

THE UNIVERSITY OF TEXAS

MD Anderson ~~Cancer~~ Center

**RESIDENT HANDBOOK:  
IMAGING PHYSICS  
RESIDENCY PROGRAM**

**Department of Imaging Physics**

**The University of Texas**

**M.D. Anderson Cancer Center**

**1400 Pressler, Box 1472**

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**July 2020**

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## PROGRAM OVERVIEW

The Residency Program in Diagnostic Imaging Physics is a two-year clinical training program at The University of Texas MD Anderson Cancer Center for medical physicists who intend to work in Diagnostic Imaging Physics. The experiences gained in this program may be applied toward the experience required to qualify for examination by the American Board of Radiology (ABR), the American Board of Medical Physics (ABMP) or the American Board of Science in Nuclear Medicine (ABSNM). The program follows the recommendations outlined in the American Association of Physicists in Medicine (AAPM) Report 90 *Essentials and Guidelines for Hospital Based Medical Physics Residency Training Programs* and the Commission on Accreditation of Medical Physics Education Program (CAMPEP) *Guidelines for Accreditation of Medical Physics Residency Programs*.

## **PROGRAM OBJECTIVES**

The objective of the residency program is to provide structured clinical training in medical imaging physics to individuals wishing to practice professional medical physics. Residents, under the supervision of Board-certified medical physicists, will participate in the routine clinical duties of a medical imaging physicist, perform a clinical research project, submit the results of this project to a peer-reviewed journal, and participate in the education of other trainees. At the conclusion of the program, the resident will be expected to demonstrate competence in each area by passing an oral exam modeled closely after the national board certification examinations. The specific clinical duties that are addressed include the following:

- evaluation of radiological and medical nuclear imaging equipment performance,
- developing quality control procedures,
- estimate patient radiation doses,
- monitoring a radiation safety program,
- investigating abnormal radiation exposures,
- providing consultation regarding technical aspects of equipment purchase,
- consulting on imaging problems, quality, and artifacts,
- planning for the purchase of equipment, site preparation and testing,
- providing in-service instruction regarding radiation safety and imaging physics, and
- performing clinical investigation in medical imaging physics.

Residents are required to attend seminars, colloquia, Grand Rounds, institutional core curriculum lectures and other educational opportunities, particularly those directly related to their area of specialization, as determined to be appropriate by the Program Director with the guidance of the Steering Committee.

The program is intended to develop skills appropriate for persons seeking to attain certification in Diagnostic Radiological Physics or Medical Nuclear Physics. Clinical experience will be gained in the science and technology of diagnostic radiography and fluoroscopy (including mammography, digital fluorography, digital radiography, and special procedures), x-ray computerized tomography (CT), magnetic resonance imaging (MRI), ultrasound (US), and image display systems, and picture archival and communication systems (PACS) for those specializing in Diagnostic Radiological Physics, and planar scintigraphy, single-photon emission tomography (SPECT), positron emission tomography (PET), internal dosimetry of unsealed radioactive sources, and safe operation of radiopharmacy facilities for those specializing in Medical Nuclear Physics.

## REQUIREMENTS TO BE ADMITTED TO PROGRAM

### Entrance

Residents are expected to have completed a comprehensive curriculum in Medical Physics and to have received some clinical experience during their graduate education. The training essentials outlined in this section detail the didactic curriculum required prior to completion of the residency and the specific work experiences that will prepare the residents for oral board certification examinations.

### Didactic Curriculum

Residents are expected to have completed coursework similar to that required by CAMPEP for graduate students in medical physics. Residents will be required to attend courses offered by the Medical Physics graduate program to eliminate any deficiencies in their prior didactic training. Determination of the need for additional didactic education is at the discretion of the Program Director and Program Steering Committee.

### Residency Core Curriculum (35 semester hours)

Residents who have completed equivalent graduate level courses in these areas may petition to the Program Steering Committee for placement credit. Course outlines can be viewed through the links on the course titles.

Course Number	Title	Instructor
GS021103	Introduction to Medical Physics II: Medical Imaging	John Rong, Ph.D.
GS021193	Introduction to Medical Physics IV: The Physics of Nuclear Medicine	Richard E. Wendt, Ph.D.
GS020203	Electronics for Medical Physicists	Xinming Liu, Ph.D.
GS020032	Principles of Magnetic Resonance Imaging	Jason Stafford, Ph.D.
GS020053	Radiation Detection, Instrumentation and Data Analysis	Rebecca Howell, Ph.D.
GS021042	Radiation Biology	David S. Followill, Ph.D.
GS021133	Introduction to Radiation Protection	Rajat Kudchadker, Ph.D.
GS021142	Anatomy and Oncology for Medical Physicists	A. Kyle Jones, Ph.D.
GS020731	Medical Physics Seminar	Kent Gifford, Ph.D.

The resident will be given time to attend classes in these courses. The results of examinations in these courses will be part of the resident's permanent file.

Resident must be eligible to obtain a temporary license to practice professional medical physics from the State of Texas within their first 90 days of their entering the residency program.

