroimaging of oncology patients with attention to how the integration of surgical history, pathology results, and radiation/chemotherapy history provided by the treatment team effects the correct interpretation of images and how imaging data effect management of a patient's disease.

Self directed review of staging systems and common surgeries is recommended. Review of a major text in head and neck imaging such as Som is recommended.

The Fellow shall aid in the interpretation of other studies and perform other duties deemed appropriate by the Neuroradiology staff of MD Anderson.

The Fellow shall participate in working/educational conferences, quality control activities, and research activities deemed appropriate by the Neuroradiology staff of MD Anderson.

Goals and Objectives for Texas Children's Hospital:

Under the supervision of sub specialist faculty, the Neuroradiology fellow will gain knowledge in the interpretation of MRI and CT imaging of pediatric patients by observation of film interpretation by faculty and participation during daily imaging rounds with clinicians.

The Fellow shall aid in the preparation of cases (such as post processing of images or gathering of clinical /pathological correlative data) for reading or conference presentation, assist with consultation, teach medical students and perform other duties deemed appropriate by the Neuroradiology staff of TCH.

The Neuroradiology Fellow should utilize the available on line teaching file for self directed learning and should review the basic texts in pediatric neuroimaging by Barkovich and/or Ball during the rotation.

The fellow should avail him/herself of opportunities to observe pediatric Neuroradiology procedures, and/or surgical procedures as they occur during the rotation

The Fellow shall participate in working/educational conferences, quality control activities, and research activities deemed appropriate by the Neuroradiology staff of TCH

Goals and Objectives for Spine Imaging at Hermann Hospital:

AM:

Under the supervision of subspecialty emergency radiology staff, the fellow shall interpret plain film and CT exams of the spine and facial bones in the setting of trauma. The fellow will practice consultation with ER physicians as part of an interdisciplinary team and learn to utilize ER imaging resources creatively, efficiently, and cost effectively. The fellow will become facile in the post processing and analysis of multiplanar spiral CT images. During independent study, the fellow will review spinal and facial anatomy and mechanisms of injury as outlined in the definitive text by Harris. The fellow will aid the ER faculty in the interpretation of MRI of the brain, and spine, head CT's and other exams routinely interpreted by Neuroradiology staff. The fellow will interpret orthopedic films of the spine as they occur on the musculoskeletal service.

PM:

Under the supervision of Neuroradiology staff the fellow will observe the reading of outpatient imaging of the spine. They will become familiar with special issues in outpatient imaging center practice as they relate to Neuroradiology, specifically, proper description of degenerative spine disease and its preoperative and postoperative complications, use of "open"/"low field strength" magnets, teleradiology, and phone communication of results to physicians. They will review and demonstrate verbal understanding of the ASNR nomenclature for the description of degenerative spine disease.

Fellow Call:

A Neuroradiology Fellow is responsible for taking call on the Interventional Neuroradiology Service one week out of every four. This interval does not vary with the number of Neuroradiology fellows in the Program at any given time. (Call weekends not covered by Neuroradiology fellows will be covered by Residents in the Diagnostic Radiology Program). Fellows will carry a call pager specifically assigned/designated as the Neuroradiology Fellow on call pager and will be on continuous beeper call for the period of that week. Fellows will assist in organizing and performing interventional Neuroradiology and diagnostic neuroangiography cases after 5:00 PM and before 8:00 AM Monday through Friday and through the entire weekend between 5:00 PM Friday and 8:00 AM Monday morning. Neuroradiology fellows will be expected to report for their following duties the following day unless they have exceeded 24 continuous hours of duty, in which case they will return to work in no less than 10 hours.

The Program Director will monitor duty hours through the fellow's entry of their working time in the GMEIS system each 28 day work period. Total duty hours should not exceed an average of 80 hours per week and the fellow should have at least one duty free day in seven on average over the 28 days. Exceeding these limits will necessitate modification of the schedule.

If there is a conflict between the Fellows call schedule and his vacation schedule or other personal business, a switch or trade can usually be arranged to accommodate this situation. The Neuroradiology Fellow is responsible for arranging this trade. When a call trade has been performed, it is the responsibility of both parties to ensure that this call trade is reflected on the master call sheet posted in the Neuroradiology Fellowship Coordinator's office. (*See Vacation Policy*)

If in the event, a Neuroradiology Fellow is physically unable to fulfill call responsibilities (i.e. sickness, attrition, pregnancy, or any other reasons), his/her calls shall be the responsibility of the diagnostic radiology resident on body interventional call. If a fellow is to sick to report for duty on the day he/she is to take call, it is that fellows' responsibility to directly notify the Attending neuroradiologist on the rotation as soon as possible so that alternative arrangements can be made.

If an individual for any reason does not report to his/her call duty, and does not take appropriate measures for notification to the Attending neuroradiologist or the Fellowship Program Director, this Fellow shall be assigned additional call duty at an unspecified date at the discretion of the Fellowship Program Director. (If an individual does not report for call duty, on a holiday, and does not take appropriate measures for notification, this individual may be assigned two additional holiday call duties.)

The schedule of the Neurointerventional Service and the duties of the Diagnostic Imaging Service on the weekends are constantly evolving, and this policy may be subject to change as needs evolve.

Scheduled Conferences:

Conference Attendance is mandatory. The only excused absences from conferences are for fellows engaged in immediate and emergent patient care (i.e., performing an angiogram), fellows who are away on vacation, or are post call. Otherwise fellows are expected to be at conferences. Following all conferences, fellows should return to their rotation promptly.

As importantly...it is the responsibility of Staff to provide coverage for clinical rotations during conference so that fellows are free to attend them without interruption; and to schedule non-emergent procedures as much as possible so as to not conflict with scheduled conferences, especially the Neuroradiology conference.

Below is the block schedule for conferences, which run all year except Christmas and ASNR and RSNA weeks.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Head & Neck Conference MDACC Green Zone Conf Rm 7:30 AM	Neuroradiology Conference J2.246 - MHH Radiology Conf. Rm 7:30 AM		Pediatric Neuroradiology Case Conference – TCH 7:00 AM Call Aurora at 832- 822-5324 for location Neurosurgery Conference MSB 7.037 (Green Section) 7:30AM	Pediatric Neurology Grand Rounds MSB 7.037 (Green Section) 8:00AM	
	Diagnostic Radiology Conference (one per month) MSB 12:00 NOON			Vascular Neurology (Stroke) Conference J2.246 - MHH Conf. Room 12:00 NOON	Neurology Grand Rounds MSB 7.037 (Green Section) 12:00 NOON	

The content of the Neuroradiology conference on Tuesdays varies from week to week, but usually consists of two formats:

1. Interesting Case presentations and/or Morbidity/Mortality Presentations prepared by the fellow or staff with discussion among staff, fellows, and guests.
2. Didactic Conferences given by Staff from Neurosurgery, ENT, Ophthalmology, Neurology and Radiology

A current schedule is available from the program coordinator's office

Fellows also should attend the lectures given to the General Radiology residents (usually one to two per month on Mondays at noon)

Fellows should participate in the many additional available conferences at TCH and MDA when on those rotations and when on rotation from Herman Hospital as time allows.