### CONFERENCE/SEMINAR ATTENDANCE

A variety of seminars and conferences in medical imaging take place each month within the institution and division. The residents will be required to attend relevant seminars and conferences, in order to develop an in-depth understanding of the clinical problems associated with medical imaging. Residents are expected to attend all of the Research

Imaging Seminars (weekly September through May) and Imaging Physics Trainee Summer Seminars (weekly June through August) unless a conflict exists with their clinical commitments or they are on leave. Attendance at other seminars is at the discretion of their Clinical Coordinators or the Program Director. Seminar attendance is documented through resident reports to the Clinical Coordinator. If the Coordinator perceives an attendance deficit, the resident is counseled and additional seminars are assigned.

UTMDACC Institutional Grand Rounds

Diagnostic Imaging Noon Conference

Research Imaging Seminars (September – May)

Medical Physics Summer Trainee Series (May – August)

Radiation Physics Seminars

Biostatistics and Biomathematics Seminars

Mock Board Examination

## **CHIEF RESIDENT**

### **I. OVERVIEW**

- The Chief Resident is a leadership position served by a distinguished resident or fellow\* in the Imaging Physics Residency Program.
- The Chief Resident facilitates communication between the Program Director, faculty, administrative/technical staff and the residents.
- The Chief Resident advocates for residents and works to improve the residency experience.
- The Chief Resident's specific responsibilities are outlined in Section III. Other responsibilities of the Chief Resident are delineated by the program director.
- For MD Anderson Fellows in Medical Physics enrolled in the hybrid pathway, the time and effort associated with the Chief Resident role is solely within the clinical residency and does not impact their research effort.

### **II. SELECTION AND TERM**

- Eligible candidates are residents in their final year of training at the time completing the service as the Chief Resident.
- Residents/fellows first vote among themselves and determine a ranking order of eligible candidates who they feel are best suited to represent them.



The Program Director, with clinical coordinator input, will select the Chief Resident.

- The Chief Resident will be appointed by the Program Director for a period of one year. The appointment can be terminated at any time by the Residency Program Steering Committee.
- A standard term begins on September 1st and ends on August 31st of the following year. However, a flexibility of +/- two months can be granted to each term by the Program Director, based upon the appointment dates of the outgoing and incoming Chief Resident.

### III. SPECIFIC RESPONSIBILITIES

#### A. Meeting and Communication

- The Chief Resident will communicate regularly with the Program Director and inform the Program Director of any important resident/fellow concerns. Weekly meetings would be reasonable.
- The Chief Resident will attend the Residency Program Steering Committee meetings in an ex officio, non-voting role.
- The Chief Resident will attend departmental meetings assigned by the Department Chair.
- The Chief Resident will attend institutional committee meeting as recommended by the Program Director.

#### B. Scheduling

- In conjunction with the Program Director and clinical coordinators, the Chief Resident will assist in managing the rotation schedules.
- The Chief Resident will coordinate and arrange resident's clinical support outside of scheduled rotations when needed.
- The Chief Resident will coordinate coverage for resident absence because of sick days, vacation days, and attendance at meetings/conferences, etc.
- The Chief Resident will manage the schedule of seminars and presentations relating to the Residency Program.

#### C. Recruitment and Onboarding

- The Chief Resident will work with the Program Director on the recruitment process of new residents and fellows.
- The Chief Resident will coordinate resident staff participation in the residency candidate interview process.
- The Chief Resident may be requested by Department Chair to participate in the recruitment of department faculty and staff.
- The Chief Resident will provide orientation to new residents and fellows.

#### D. Mentoring

- The Chief Resident will provide personal and professional advice to residents/fellows as appropriate.
- The Chief Resident will act as a role model and assist in maintaining professional atmosphere, conduct, and attitude of residents/fellows.
- The Chief Resident will promote resident/fellow morale.
- The Chief Resident will remain accessible and communicative with residents for the purpose of understanding concerns.
- The Chief Resident may call a meeting to provide group dialogue on a potential concern.

#### E. Program Development

- The Chief Resident will work with the Program Director in design and implementation of the development and improvement of the Residency Program.
- The Chief Resident will assist with updates of the Program of Study, program websites and other documents.

### FIRST HALF OF RESIDENCY TRAINING

Resident will work closely with staff physicists involved in clinical activities within Diagnostic Radiology and Nuclear Medicine during their first round of clinical rotations. This period will be approximately 1 year for 2-yr residents and 1.5 years for 3-yr fellows. The resident's performance will be evaluated in an ongoing manner with their assigned Clinical Coordinator and on at least an annual basis by oral examination. Resident's performance will be evaluated by the clinical coordinator for each rotation. Additional reading assignments may be given to strengthen theoretical understanding of various clinical procedures. The resident will keep a log documenting his or her participation in these activities.

The Residency Training Program will generally commence in July and residents will participate in a two-month Clinical Orientation and a one month Research Orientation (for fellows) as an introduction to the program. The clinical orientation will serve to familiarize them with the inventory and operation of clinical imaging equipment at M. D. Anderson. The following broad areas will be covered during the first rounds of rotations. Normally, these tasks will be performed several times as the need arises.

- ***X-ray equipment performance evaluation, acceptance testing and quality control:*** Performance evaluation of x-ray generators/sources including collimation assessment, focal spot assessment, beam filtration, radiation output, output linearity and reproducibility, technical factor calibration assessment, automatic exposure control and automatic brightness stabilization evaluation (reproducibility, kVp and thickness tracking, density adjustment settings, mechanical and electrical safety.)

- **Image receptor review:** Grid uniformity, system speed consistency, system image quality (contrast, resolution, noise, artifacts), receptor alignment, receptor input exposure rate determination.
- **Development and monitoring of quality control programs:** Processor QC tests, darkroom facility assessment, film-screen contact, mammographic compression, reading room viewing conditions, repeat analysis, lead apron integrity, and mammographic phantom image evaluation, s/n ratio, uniformity and artifacts.
- **Radiation safety surveys:** Evaluation of tube head leakage, workload determination, equipment radiation safety features, assessment of auxiliary shielding (e.g., drapes, aprons, and transparent shields), broad beam transmission measurements, personnel monitoring report interpretation, interpretation of regulations.
- **Patient dose monitoring:** In-air measurements of exposure and exposure rates from x-ray equipment and measurements with phantoms using ionization chambers, patient dose measurement using film and other dosimetry devices, calculation of skin entrance dose, internal organ dose, effective dose equivalent, risk estimation, evaluation of potential for deterministic effects, calibration and quality assurance of dosimeters and automated dosimetry systems.
- **Mammography:** Image quality, dose, and artifact tests and evaluations as required by the Mammography Quality Standards Act (MQSA) and the Texas Board of Radiological Health.
- **Computed tomography:** Multislice detector configurations, image thickness, radiation profiles, helical slice sensitivity profiles (SSPs), high-contrast resolution, low-contrast resolution, radiation dose measurements, soft copy monitor luminance measurement, CT number linearity, image noise and artifacts.
- **MRI equipment performance evaluation:** Magnetic and radiofrequency shielding tests, magnetic field homogeneity assessment, radiofrequency field stability assessment, gradient field calibration assessment (geometric accuracy), assessment of slice thickness and spacing, signal-to-noise ratio measurements (for various types of radiofrequency coils), image uniformity assessment, high- and low-contrast resolution measurements, testing of ultrafast imaging (echo planar imaging) and spectroscopy modes, ACR MR Accreditation Program phantom testing and analysis, MR safety, imaging artifacts, and pulse sequence and imaging option reviews.
- **Nuclear medicine/PET:** Image quality, quantitative planar imaging, quantitative PET and SPECT, radionuclide dosimetry and radionuclide therapy treatment planning, nonimaging instrumentation, radiopharmacy operations, site planning and shielding design, installation and acceptance testing of nuclear medicine cameras, radiation exposure of patients, personnel and members of the general public.

- **Ultrasound equipment performance evaluation:** Depth, external measurement and caliper calibration, mis-registration, sensitivity, gray scale display and dynamic range, resolution and power measurements.
- **Additional experiences:** Involvement in discussion of equipment purchase, design of quality control and radiation safety program, presentation of radiation safety in-service education, x-ray room shielding design, consultation regarding radiation safety, patient doses and image quality improvement.
- **Education experiences:** The resident will be involved in laboratory supervision of medical physics graduate students taking the imaging physics clinical rotations.
- **Research experiences:** The residents will be involved in one or two clinical research projects. These will be reviewed and approved by the Program Director.
- **Mock oral board exam:** Each spring the resident will participate in a mock oral board exam patterned after the American Board of Radiology oral examination in Diagnostic Radiologic Physics. The examiners are all board certified Diagnostic Radiologic Physicists. Other examinees include M.D. Anderson junior faculty preparing for their national boards.

The training program requires each first-year resident to make at least two presentations. Our guidelines suggest one presentation be a 45-minute lecture to the Imaging Physics faculty. The second may be another lecture to our faculty or a presentation at a scientific meeting.

## **SECOND HALF OF RESIDENCY TRAINING**

During the second round of rotations, the resident will be assigned duties to be completed under the direction of medical physics faculty. The resident will be involved in the same types of experiences as during the first round, but will work more independently during the second year (meeting with staff and the program director monthly). The resident will take responsibility for equipment performance evaluations and patient dose monitoring under the supervision of appropriate qualified medical physicists. As required by state law, the overall responsibility for the medical physics service will always remain with a staff physicist.

Senior residents are encouraged to involve in supervising laboratories for our graduate program, mentoring in our graduate program clinical rotations, lecturing and supervising laboratories for the radiology residents, participating in the continuing education short courses offered by Imaging Physics. Senior residents are expected to involve in mentoring of junior imaging physics residents. They will continue to attend seminars, give at least one internal seminar, present at a national or regional chapter meeting, and continue to be assigned clinically oriented projects. Residents are also expected to complete research requirements outline in the Program of Study.

New Innovations is a secure, web-based residency evaluation system for evaluation of residents. Imaging Physics residents will complete evaluations, enter procedures, or review evaluations of their own performance. Faculty will have additional access to view

the performance reports of those residents they advise. All resident evaluations are completely confidential, and are only reported in aggregate to ensure anonymity. Reports of individual resident and faculty performance are also secured to ensure that only the individual and his/her supervisor or directors are able to see individual performance data. The Program Manager will give you access to the New Innovations system. Your username and password will be emailed to you. A current resident in the program will show new resident how to use the New Innovations system.