Addendum 08/22/2007:

Although conference attendance is mandatory and fellows may not be given work duties or contacted during conference; clinical responsibilities assigned to the fellow during a rotation are not relieved simply because the fellow is attending conference. The fellow is responsible to make arrangements to perform assigned duties either before or after conference or for the attending physician to agree to perform those duties him/herself.

Teaching Activities:

The Fellow prepares and delivers at least one didactic conference per year directed to the diagnostic radiology residents. They also give a one-hour lecture per month to the fourth year medical students in the 4001 Radiology Elective. The choice of topics is up to the fellow's interests. The Program Director will carefully review all lectures before their presentation and will offer constructive criticism as to their content and educational effectiveness. Performance by fellows at Didactic conferences is evaluated by either the Program Director or a surrogate staff member who will provide feedback to the Fellow.

Fellows are expected to perform "at the board" teaching during readout to diagnostic radiology residents, students, and other visitors who may be on the service. Observation of teaching behavior during read out is performed by attending physicians, and the effectiveness of that performance is documented in the routine monthly evaluations.

Research Activities:

The Neuroradiology Fellows are given extensive opportunities to participate in clinical research both through participation in projects carried on by Neuroradiology staff as well as projects from the Neurology and Neurosurgery services as they apply. Each Fellow is required to submit at least one abstract and/or presentation for the ASNR meeting.

Any Neuroradiology Fellow participating in active research projects will be allowed at least one-half day of academic time a week to participate in that project. Additional time may be granted at the discretion of the Program Director to allow for preparation for major meetings.

If a Fellow has a paper or other oral presentation and the Fellow is the first author, (s)he may attend and the Department will pay for three (3) days (day before presentation, day of presentation, and day after presentation). For exhibit or poster, the Fellow may choose to go to the beginning three days of the meeting (putting up the poster or exhibit and asking a colleague to take it down and bring it back to UT Houston when the meeting ends), or the Fellow may choose to have a colleague hang the poster or exhibit at the beginning of the meeting, and attend the meeting for the last three days of the meeting, bringing back the poster or exhibit him/herself. (see Leave Policies)

Self-Directed Learning/Professional Development:

STUDY/OFFICE FACILITIES

The Department provides facilities for Neuroradiology Fellows to read and study, with access to computers, printers, fax and copiers in the Radiology Library located on 2nd floor Jones Pavilion.

RISK MANAGEMENT

The MSRDP Board has mandated that all fellows are required to complete 15 hours of Risk Management education every 3 years. All first year fellows must obtain 15 hours of risk management education. For first year fellows, this will include a quiz given electronically. There are six modules, five of which give 3.5 hours credit and one which gives 1 hour of credit for a total of 18.5 hours credit. You will find the course at <http://ut.elmexchange.com/ccc>. Select your institution and whether you are faculty (attending), fellow, or resident. Then select a username and password and proceed with the course. Once you have completed the course, print off your reports page showing that you have completed the modules and present to the Neuroradiology Fellowship Coordinator.

If Fellows encounter any technical difficulties, please follow the prompts to send an e-mail to Education in Legal Medicine. This is the company that offers the course.

Please call Elizabeth Shattuck, University of Texas Healthcare Risk Manager, at 512-499-4511 or e-mail at eshattuck@utsystem.edu with questions or comments specifically for UT System.

ABR EXAMINATIONS IN NEURORADIOLOGY

The American Board of Radiology offers annual exams for a certification of added qualification (CAQ) in Neuroradiology. Completion of a one-year fellowship is necessary, but not adequate to qualify for the exam and one year additional experience is required. Qualifications for first time candidates to sit for the CAQ exam can be found on the ABR web site: <http://www.theabr.org/index.htm>.

SOCIETY MEMBERSHIPS

The Department encourages Fellows to obtain membership in all of the following professional organizations to facilitate academic and professional development. Many of the membership fees are free to Fellows-in-training. Fellows should log on to the different professional websites to download applications, which should be submitted to the Program Director for sponsorship signatures as needed. Fellows **are required** to obtain membership in the American Society of Neuroradiology (ASNR) and should begin this application process during the first six weeks of the program.

The Radiological Society of North America (RSNA)
(No membership fee required for residents)
2021 Spring Road, Suite 600
Oak Brook, IL 60521
708-571-7870
URL: <http://www.rsna.org/>

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

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

The American College of Radiology (ACR), In-Training Member
(membership automatic when entering residency)
1891 Preston White Drive
Reston, VA 22091
703-648-8900
1-800-227-5463
FAX: 703-648-9176
URL: <http://www.acr.org>

American Roentgen Ray Society (ARRS)
1891 Preston White Drive
Reston, VA 22091
703-648-8992
FAX: 703-264-8863
URL: <http://www.arrs.org>

American Society of Neuroradiology (ASNR)
(No membership fee required for Fellows in training)
See "Fellows Portal" section
2210 Midwest Road, Suite 207
Oak Brook, IL 60523-8205
630-574-0220, ext 234
FAX: 630-574-0661
URL: www.asnr.org

SELF DIRECTED STUDY:

- a. Radiation Physics and Radiation Biology relevant to the performance of fluoroscopy is covered in a self-directed course offered by the Department's Radiation Safety Officer Dr. Wagner. Although a formal laboratory for the course is held for diagnostic radiology residents in July, a self-directed course is required for both diagnostic radiology residents and Neuroradiology fellows. At the completion of the course, post-test is completed by the fellow and scored by Dr. Wagner
- b. MR physics – MR Physics is also addressed in a self-directed module created by Charles Beasley, Ph.D. MR Physics is directly addressed at the teaching/read out sessions as it relates to specific cases.
- c. Fellows are provided with the "Manual on Contrast Media" by the American College of Radiology on the safety and use of contrast materials
- d. Numerous DVD and VCR lectures are available in the Program Director's office for checkout.
- e. Teaching cases are available by subject in folders on the Hermann and TCH PAC's Systems
- f. ACR Teaching CD-ROM's are available through the MD Anderson Library

CME and INTERVIEW TIME:

The UT policy allows a Fellow one calendar week (5 working days) of Educational Leave per year. Attendance at a professional meeting is at the resident's own expense unless the Fellow is the recipient of an award that pays his/her expenses. The Program Director and Program Coordinator must have proof of payment of registration and proof of attendance at all CME meetings in order for the Fellow to take this time as Education Leave. Without documented verification of attendance and registration, the time will be counted as vacation.