<https://www.new-innov.com/Login/Login.aspx>

## PROGRAM GRADUATES

Resident Name	Date of Completion	Medical Physics Specialty	Current Status	Board Certification
Kerry Krugh, Ph.D.	3/29/02	Diagnostic Physics	The Toledo Hospital Medical Physicist	ABR
Ishtiag Hussian Bercha, MS	3/30/03	Diagnostic Physics	The Children's Hospital of Denver - Medical Physicist	ABR
John Rong, Ph.D.	3/29/03	Diagnostic Physics	UTMDACC Associate Professor	ABR
Ho-Ling Liu, Ph.D.	1/31/05	Diagnostic Physics	Chang Gung University Associate Professor	ABR
Ruijie Liu, Ph.D.	9/30/05	Diagnostic Therapy Physics	Left Profession to care for family	ABR
Vadivel Devaraju, Ph.D.	10/31/06	Diagnostic Physics	NA	ABR
S. Cheenu Kappadath, Ph.D.	10/4/07	Nuclear Medicine	UTMDACC Associate Professor	ABR, ABSNM
Elena Tonkopi, MS	09/04/08	Diagnostic Physics	Queen Elizabeth II Health Science Center - Medical Physicist	ABR
Rebecca Marsh, Ph.D.	05/27/09	Diagnostic Physics	Michael DeBakey VA Hospital Medical Physicist	ABR
Alex Pasiack, Ph.D.	01/06/10	Diagnostic Physics	University of Tennessee Medical Center	ABR
Nicholas Shkumat, MS	02/03/10	Diagnostic Physics	The Cleveland Clinic Medical Physicist	ABR

James Winslow, Ph.D.	08/30/11	Diagnostic Physics	Radiation Physicist - Duke University Medical Center	ABR
Andreea Dohatcu, Ph.D.	09/01/11	Diagnostic Physics	Clinical Medical Physicist - Ohio Medical Physics Consulting, LLC	ABR
Wendy Siman, MS	01/31/2012	Diagnostic Physics Nuclear Medicine	PhD program at GSBS UTHSC-Houston	ABR
Travis Greene, MS	06/01/2012	Diagnostic Physics	Medical Physicist - Radiation Services, Inc.	ABR
Ching-Yi Hsieh, MS	11/14/2012	Diagnostic Physics	Research Associate - Wayne State University	
Shannon Fritz, Ph.D.	05/15/2013	Diagnostic Physics	Sutter Health	ABR
Nathan Busse, MS	09/05/2013	Diagnostic Physics	Colorado Associates in Medical Physics (CAMP)	ABR
Leland Page, Ph.D.	05/13/2014	Diagnostic Physics	Medical & Radiation Physics, Inc.	ABR
Cristina Dodge, MS	07/15/2014	Diagnostic Physics	Texas Children's Hospital	ABR
Guang Li, Ph.D.	07/28/2015	Diagnostic Physics	Assistant Professor University of Maryland	ABR
Steven Bache, MS	2016	Diagnostic Physics	Mission Health	ABR
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Christopher Walker, Ph.D.	2019	Diagnostic Physics	UTMDACC - Assistant Professor	

## **DIAGNOSTIC RADIOLOGIC PHYSICS PRACTICE ORAL BOARD EXAMINATION**

Residents are required to take the in-house Diagnostic Radiologic Physics Practice Oral Board Examination each year. Course fees are waived.

Each attendee will participate in 2.5 hours of oral examinations. Examiners are board certified physicists in the Department of Imaging Physics.

The purpose is to provide the student with a simulation of the environment of the American Board of Radiology oral examination, using ABR-type questions and board-certified examiners with expertise in specific modalities tested. This program has been conducted internally for the past many years with a high success rate. In addition, the practice exam serves as a part of the annual evaluation of trainee's knowledge and preparedness in the residency program.

**Objectives:** After taking the Diagnostic Radiologic physics practice oral board exam the student will appreciate his or her individual areas of weakness far enough in advance of the actual boards to make remediation by additional study. In addition, the exam will allow the student to practice the formation and expression of coherent answers in a risk-free setting. Examiners will provide some guidance during the examination and feedback to students on their performance.

### **EXAM TOPICS:**

- Radiography, Mammography, Fluoroscopy, and Interventional Imaging
- Computed Tomography
- Informatics, Image Fundamentals, Professionalism, and Ethics
- Radiation Biology, Dosimetry, Protection, and Safety
- MRI and Ultrasound

### **EXAM CONTENTS:**

- Radiation Protection and Patient Safety
- Patient Related Measurements
- Quality Assurance and Quality Control Equipment
- Image Acquisition, Image Quality and Artifacts
- Image Processing and Display Calibration

## **ADMINISTRATIVE INFORMATION**

- Administrative Support
- Request for Time-Off
- Paychecks
- Badges/Keys/Passwords
- Mail/Communications
- Travel Request
- Office Supplies and Presentation Materials
- Laboratory Coats
- Scrubs
- Library Information
- Computing Resources
- iPhone
- AAPM Dues
- TX Temporary Licensure
- Funding Levels
- Benefits
- Office Space

### **Administrative Support**

The Program Coordinator for the Imaging Physics Residency Program, located at the University of Texas M.D. Anderson Cancer Center, Room, FCT14.5034, extension 4-5575, provides administrative support and is responsible for maintaining resident personnel files, issuing keys and ensuring residents are in compliance with institutional policies and procedures. All forms mentioned in this document may be obtained from the Program Office.

### **Request for time-off**

The Office of Research Trainee Programs has a leave policy that applies to all residents appointed with funding for at least 12 months. These residents are eligible annually for:

- 120 hours (15 days) vacation to be taken with Program Director's approval during the 12 months and requested at least one week in advance of leave.
- 80 hours (10 days) sick leave



Residents must request approval via email from Program Director, please copy the Program Manager and Program Coordinator. The Resident must provide the following in the request; Date(s), Code (i.e. VAC, Sick, and Conference) and coverage.

### **Badges/Keys/Passwords**

The Program Coordinator in the Resident Program Office is responsible for issuance, collection and reporting lost or stolen:

- Radiation safety badges
- Keys to offices and other areas as identified by Program Director
- Computer access codes

### **Mail/Communications**

Residents have assigned mail boxes located in their work area. All phone messages, supervisor communications and mail are placed in these boxes or transmitted via email.

**Please check your email and mailboxes at least once daily!** Inform the Program Office of any changes to your home residence address and phone number.

### **Long Distance Calls/Faxes**

Long distance calls require a long distance authorization code. Ask your supervisor for permission to place the call and the supervisor's administrative assistant will place the call for you.

### **Travel Request**

In order to travel on official business related to your training or research project (e.g., present at local or national meetings) an "Concur Travel Request" must be completed at least four weeks in advance of the date of travel. Residents will work with the administrative assistants of their research mentors for completion of all travel arrangements.

- During and After Travel – Save all original itemized receipts for airfare, meals, hotels, taxi fares, shuttles, etc. If you are splitting the cost of a room with another resident, have the hotel provide each resident with an original bill for their portion of the hotel charges with own name. Within five days of return from trip, provide Administrative Assistant with all receipts to complete a "Travel Reimbursement Expense Report."

### **Office Supplies and Presentation Materials**

The Program Office provides office supplies; the Program Coordinator is the person responsible for office supplies. If you use the last of an item, or plan to use a large quantity of a particular item(s), please advise the Program Coordinator. All supplies are stored in the FCT 14th floor educational area.

### **Presentation Materials**

MDACC has an in-house, on-line media presentation department. To utilize this service, you must obtain an account number from your supervisor for the work and provide the program assistant with the number. Our division, offers medical graphics services free of

charge, however, they have strict guidelines that must be followed. The expectation is for residents to use the free services first.

### **Photocopies**

A copy machine is located in the FCT 14th floor educational area for your use along with a fax machine and color printer. For emergencies, a back-up copier, fax machine and color printer can be found in the administrative area on FCT 14<sup>th</sup> floor.

### **Laboratory Coats**

The institution provides two lab coats per resident and cleaning services. The Program Coordinator supporting residents will escort you the first time to the lab coat office. There, you will order your lab coats and thereafter for getting lab coats laundered. Residents are responsible for making sure their lab coat is clean and neat at all times.

### **Scrubs**

Residents will be provided with institutional issued scrubs as needed. Program Coordinator will take responsibility for obtaining two sets of scrubs for each resident. Residents will be responsible for returning dirty scrubs and replacing with clean scrubs as needed.

### **Library Information**

The Department of Imaging Physics maintains a department library on the 5<sup>th</sup> floor of the CPB5.3000 suite just outside of the Imaging Physics Conference Room, CPB5.3374. The library is open from 8:00 a.m. – 5:00 p.m. Monday – Friday.

### **Resident Computing Resources**

All program residents receive a laptop computer, docking system, keyboard and two monitors with access to the internet and printers. Residents will be provided with standard software supported by the institution.

All **computer hardware** inquiries should be addressed to **4-info via email or by calling 713-794-4636**.

### **Phones**

All residents will receive an iPhone once the on-boarding is complete and go through the iPhone training. A resident can add phone capabilities as an out-of-pocket personal expense.

### **AAPM Dues**

The Imaging Physics Residency Program currently has a policy to pay annual dues for membership in the American Association of Physics in medicine. In order to receive reimbursement, please provide the Program Coordinator with proof of payment. An expense report will be processed for reimbursement, which typically takes up to 21 days for processing. Reimbursement must take place within 45 days of submitting payment.

### **Texas Temporary Medical Physics Licensure**

The State of Texas currently requires residents to hold a temporary license to practice medical physics in the State of Texas. The cost of the license will be covered by the program while in the program. In order to receive reimbursement, please provide the Program Coordinator with proof of payment. An expense report will be processed for reimbursement, which typically takes up to 21 days for processing. Reimbursement must take place within 45 days of submitting payment.

## **TEXAS BOARD OF LICENSURE FOR PROFESSIONAL MEDICAL PHYSICISTS**

### **Guidance for the Supervision of Temporary Licensees**

This document is intended to guide the supervising medical physicist and the medical physicist with a temporary license (TMP) in complying with the board's supervision rules in Title 22, Texas Administrative Code §601.2. Medical physicists who follow the guidance in this document are practicing within the rules. (It is possible that other practice not described by this guidance might also be in compliance with the rules.)

#### **Definitions**

Title 22 Texas Administrative Code §601.2 provides the following definitions:

- (22) **Supervision** -- To oversee the work of a medical physicist holding a temporary license in the performance of those duties defined as the practice of medical physics. For the purpose of fulfilling the work experience and examination requirement the supervisor shall be responsible for the temporary licensee's work during this period. An individual is considered to be supervised if:
- the supervisor is routinely and substantially present at the facility during the performance of duties at that facility by the individual being supervised; and
  - the supervisor assumes the responsibility, and is provided with the authority, to observe and correct the actions of the individual being supervised.

- (23) **Temporary License** -- a certificate authorizing an individual to practice medical physics under the supervision of a licensed medical physicist.