Fellows will be allowed 5 working days for job interviews during their accredited year which will not be counted against CME or vacation. No more than 5 total days for interviewing will be granted. Any additional time necessary for job interviews will be charged to remaining available CME time or vacation.

The Fellow may not use sick leave for job interviews. When the Fellow presents his/her LAR to the Program Coordinator for approval, (s)he must submit documentation with the LAR (e.g., letter of invitation to interview).

Resident Supervision:

Neuroradiology Staff shall supervise the fellow during all patient care activities. In the interpretation of images this involves and discussion of the findings with the fellow. The result of that discussion is a report dictated by the fellow which should reflect a joint understanding of the consultation to be rendered on that specific case. The subsequent signature of a fellow's report by the supervising Staff verifies that the content of the discussion of the case was accurately understood by the fellow and is also a written record of the direct supervision of that film interpretation by the specific Staff member. Similarly, Staff signature of radiology reports documenting and describing invasive procedures performed by the fellow shall serve as a record that the Staff member discussed the case with the fellow pre-procedurely, was present or physically assisted the fellow during critical portions of the procedure, and discussed and agreed with the description of the procedure and its diagnostic or therapeutic results.

The Staff member assigned to a rotation on a given day shall be responsible for the supervision of all other patient care activities performed by the fellow on that rotation on that day that are not documented (in the form of a Radiology report as above) to have been supervised by another staff member.

The Program Director has overarching but indirect supervisory responsibility over the fellows. It is the responsibility of the Program Director to monitor the supervisory interactions described above through the review of formal evaluations by staff and fellows of each other and by direct informal oral communication with staff and fellows. The PD may take corrective action if needed. If the deficiency is on the part of the fellow, he/she will be addressed directly. If there is a staff problem, the individual will be addressed directly or action can be taken through bringing the problem to the attention of the section chief.

The Section Chief is responsible for the scheduling of adequate and appropriate staff for each day of each rotation and for the supervising the performance of staff members including the Program Director in all their duties. The Section Chief reports to the Chairman of Radiology.

Records, Evaluations and Promotion:

EVALUATION OF NEURORADIOLOGY FELLOWS BY FACULTY:

The Attending physicians evaluate the Fellows at the end of each rotation by entering their evaluation through the electronic GMEIS system. Evaluations and work performance are reviewed and discussed with the fellow by the Program Director, Dr. Sitton on a biannual basis, but the fellows are free to review their evaluations at any time. The questions on the evaluation reflect the core competencies of medicine as they relate to the practice of radiology and the faculty answer them with the goals and objectives of each rotation in mind. A sample of the evaluation form is attached so that you can be familiar with the criteria for the evaluation.

EVALUATION OF NEURORADIOLOGY FACULTY AND OF ROTATIONS BY FELLOWS:

Evaluation of both faculty and rotations is a requirement of the Accreditation Council for Graduate Medical Education (ACGME) and it is noted in the Essentials and Guidelines for Residency Training Programs. These evaluations are strictly anonymous. Fellows are asked to fill out the evaluations monthly in the computer based GMEIS system. When the data is compiled and printed, it will be given to Dr. Sitton for his review. He then gives the information to Dr. Susan John, Chairman of the Department. This is the Fellow's best opportunity to voice what they feel is good or bad about a rotation/faculty.

PROMOTIONS:

At the year's end Program Director is responsible for certifying that the fellow has successfully completed the Curriculum as stated above and that faculty evaluations reflect successful achievement of the individual rotation goals and objectives. A written year-end evaluation summarizing these facts and certifying that the fellow is competent to function independently will be included in the fellow's permanent record. A formal certificate of completion will be issued to the fellow by the department .

RECORDS:

All Current Neuroradiology Fellows files (evaluations, contracts, travel, timesheets, etc.) are in the office of the Neuroradiology Fellowship Coordinator. Inquiries regarding verification of records should be directed the Radiology Education office.

Special Considerations:

RADIATION SAFETY PROCEDURES:

All Fellows must have completed an ACGME approved training in diagnostic radiology or the equivalent and should have experience in the proper use of fluoroscopic equipment. Those who feel the need for further training will be allowed to attend physics courses provided to the diagnostic radiology residents. In addition, the expertise and counsel of Dr. Louis Wagner, Director of Radiation Physics and Radiation Safety Officer for the Department and the Institution, is available to the Fellows. All Dosimeter badges will be processed and recorded by the Department Radiation Safety office.

We would like to remind fellows of the following safety principals:

1. Know what you are looking for before fluoroscopying.
2. Fluoroscope off and on rather than continually. Use your mental "persistent image."

3. When what is on the screen is difficult to fully conceptualize, stop fluoroscopy for a few seconds. Process the concept, get an insight into what you may be watching and only then start fluoroscopy again.
4. Keep your foot off fluoroscopy pedal while the patient is moving from one position to another. Most of the time you can obtain all the information needed in a limited number of static body positions.
5. If the fluoroscopic image shows that the patient and the fluoroscope are not centered properly, and you are off by considerable distance, take your foot off the fluoroscope and re-center; do not use the fluoroscope while moving the patient.
6. Limit fluoroscopy time to five minutes. Get familiar with the timer on each machine. Do not hesitate to consult the attending radiologist if you encounter any difficulty.

Policy regarding pregnancy and clinical service by Fellows:

During the first trimester female Fellows who are pregnant will be placed on non-fluoroscopy rotations. The schedule of rotation will be altered to accommodate this policy if there is more than one Fellow. During the 2nd and 3rd trimesters, exposure will be limited as much as possible, but when necessary, procedures below will apply.

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

ESSENTIAL PERSONNEL:

Fellows with clinical duties have a professional obligation to be available for work during periods of adverse weather conditions and other declared emergencies and are required to report to their designated work site during their appointed schedule even if the institution is closed or non-medical staff have been released by the University due to adverse

weather conditions (such as localized flooding or ice/snow). Fellows are not authorized to leave their rotation without specific approval of the Program Director. Fellows who fail to report to their scheduled rotation without the approval of their Program Director shall be subject to disciplinary action by the Program.

Neuroradiology Fellows will generally not be considered essential personnel for the purposes of *Hurricane duty* coverage at Hermann Hospital. If they wish to report for work, they will be given compensatory time according to University policy.

General Policies:

Some of this material can be found in the Graduate Medical Education Handbook that is issued to each fellow during University orientation, and several sections have been reprinted here for your convenience and modified where appropriate. Please be sure to read the Entire manual. Know your rights.

OFFICIAL HOLIDAYS:

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

LEAVE REQUESTS:

Leave Authorization Request (LAR) forms are available in the Neuroradiology Fellowship Coordinator’s office, Room 2424 Jones Pavilion or in the Radiology Education Office, Room 2.026 Medical School Building. Any time you have a question concerning your vacation or sick leave balance, administrative leave, etc., please see or call the Neuroradiology Fellowship Coordinator.

COMPLETION AND SUBMISSION OF LEAVE AUTHORIZATION REQUESTS:

All Leave Authorization Requests must be approved by the Program Director. It is the Fellow’s responsibility to check on the approval/disapproval of his/her LAR **PRIOR** to making plans to take time off. It is the Fellow’s responsibility to arrange for trades to cover call or lecture assignments during the leave period, and to get the signature of the person covering the call or assignment on the LAR. If there are two Fellows rotating the same service, both Fellows may **not** take vacation at the same time. Both Fellows should discuss a compromise then notify both the Neuroradiology Fellowship Coordinator **and** the Faculty of the outcome.

The Neuroradiology Fellowship Coordinator will log and process the forms. Following the Attending physician's approval and the administrative approval, the yellow copy is returned to the Fellow. A copy of the LAR serves as notification of vacation, as a courtesy, to allow the Faculty to plan ahead. The Neuroradiology Fellowship Coordinator will also notify the Faculty on the service that a vacation request has been approved. If you have requested and received approval for Leave several months in advance, **it is up to you to remind your attending when you will be off service.**

VACATION LEAVE:

Fellows typically take only 5 working days for vacation from any one rotation. With special permission from the Program Director, a Fellow may request up to two weeks of vacation. *Note:* This is done with special permission of the Program Director only and will not be granted routinely. **Fellows usually are not allowed to take vacation during neuroangio rotation (requires Program Director approval).** Any Fellow who is requesting leave from the Hermann Neurointerventional service will also need to obtain the approval of Dr. Edwin Cacayorin.

Neuroradiology Fellows are given 15 working days (3 calendar weeks) vacation per year. This time may not be accumulated and cannot be carried over from one year to the next. Fellows' vacation must be used during the academic year or be forfeited. Fellows cannot receive compensation for unused vacation. The academic year begins on July 1 and ends on June 30.

Vacation requests (LARs) must be submitted to the Neuroradiology Fellowship Program Coordinator a minimum of 3 weeks prior to the rotation block in which one plans to take vacation. The Program Director can then approve the request. However, if the LAR is submitted later than 3 weeks prior to the beginning of the rotation in which one wishes to take vacation, approval must be received from the faculty member for the rotation FIRST, then can be submitted to the Program Director. It is the Fellow's responsibility to submit LARs for approval in a timely fashion. Extenuating circumstances, which preclude strict adherence to this policy, will be reviewed on an individual basis by the Program Director.

The only time an Attending's approval and signature is required is when a fellow is requesting leave without giving the required notice 3 weeks before the beginning of the rotation block in which (s)he wishes to take vacation or if on the Hermann Neurointerventional service. If the chief of the service approves the LAR, only then will the LAR go to the Program Director for final approval. If the Chief of service does not approve the LAR, the Fellow may not take the leave.

Fellows should **NOT under any circumstances** purchase airplane tickets or make non-refundable reservations prior to receiving a SIGNED and approved LAR. Fellows could be in danger of losing money if request is denied.

Should a fellow wish to cancel his/her vacation after it has been approved, the fellow will be required to submit a written notice of the cancellation prior to the first scheduled day of vacation to the Program Coordinator.

SICK LEAVE:

Eight hours (1 working day) of Sick Leave are accrued per month (for a maximum of 12 days per year) Sick Leave is a valuable, important benefit. However it is not ethical to use "Sick Leave" when you are not ill or as vacation. The ACGME has strict guidelines regarding the amount of time a fellow can be absent from a fellowship program. See following page.

IMPORTANT: Who to Notify When Sick

When a Fellow is sick and cannot come in to work, (s)he must make TWO telephone calls no later than 8:30 a.m. each and every morning of the absence. The first call should be placed to the Radiology Education Office at 713-500-7640, the second to notify the attending on the service in which the Fellow will be absent. The Education Office may also notify the service and Attending of a Fellow's absence. Failure of the Fellow to notify either will cost the Fellow a vacation day. No retroactive sick leave will be given.

EDUCATIONAL LEAVE:

If a Fellow has a paper or other oral presentation and the Fellow is the first author, (s)he may attend and the Department will pay for three (3) days (day before presentation, day of presentation, and day after presentation). For exhibit or poster, the Fellow may choose to go to the beginning three days of the meeting (putting up the poster or exhibit and asking a colleague to take it down and bring it back to UT Houston when the meeting ends), or the Fellow may choose to have a colleague hang the poster or exhibit at the beginning of the meeting, and attend the meeting for the last three days of the meeting, bringing back the poster or exhibit him/herself.

If a Fellow wants to stay longer than the three days paid by the Department, the Fellow must pay for the hotel accommodations and meals for the extra days and fill out an LAR for CME (5 CME days allowed per year). Fellows may attend only one meeting per paper/poster or exhibit. If a paper/poster or exhibit is accepted to more than one meeting the Fellow must send the paper/poster or exhibit with a colleague or go the second meeting as one of the CME days allowed, but without departmental financial support for the Fellow's travel. Despite the Department's sincerest desire for Fellows to pursue academic and scientific development, limitations on Departmental financial resources prohibit monetary support to Fellows for presenting the same scientific data at two or more different meetings. **EXCEPTION:** If a Fellow has a **NEW** exhibit, poster or paper accepted at a different meeting, then the Department will pay travel expenses for the Fellow to attend the second meeting. Fellows should meet with the Neuroradiology Fellowship Program Coordinator to discuss institutional guidelines regarding reimbursement for expenditures **PRIOR** to making travel arrangements.

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

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

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

The duration of LOA must be consistent with satisfactory completion of training (credit toward specialty Board qualification), which is determined by each Department in consultation with the GME office, but will never exceed twelve (12) weeks in duration.