Additional definitions to be used in this document (but not found in the board's rules) have been adapted from the definitions used by the Centers for Medicare and Medicaid Services in 42 Code of Federal Regulations (CFR) §410.32:

**General Supervision** -- the TMP works under the overall control and direction of the supervisor, but the supervisor's presence is not required during the performance of the work.

**Direct Supervision** -- the supervisor is present in the building or institution and immediately available to furnish assistance and direction throughout the work. The supervisor need not be in the room where the work is being performed.

**Personal Supervision** -- the supervisor is physically present in the room where the TMP is working.

### **The Responsibilities of the Supervisor**

Supervision is a responsibility that should not be undertaken lightly. The supervisor assumes professional responsibility for the work done by a TMP. The license and professional reputation of the TMP's supervisor are as much at risk in an incident that is the doing of the TMP as if the supervisor had personally caused the incident.

The role of the supervisor is akin to that of the master in an apprenticeship. The supervisor is teaching the TMP, i.e., the apprentice, the profession of medical physics. This teaching requires regular, high quality interactions between the supervisor and the TMP during which medical physics is practiced by the TMP under the guidance of the supervisor. As the TMP grows in professional maturity, it is appropriate for the supervisor to allow the TMP greater responsibility and autonomy, with the understanding that the supervisor will still countersign all work of the TMP and will take full professional responsibility for it as if it were the supervisor's own work.

The supervisor must have a relationship with the TMP that allows the supervisor to observe the work of the TMP and to correct that work if necessary. If the TMP and the supervisor work for different employers, if the TMP and the supervisor routinely work in different locations, if the supervisor has an extensive travel schedule and thus is often unavailable, or if the supervisor has not seriously accepted the obligations to teach the TMP and to assume full professional responsibility for the TMP's work, the supervisor should not fill out and sign the Agreement of Supervision Form and the TMP should secure a supervisor who can perform these duties as required by the law and the board's rules.

A supervisor should not normally be supervising more than two TMPs at once except as discussed below and the board may ask for more details of the supervision plan for exceptions to this recommendation. A supervisor cannot reasonably provide personal or direct supervision to TMPs who are working at different locations.

### **The Responsibilities of the Temporary Licensee**

The TMP must not practice medical physics without adequate supervision. If the TMP finds him- or herself making independent decisions with no Licensed Medical Physicist to consult for help or no Licensed Medical Physicist to countersign the work (e.g., a shielding recommendation or a treatment plan), the TMP should not be doing the work because the TMP is not adequately supervised.

If the relationship between the supervisor and the TMP changes (for example, because either one of them takes a new job), it is the responsibility of the TMP to secure a new supervisor before continuing to practice medical physics in Texas. Unsupervised practice

as a TMP in Texas may not be counted toward the experience requirement for full licensure and would be illegal if counted toward clinical experience for examination by a certifying body.

If the TMP is licensed in more than one specialty, the supervisor must be fully licensed in all of the TMP's specialties or else the TMP must secure more than one supervisor so that all specialties are supervised by fully licensed medical physicists in those specialties. It is the responsibility of the TMP to ensure that his or her supervisors have the required licensed specialties at the time of the application for a temporary license.

### **A General Progression of Supervision**

A supervision plan that consists of personal supervision (as defined above) for the first six months, direct supervision for the remainder of the first year and general supervision in the second year would satisfy the rules. In the second year, the supervisor should be accessible by telephone whenever the TMP and the supervisor are not at the same location.

When a TMP is getting six months' experience in an additional specialty, a period of three months of personal supervision followed by three months of general supervision with ready access to the supervisor by telephone is acceptable.

### **Medical Physics Residencies**

All faculty members of a medical physics residency program should be fully licensed in the specialties that they teach. A supervisor who is on the faculty of a medical physics residency program may delegate day-to-day supervision of residents enrolled in that program to his or her colleagues on the faculty who are fully licensed medical physicists, provided that a fully licensed medical physicist in the appropriate specialty countersigns each item of work product by the TMP and that the formal supervisor shares with the delegate the authority to observe and correct the work of the TMP. It is reasonable for one faculty member to be the formal supervisor of all of the residents, even more than two at a time, and to delegate day-to-day supervision to other qualified faculty members. It is not appropriate for a more senior resident who is still practicing on a TMP license to countersign the work of a more junior resident in lieu of faculty supervision. Although senior residents' teaching junior residents under faculty supervision is entirely appropriate, both should sign a report or chart as supervised trainees and the countersignature of a fully licensed medical physicist is still required. The fully licensed medical physicist who actually supervised an item of work should countersign that work, but the formal supervisor is still ultimately responsible for the work of the TMP. The number of TMPs should not normally exceed two per faculty member.

### **Group Practices**

If there are several fully licensed medical physicists in a group practice, it is acceptable for the supervisor to share supervision duties with his or her fully licensed colleagues as described above for residency programs. The number of TMPs should not normally exceed two per fully licensed medical physicist.

### **Small Practices**

In a small practice, such as that of a solo medical physicist who hires a TMP as an assistant, care must be taken to provide sufficient supervision. In a consulting situation, the TMP should never be sent alone to a site that the supervisor has not previously visited or sent alone to work on a piece of equipment or to plan a procedure with which the supervisor is not familiar, even in the period of general supervision. The supervisor must countersign all work of the TMP and take full responsibility for it. It is thus the supervisor's responsibility to assess the readiness of the TMP to progress to a stage of less intense supervision.

If a supervisor would normally suspend his or her practice during a vacation, the TMP should not be allowed to work unsupervised during the supervisor's vacation. If the supervisor has coverage arrangement with a colleague during vacation time, that coverage should be extended to delegated supervision of the TMP, if the TMP is to keep working during the time that the supervisor is unavailable.

The supervisor should not take on so many TMPs that he or she cannot provide personal and direct supervision during the early stages of each TMP's supervised experience.

### **Funding Levels**

Fellow, first year - \$61,757

Fellow, second year - \$63,993

Fellow, third year - \$66,413

\*This reflects a 2% increase effective 7/1/2020.

### **Insurance**

Insurance benefits are available to persons holding educational appointments for a period of at least four and one half months and who receive a stipend. Insurance benefits for residents are the same benefits as those available to classified employees.

The health insurance plan offered by the University of Texas System is UT select, a preferred provider organization (PPO) plan, administered by Blue Cross and Blue Shield of Texas. The plan, which is effective the first calendar day of the month following the date of employment, is free of cost to the resident.

Optional insurances are available, i.e., term life (\$10,000 coverage free of cost to trainee), personal accident insurance (\$10,000 coverage free of cost to trainee), long-term disability insurance, long-term care insurance and vision insurance.

Dental insurance is optional: there are two plans from which to choose. Both plans require payroll deductions. Dependent coverage is available, at cost, with health, dental, term life, accident and vision.

### **OTHER BENEFITS**

#### **Teacher Retirement System (TRS)**

Residents are required to participate in the TRS. A monthly deduction is withheld, but this may be returned (minus the tax penalty) or rolled over into another retirement fund at the conclusion of the appointment. Graduate research assistants are not allowed to participate in TRS.

## **Tax Sheltered Annuities**

Trainees are allowed to make a tax-deferred monthly contribution towards an optional retirement plan.

## **UT-Flex**

A tax-free reimbursement account for medical expenses and dependent care allows residents to deposit a portion of their stipend prior to taxation into flexible spending accounts.

## **Office Space**

Residents are provided an office space located at FCT14.5015 or 14.5017. Each resident is provided with a 60" desk, chair, telephone, 2 monitors and overhead storage for educational materials. The resident rooms are outfitted with two white boards, printer and places to hang lab coats.

## **PROGRAM EVENTS AND ACTIVITIES**

- Program Orientation
- Program Administrative and Departmental Orientation session for incoming residents
- Department Seminar Series
- AAPM Alumni Reception

### **Program Orientation**

Program orientation will take place within the first week of the resident entering the Program.

This session will be your opportunity to sit down with the Program Director and learn about your training and expectations.

### **Program Administrative and Departmental Orientation Session for Incoming Residents**

In this orientation session you will learn about all the administrative aspects of the program and departmental policies and procedures. This session will be conducted by the Program Manager and will take place during your first week in the program.

### **Meet with Program Director**

Once a month, Resident will meet the Program Director in an informal session to hear about issues, concerns or ideas for improvement as it pertains to the IP Residency

Program. This is also a time to discuss projects and the resident's progress in the program.

### **Department Seminar Series**

All residents are expected, and in some cases required, to participate in a variety of program and departmental-based activities that are held throughout a year.

- **Imaging Physics Department Seminars:** Residents are expected to attend the department seminars. As seminars are identified, Outlook Calendar invitations will be sent out to mark your calendar.
- **Residency Program Seminars:** This is a monthly seminar series focusing on topics related to residents' clinical training. Residents are required to attend this seminar series and make presentations supervised by clinical faculty.
- **Presentation on Research Project:** Residents are required to make a presentation on their research project annually in special seminars organized by the Program or the Department.

### **UTMDACC Institutional Policies:**

- Vacation Leave
- Holiday Leave
- Administrative Leave
- Family and Medical Leave
- Leave of Absence without Pay
- Inclement Weather/Adverse or Emergency Conditions
- Military Leave of Absence Leave

### **Imaging Physics Residency Program Policies:**

- Moonlighting
- Dismissal

### **Division of Diagnostic Imaging Policies:**

- Dress Code

### **Department of Imaging Physics Program Policies:**

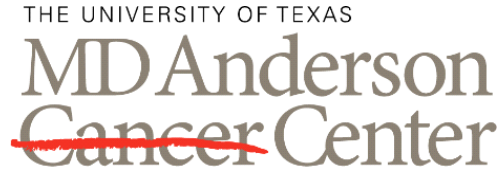
- Sick Leave Policy for Graduate Medical Education Trainees
- Department of IP Trainee Travel Policy
- Division of Diagnostic Imaging Dress Code Policy