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

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

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

Consistent with the Federal Family and Medical Leave Act of 1993 (FMLA), The University of Texas System Medical Foundation will grant up to 12 calendar weeks of leave in a 12-month period for one or more of the following reasons:

- Birth of son/daughter and care after such birth (includes paternity leave);
- Placement of son/daughter for adoption or foster care;
- Serious health condition of spouse, child, or parent of resident; or
- Serious health condition of Fellow (unable to perform the functions of his or her position)

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

When a Fellow is taking leave to care for a family member, or due to his/her own serious health condition, the employee may be required to support the leave request with

certification from the health care provider. Certification forms can be obtained from the Education Office. If the UTHSCH does not agree with the medical certification, a second opinion at the University's expense may be obtained. If the two opinions disagree, a third opinion may be obtained at the University's expense, and will be the final determination. There is no certification requirement if the employee is taking leave for the birth of a child or placement of a child.

The following terms and definitions are included to further clarify the policy and procedures:

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

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

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

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

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

Intermittent leave: Family leave taken due to the serious health condition of the Fellow or member of the Fellow's family may be taken at the time it is needed. There is no minimum limitation on the number of hours of intermittent leave that may be taken (i.e., the leave may be taken in increments of 2 hours, 4 hours) provided that proper notice has been given if the need for the leave is foreseeable.

PROCEDURES:

Calculating the 12-month Leave Period

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

GROUP INSURANCE FOR FELLOWS:

- Health Insurance is provided at no cost to the Fellow. Dependent coverage is not paid, but is available at group rates. The Fellow may opt for the HMO or the PPO plan.
- Dental Insurance is provided at no cost to the Fellow. Dependent coverage is not paid, but is available at group rates.
- \$100,000 of Life insurance is provided at no cost to the Fellow. Dependent coverage is not paid, but is available at group rates. A spouse may be covered for up to \$10,000 and children for up to \$5,000 each. Additionally, \$10,000 Accidental Death and Dismemberment Insurance is provided.
- Disability Insurance is provided at no cost to the Fellow. Monthly disability benefits start after total disability for a continuous period, which exceeds the thirty (30) day waiting period. Dependent coverage is not available.

Work-Related Injury or Disability:

Injury or disability incurred by a Fellow within the course and scope of his or her appointment is covered by workers' compensation through a workers' compensation insurance policy. The Program Director is required to complete a First Report of Injury form to qualify for workers' compensation. Leave taken in connection with an injury or disability not incurred during the course and scope of the appointment will be considered sick leave.

Professional Liability Insurance:

Professional liability insurance ("PLI") for Fellows is provided through The University of Texas System Medical Liability Benefit Plan at no cost to the Fellow. Except as described below (Memorial Hermann Hospital), the Fellow will be covered by PLI when performing his or her assigned duties within the Program. Such coverage is valid only at the affiliated hospitals and clinics to which the Fellow is assigned through the Program.

Current limits of liability are \$100,000/\$300,000. A Fellow who takes electives outside the affiliated hospitals is covered by PLI as long as the elective is part of the Neuroradiology Fellowship Program. There must be documentation in the department office of the elective agreement. When on rotation within Memorial Hermann Hospital, the Fellow's professional liability coverage is provided under a Memorial Hermann Hospital PLI policy. The Memorial Hermann Hospital PLI policy is not concurrent with coverage provided under The University of Texas System Medical Liability Benefit Plan. PLI provided does not cover any professional activities other than those assigned through the Program. (See "Moonlighting," Section "I," below)

Retirement Plan:

The University of Texas System Medical Foundation, as a 501(c) (3) organization, makes available to all fellows a 403 (b) tax-deferred annuity program. The program is currently offered through and administered by TIAA-CREF. TIAACREF, founded in 1918, provides an array of investment options under its Supplemental Retirement Annuity. Investment options include a traditional annuity, four common stock accounts, a real estate account, two bond accounts, a money market account and an equities and fixed income account. Participants may contribute through payroll deduction up to the IRS limit.

Employee Assistance and Work/Life Program:

Fellows are eligible to use both the Employee Assistance Program (EAP) and the Work/Life Program.

- The Employee Assistance Program offers services to help residents resolve problems in their personal lives that may affect performance in their Programs. Refer to the Employee Assistance Program web page at www.uteap.org for specific services available.
- The Family Work/Life Programs offer assistance in balancing your work and personal lives through a variety of services. Additional specific information is available at <http://www.uthouston.edu/worklife/>

Access to UTHSC-H Network and E-mail:

Upon meeting all requirements, completing all paperwork relevant to their appointment, and signing the *Information Resources Security: Acknowledgment Form*, Residents will receive a UTHSC-H e-mail address and network access for use during the duration of their appointment.

Residents shall abide by the terms of UTHSC-H HOOP Policy Chapter17 (http://www.uth.tmc.edu/ut_general/admin_fin/planning/pub/hoop/complete_toc.html#chap17), as well as the Information Resources Security Manual (<http://is.hsc.uth.tmc.edu/css/risk/riskmanu.html>). All use of the UTHSC-H network,

including internet access, is a privilege that must not be abused. Any prohibited or inappropriate use of the network and the e-mail system may result in termination of such privilege and may be grounds for other adverse action.

MOONLIGHTING:

Fellows will not be required to engage in professional activities outside the educational program (moonlighting). Under Texas law, professional activities involving the practice of medicine outside the program are available only to a Fellow who holds a medical license from the Texas Medical Board. An institutional permit or physician-in-training permit does **not** entitle the Fellow to assume professional activities outside the educational program. The listed fringe benefits, including coverage for any injury or disability (I.H.8) incurred, do not apply during such outside or unassigned activity. PLI (I.H.9) will not cover the Fellow for any liabilities incurred in such professional activity. All moonlighting activities require a prospective written statement of approval from the Program Director, for inclusion in the resident's file. The Program may revoke approval or initiate corrective action in the event outside professional activity interferes with the ability of the Fellow to fulfill satisfactorily the obligations of the Program. Any hours that a Fellow works for compensation at the sponsoring institution or any of the sponsoring institution's primary clinical sites (internal moonlighting) must be considered part of the 80-hour weekly limit on duty hours.

PROFESSIONAL FEES:

As a condition of acceptance to the Neuroradiology Fellowship Program, the Fellow waives all rights to fees for professional services to patients, regardless of the level of participation in the care of those patients. Such fees will be collected on behalf of the supervising professional staff in accordance with the following:

- the regulations of the hospitals or other clinical settings in which the work is done;
- the practices of the professional staff of each hospital or clinical setting; and,
- the regulations, where applicable, of third-party payers.

LICENSURE:

- **Physician-in-training permits**
A physician-in-training permit must be granted by the Texas Medical Board (TMB) to a physician who serves in Texas as an intern, resident, or fellow in graduate medical education programs accredited by the ACGME, or approved by the TMB or a medical specialty board. For the purposes of the Fellowship Appointment Agreement, the Medical School will seek a physician-in-training permit on behalf of each Fellow who has never had an unrestricted license to practice medicine in Texas. The permit shall expire on the earlier of a) the reported ending date of the postgraduate training program, b) the date a postgraduate training program terminates or otherwise releases a permit holder from its training program, or, c) the date the permit holder obtains full licensure or temporary license pending full licensure pursuant to TMB rules. The

TMB retains the right at any time to place a physician-in-training permit on inactive status. The fees associated with permit applications, renewals and changes are the responsibility of the Fellow. A physician-in-training permit does not entitle the Fellow to assume professional activities outside of the Neuroradiology Fellowship Program (See section on Moonlighting above). We encourage all Fellows to apply for a permanent Texas Medical License.

- **Permanent Texas Medical License**

A Neuroradiology Fellow who obtains a permanent medical license from the TMB during his or her training is required to maintain a current medical license at all times. Additionally, it is the Fellow's responsibility to provide the GME office at the Medical School with a copy of a current license. A Fellow who has not renewed his or her license as necessary will be dropped from PLI on the license expiration date and removed from clinical duties (on LWOP) until the license is reinstated by the TMB. A Fellow who does not maintain a copy of a current license with the GME office may likewise be suspended without pay until such copy is received.

- **Professional Name Presentation on Institutional Permit or Permanent License**

In keeping with the policy of the TMB, all residents employed by the Foundation will be required to professionally use the name under which they are licensed with the TMB. Failure to do so may be considered unprofessional conduct by the TMB as defined by the Texas Occupations Code, Chapter 164.052(a)(5). A Fellow's physician-in-training permit must match the name as shown on the resident's medical school degree unless acceptable documentation of a legal name change is supplied with the initial permit application. If a name change is necessary at some point during the resident's training, the Fellow must contact the GME Office.

All other inquiries:

Texas Medical Board
PO Box 2029
Austin, TX 78714-9134
512-834-7728 (from 2:00-5:00 pm)
Registration/Verification Inquiries: 512-834-7860

GRIEVANCES:

It is the policy of the Medical Foundation to encourage fair, efficient, and equitable solutions for problems that arise out of the appointment of the Fellow the Medical Foundation. Grievances may involve payroll, hours of work, working conditions, clinical assignments, and issues related to the program or faculty, or the interpretation of a rule, regulation, or policy. The grievance process is not intended to be available to address any aspect of the evaluation of academic or clinical performance or professional behavior, or other academic matters relating to failure of the Fellow to attain the educational competencies of the Programs.

If a Fellow has a grievance, he or she should first attempt to resolve it by consulting with (1) the Program Director; or, (2) the Department Chairperson. If after twenty-one (21)

days the matter has not been resolved in a satisfactory manner, the Fellow should then present the grievance in written form to the PRC through the GME office. A grievance subcommittee of the PRC appointed by the PRC chairperson will be assigned to review the grievance. The Fellow may be invited or permitted to appear before the subcommittee at the discretion of the subcommittee. After the grievance subcommittee has reviewed all information submitted in writing or in person by the Fellow, a decision will be communicated in writing to the Fellow and other appropriate, involved persons.

FELLOW IMPAIRMENT:

The institutional policy regarding substance abuse recognizes the importance of prevention through education, recognition of the impaired Fellow, and the counseling and rehabilitation of the impaired Fellow. Impaired Fellows and related allegations will be handled in accordance with the GME Committee's Fellow Impairment Policy. (Can be found on the GME website at: <http://med.uth.tmc.edu/administration/gme/resources.html>)

COMPLAINTS OF SEXUAL HARASSMENT OR UNLAWFUL DISCRIMINATION:

Complaints of sexual harassment and/or other forms of unlawful discrimination are to be addressed in accordance with the regulations found in HOOP Policy 2.04 (http://www.uth.tmc.edu/ut_general/admin_fin/planning/pub/hoop/02/2_04.html).

CORRECTIVE AND/OR ADVERSE ACTIONS:

1. Academic Actions

In the event a Neuroradiology Fellow encounters difficulty meeting and/or maintaining performance standards (academic difficulty), including professional behavior standards, the Fellow should seek out the advice and guidance of the Program Director. Likewise, if the Program Director knows that a Fellow's performance is unsatisfactory, he or she must contact the Fellow and provide adequate verbal and/or written notice and guidance to the Fellow about his or her performance and possible corrective action. If the Program Director has notified the Fellow about his or her unsatisfactory performance (including professional behavior), offered advice and guidance, and, if appropriate, corrective action, and the Fellow continues his or her unsatisfactory performance, it is the prerogative of the Program Director to take what he or she considers to be appropriate academic corrective and/or adverse action. Corrective/adverse actions are: remedial assignments, letter of warning, probation, suspension, non-promotion, non-reappointment, or dismissal from the Program. Under any circumstances in which the Program Director determines that the unsatisfactory performance, conduct or behavior of the Fellow may constitute a threat to patient safety, he or she may immediately suspend or reassign the Fellow pending a determination by the Program Director regarding the ability of the Fellow to continue in the Program. The PRC, or a subcommittee of the PRC, is available to the Fellow to review those instances of non-promotion, non-reappointment, suspension or dismissal in which the Fellow believes that this action was levied against him or her without notice and guidance that would have enabled the Fellow

to improve his or her performance prior to the adverse action. The review by the PRC or a subcommittee of the PRC is restricted solely to the determination of whether the requisite notice and guidance was received by the Fellow. The Fellow must make a request for a review by the PRC within fourteen (14) days of the date the academic corrective action in question is levied against the Fellow.

2. Non-Academic Action

In the event allegations of unethical conduct, scholastic dishonesty, theft, or any conduct prohibited by UTHSC-H, The University of Texas System, Federal, state, or local law are levied against a Fellow, the Foundation may seek to penalize the Fellow and/or terminate the appointment of the Fellow prior to the end of the appointment term. Under any circumstances in which the Program Director determines that the unsatisfactory performance of the Fellow may constitute a threat to patient safety, he or she may immediately suspend or reassign the Fellow pending a determination by the Program Director regarding the ability of the Fellow to continue in the Program. If allegations are levied against the Fellow that may be subject to such action, the Program Director will conduct an investigation into the allegations in collaboration with the GME Office. If the investigation reveals that the allegations appear to be substantiated, notice of the allegations will be delivered to the Fellow *via* hand delivery or certified mail with a copy to the GME office.

The GME office will maintain and administer policies and procedures governing the imposition and appeals of penalties and terminations that are designed to ensure effective procedural protections (due process) for all interested parties. Upon receipt of a notice of allegations from a Program Director, the GME office will promptly provide a copy of the applicable procedures to the Fellow.

Procedural Guidelines:

If the Fellow does not dispute the allegations, he or she will be asked to sign a Waiver of Hearing and a penalty will be assessed by the Program Director or department chairperson. If the Fellow disputes the allegations, or if the Fellow admits the allegations but contests the penalty assessed, he or she may request a hearing before an Arbitration Committee appointed by the PRC. The Arbitration Committee will consist of three (3) members, one of whom will be a Fellow member from a Fellowship Program. The Arbitration Committee will select its presiding chairperson. The Fellow will be given at least ten (10) days notice of the date, time, and place for such hearing and the name of the members of the Arbitration Committee. The notice will include a written statement of the allegations and a summary statement of evidence supporting such allegations. The notice shall be delivered in person or by certified mail to the Fellow at the address appearing in the Program records. Upon a hearing of the allegations, the UTHSC-H institutional representative has the burden of going forward with the evidence and the burden of proving the allegations by the greater weight of the credible evidence. The hearing will be conducted to assure that both parties (UTHSC-H and the Fellow Physician) are afforded the following minimal rights:

- Each party will provide to the GME office a complete list of all witnesses, a brief summary of the testimony to be given by each, and a copy of all documents to be introduced at the hearing. Each party will be provided copies of the above by the GME office prior to the hearing. Deadlines concerning the submission of materials will be set and communicated by the GME office.
- Each party will have the right to appear and present evidence in person. The Fellow may have legal counsel present outside of the hearing room; however, no attorneys will actually appear as an advocate for either party.
- Each party will have the right to cross-examine witnesses.
- The hearing will be recorded. If either party wishes to appeal the findings, the record will be transcribed and both parties will be allowed to purchase a copy of the transcript.

The Fellow may challenge the impartiality of any member(s) of the Arbitration Committee up to three (3) working days prior to the hearing. The challenged member of the Arbitration Committee shall be the sole judge of whether he or she can serve with fairness and objectivity. In the event a member disqualifies himself or herself, a substitute will be chosen.

The Arbitration Committee will render and send to both parties a written decision, which will contain findings of facts and conclusions and will assess a penalty or penalties. Either or both parties may appeal an action taken by the Arbitration Committee in accordance with the following procedures:

Within fourteen (14) days after the parties have been notified of the decision, either or both parties may give notice of appeal to the Dean of the Medical School. If the decision is sent by mail, the date the decision is mailed initiates the fourteen (14) day period. The decision will be reviewed on the basis of the transcript, if any, and evidence considered at the hearing. In order for the appeal to be considered, all the necessary documentation to be filed by the appealing party(s), including written argument must be filed with the Dean within fourteen (14) days after notice of appeal is given and the transcript, if any, is available. Both parties, at the discretion of the Dean, may present oral argument. The Dean may approve, reject, or modify the decision in question or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the decision. The action of the Dean shall be communicated in writing to the Fellow and Program Director no more than thirty (30) days after the appeal and related documents have been received. The decision of the Dean is the final appellate review.

CONDITIONS OF SEPARATION:

1. Resignation

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

2. Separation

Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the program.

3. Termination

A Fellow's appointment may be terminated prior to the end of the appointment term due to academic dismissal or for other cause, and/or whenever the Program Director determines that the Fellow may constitute an ongoing threat to patient safety. A Fellow so terminated will continue to be compensated for 90 days from the date of termination or until the end of the appointment term, whichever comes first.

PROGRAM CLOSURE/REDUCTION:

If, in its sole discretion, the Medical School decides to either reduce the size or close a Program(s) or certain parts of a Program(s), the Fellow will be notified as soon as possible. A vigorous effort will be made either to allow those Fellows in the Program at the time of the decision to reduce or close the Program to finish the Program or assist the Fellows in identifying a Program in which they may continue their education.

CHECKOUT PROCEDURE:

Fellows departing a Program, whether through graduation, program closure, resignation, separation termination, or other means, shall check out through their Program following the check-out procedures set forth by Program and GME Offices.

EXCLUSION CHECKS – The University of Texas System Medical Foundation:

The University of Texas Health Science Center at Houston Executive Council approved the adoption of the Exclusion Check Policy & Procedure to reflect its commitment to exercising due diligence in preventing and detecting unethical behavior and/or violations of applicable laws, regulations, and policies by its employees and residents/fellows. Institutions that employ or contract with excluded individuals or entities may incur civil monetary penalties or be excluded from participation in federal and state programs.

The HOOP Policy 2.13A may be viewed at:

http://www.uth.tmc.edu/ut_general/pres_off/compliance/ExclusionCheckPolicy.htm

The exclusion check will search for:

- Disbarment, exclusion, or other ineligibility for participation in federally funded health care programs or receipt of federal funds.
- Disbarment, exclusion, or other ineligibility for participation in state and federally funded health care programs or receipt of state or federal funds.
- Disbarment and/or exclusion from federal procurement programs.
- Designation as a Specially Designated National.

The UT System Medical Foundation will be responsible for conducting exclusion checks on new and current residents/fellows using federal and state websites. Monitoring will be

performed quarterly.

The following is a brief summary of implementation:

The Medical Foundation will conduct a quarterly check of all active and incoming residents. Any matches between the federal and state websites and the Medical Foundation database will be referred to the Office of Legal Affairs and Institutional Compliance (OLAIC) for verification.

Should an applicant to a UTHSC-H residency program be confirmed by OLAIC as being excluded, disbarred, or designated, the Fellowship Program Director will rescind the offer of placement to the incoming Fellow and notify the Associate Dean for Educational Programs.

Should a currently enrolled in a UTHSC-H residency program be confirmed as being excluded, disbarred, or designated, the Fellow will either be placed on leave without pay for a period of thirty calendar days or his/her training agreement will be terminated. If the exclusion is such that it can be remedied within a reasonable period of time, the affected Fellow will be placed on leave without pay for a period of thirty calendar days. If OLAIC determines that the scope of the debarment, exclusion, or designation cannot be remedied within a reasonable amount of time, the affected resident's training agreement will be terminated by the resident's Program Director with notification to the Associate Dean for Educational Programs.

Upon being removed from an exclusion list, an individual whose offer of placement in a residency program was rescinded or a Fellow that was terminated as a result of being excluded is considered eligible to apply for employment or enrollment in a fellowship program with the UTHSC-H.

Any Fellow enrolled in a UTHSC-H Fellowship program who receives notification that he/she has been placed on an exclusion or disbarment list as indicated above must inform his/her Program Director, the GME Office and the UTHSC-H Chief Legal and Compliance Officer immediately.

SUBPOENAS:

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

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

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

Appendices:

Frequently Used Telephone Numbers

Viola Charo Neuroradiology Fellowship Coord.	713-704-1704
Lea Roberts	713-500-7643
Lisa Kuchik	713-500-7640
Chairman's Office	713-500-7700
Graduate Medical Education Office	713-500-5151
Paging Number for MHH 5-digit pagers:	713-605-8989
UT Police (campus jurisdiction only not MHH)	713-500-4357
Department Computer/LAN Managers	
Bill Shepherd	713-500-7656
Yasin Jabir	713-500-7655
Petra Surguy	713-500-
Hermann Radiology Front Desk	713-704-2800
Hermann Radiology File Room	713-704-2815
Hermann Hospital (Main Number)	713-704-4000
Hermann Emergency Radiology	713-704-3990
Hermann MRI	713-704-2740
Hermann Paging Operator	713-704-4284

Frequently Used FAX numbers:

Chairman's Office	713-500-7639
Education Office	713-500-7647
Neuroradiology Fellowship Coordinator	713-704-1715
MRI Reading Area	713-704-6741 or 6742
Neuroangio Reading Area	713-704-6711 or 6712

PROCEDURES FOR NEURO ANGIOGRAPHY

The Neuroradiology service evaluates inpatients and outpatients. There may be slight differences in the way these patients are worked up prior to angiography; however most of the pre-angio evaluation for both in and out patients is the same.

PRE ANGIO

I. SCHEDULING

Scheduling of angio procedures is to be done through the front desk or the neuro angio tech. It is the responsibility of the fellow covering the angio service to ensure that he/she knows which cases are scheduled for the day.

II. ADD-ONS AND EMERGENCY CASES DURING THE DAY

Not infrequently patients will be added to the schedule during the day. In most cases the service attempts to accommodate these requests. There are however circumstances when the schedule is full and patients may need to be done by the person on call or the case is moved to the next day. All add-ons should be discussed with the attending assigned to angio coverage that day. If you are called in the evening and given a new case which can be done at night or as a first case the next day you must be sure that there is room in the daytime for this add-on. Do not promise the case will be done without knowing it can be done.

III. ON-CALL EMERGENCIES

If the fellow is contacted he or she should okay the case with the attending and then take responsibility for calling the angio tech and nurse in and seeing the patient immediately.

IV. PATIENT EVALUATION AND HISTORY

Inpatients should be seen on the day before angiography. There will be emergency inpatient studies which will necessitate evaluation on the same day. The angiography fellow on the service that day should make an attempt to see the patient prior to doing angiography if at all possible. Outpatients scheduled in advance may sometimes also be difficult to see until the day of the examination, but should be seen as soon as possible. This means that the angio fellow is here in the hospital and on the ward by no later than 7:30 a.m. the morning of the angio.

You should be sure that you understand why the angio is being ordered. When if the patient is an add-on/emergency you would usually call the PA referring, physician or house officer responsible for the patient directly to obtain a patient history and understand what is needed angiographically. **If at all possible you should discuss the case with the staff person on angio coverage before the angiogram. This means before the patient is on the angio table.** All attempts should be made to gather and review prior images.

V. PRE-ANGIO ORDERS

This set of orders may have to be tailored to the patient and depends upon whether the orders have been written prior to or after seeing the patient. This is necessary because these patients often will check in between 6 and 7 a.m. the day of the procedure. If a patient is an inpatient you should see the patient prior to writing orders.

VI. CONSENT

All patients must be properly consented directly by you or the attending on angiography. Any questions regarding this should be completely reviewed with your attending. On the floors, in the ICU, or with outpatients you personally must obtain

the consent signature. Consent includes discussion of the risks, benefits, and alternatives directly with the patients and their families.

VII. **LABS**

- 1.) Hgb/Hct/platelets
- 2.) BUN/creatinine/glucose
- 3.) PT, PTT, INR

These labs are routinely ordered for any patient undergoing angiography. Note that they represent a minimum lab screening and may be modified for different patients.

VIII. **PRE-ANGIO NOTE**

It is extremely important that the (physician pre-procedure record) be completely filled out and put on the chart in all patients. This note must be completed before any angio is started. It should be done prior to the patient going to the cath lab. This note will include all of the following:

- a.) A brief history outlining the reasons for angiography.
- b.) Significant past medical history as it relates to the reason for the angiogram or the possible risks of angiography.
- c.) Medications and allergies.
- d.) Pertinent findings on the physical exam and documentation of peripheral pulses.
- e.) A statement that the procedure has been described to the patient and that the patient understands the risks and benefits of this procedure and wishes to proceed.

POST ANGIO

All patients should have a 'cath angio post-procedure" order sheet filled out following angiography. All inpatients and outpatients should be seen several hours after the angiogram or prior to discharge. A note should be left on the chart documenting the time and the patient's condition to include any complaints the patient has, the presence or absence of a hematoma, and state of the patient's pulses and a brief neurological exam of patient. This should be done for medical-legal purposes as well as for the care of the patient. In addition, a post procedure note form should be filled out for each patient.

ALLERGIES AND CONTRAST

Those patients at high risk for angiographic complications (renal compromise, diabetes, CHF, etc.) or where there is a relative contraindication to angiography such as bleeding diathesis should be discussed with the staff person more fully prior to doing angiography. Those patients with a well documented allergy history of a major contrast reaction should also be discussed with the neuro staff person doing angiography on that patient. If a procedure is definitely necessary, generally a 13 or 24 hour prep with steroids and preangiographic use of Benadryl is recommended. I prefer to use 50 mg prednisone q8^o hours starting 24 hours prior to angio and 50 mg Benadryl I.V. on call to angio. An alternative prep is 50 mg prednisone at 13, 7 and 1 hour before angiography.

INTERVENTIONAL PATIENTS

These cases should be discussed more fully the attending prior to scheduling or planning angiographic procedures. As inpatients they are generally followed via daily clinical rounds. Generally, these patients will require additional orders which will include:

- 1.) Foley
- 2.) Decadron 4 mg IV or PO on call to angio (this should be given to patients undergoing AVM embolization).

- 3.) Assistance of the Anesthesia Dept.
- 4.) Neurophysiologic Monitoring

WADA TEST PATIENTS

There is to be NO premedication given in these cases. A copy of the patient's workup and any pertinent films should be available for review. These cases require the combined effort of our section and the EEG lab. It is important that if at all possible these exams not be "bumped" particularly for routine cases, as the EEG technologist, machine, and neurologist are all arranged to be present at a specific time.

MORBIDITY & MORTALITY

Patients that are eligible for presentation at the M&M Conference will be prepared by the Fellows and presented at the Neurosurgery, Neurology or Neuroradiology Conference.

Updated: September 13, 2007