OFFICE OF GRADUATE MEDICAL EDUCATION

POLICIES FOR GME RESIDENTS AND FELLOWS

IP TRAVEL POLICY



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**VACATION LEAVE POLICY – UTMDACC INSTITUTIONAL POLICY # ACA0097**

<b>PURPOSE</b>
The purposes of this policy are to: <ul style="list-style-type: none"><li>• Provide clarification to departments whereby they may administer the Vacation Leave Policy in order to maintain appropriate staffing; and</li><li>• Comply with UT System policies, Regents' Rules, and the Appropriations Act.</li></ul>
<b>POLICY STATEMENT</b>
It is the policy of The University of Texas M. D. Anderson Cancer Center (M. D. Anderson) to provide trainees vacation leave.
<b>SCOPE</b>
This policy applies to all trainees.
<b>DEFINITIONS</b>
<b>Vacation Leave:</b> Consists of a lump-sum allocation of time that is awarded (not accrued). <b>Leave Eligibility Date:</b> The date on which a trainee may take vacation leave with pay is called <i>the leave eligibility date</i> . This date is the first day of an appointment. <b>Eligibility:</b> The following educational appointees are eligible for paid vacation leave: <ul style="list-style-type: none"><li>• Trainees who hold appointments of at least 50% time, and</li><li>• Whose initial appointment is greater than 4 ½ months, and</li><li>• Who receive a stipend from M D. Anderson, and who hold the title of postdoctoral Fellow, Graduate Research Assistant, Predoctoral Fellow, Premaster Fellow, Resident, Fellow, or Research Trainee.</li></ul>

**Vacation Leave Allotment:** Full-time trainees are allocated 10 hours of vacation leave with pay for each month of their appointment, effective on the first day of the appointment. For example, a one-year appointment would entitle the trainee to 120 vacation leave hours or 3 weeks.

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Part-time trainees are allocated vacation leave hours with pay on a prorated basis equal to a percentage of the full-time entitlement, effective on the first day of the appointment. For example, a trainee appointed with a 50% time status receives 50% of the full time vacation leave allowance (e.g., 5 hours of vacation leave for each month of their appointment). Eligible trainees receive payment for vacation time.

**Frozen Vacation:** Frozen vacation consists of the balance of unused paid vacation hours that have been earned outside of Trainee and Alumni Affairs (e.g., at another UT component or as a classified or staff employee) and cannot be during the term of the educational appointment.

**Separation:** When a trainee separates from M. D. Anderson, the balance of unused paid vacation leave is forfeited. A check for frozen vacation will not be issued until thirty days after separation.

**Death of a Trainee:** In the event of a trainee's death, the paid vacation leave balance is payable to the trainee's estate.

**Status Changes:** When a trainee transfers to another UT component, paid vacation leave balances may be frozen, carried over, or forfeited depending upon the procedures of the accepting institution. When a trainee transfers to a new program or changes his/her status within M. D. Anderson, the new status will determine how leave time is accrued. All unused educational balances are forfeited on the date of transfer.

## **PROCEDURE**

### **1.0 Vacation Utilization**

Trainees are encouraged to use vacation leave during the appointment period subject to program scheduling needs.

### **2.0 Prior Authorization**

It is the trainee's responsibility to obtain authorization from the program before taking vacation leave in compliance with program and department guidelines.

### **3.0 Request to Carry Forward Leave**

If a trainee is unable to take vacation leave during the appointment period because of work commitments, with proper approval unused vacation leave may be carried forward to the next appointment period. The following procedure shall be followed:

- 3.1 The trainee submits a request to carry forward leave to the program for approval;
- 3.2 If approved, the program initiates the request to carry forward leave on the *Recommendation For Educational Appointment* form. The recommendation forms are located in the departments and require the signature of the program director and the department chair.
- 3.3 A member of the staff of the program director enters the number of hours to be carried forward on the *Recommendation for Educational Appointment* form.
- 3.4 The recommendation form must be submitted thirty days prior to the reappointment date.
- 3.5 If approved, the program forwards the recommendation form to Trainee and Alumni Affairs for monitoring and reporting.

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## **HOLIDAY LEAVE POLICY - UTMDACC INSTITUTIONAL POLICY # ACA0098**

See: [Holiday Leave Policy \(UTMDACC Institutional Policy # ADM0292\)](#).

**NOTICE:** Trainees appointed in graduate medical education programs and non-physician clinical programs will need to discuss with their program director the impact of time away from the training program on meeting the requirements for program completion.

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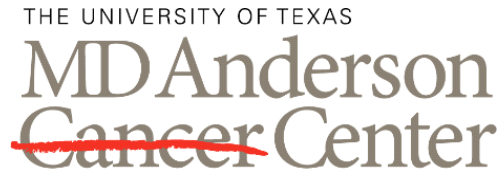
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## **ADMINISTRATIVE LEAVE POLICY - UTMDACC INSTITUTIONAL POLICY # ACA0099**

See: [Administrative Leave Policy \(UTMDACC Institutional Policy # ADM0293\)](#).

**NOTICE:** Trainees appointed in graduate medical education programs and non-physician clinical programs will need to discuss with their program director the impact of

time away from the training program on meeting the requirements for program completion.



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## **FAMILY AND MEDICAL LEAVE POLICY – UTMDACC INSTITUTIONAL POLICY # ACA0100**

<b>PURPOSE</b>
<p>The purposes of this policy are to:</p> <ul style="list-style-type: none"><li>• Define the relationship between FMLA and other leave policies; and</li><li>• Ensure that The University of Texas MD Anderson Cancer Center (MD Anderson) is in compliance with the Appropriations Act, The University of Texas System policies and the Family Medical Leave Act (FMLA) of 1993.</li></ul>
<b>POLICY STATEMENT</b>
<p>It is the policy of MD Anderson to understand the importance of family issues to today's workforce. MD Anderson further recognizes that trainees may find it necessary to take a leave of absence for a temporary period to address certain family responsibilities or their own serious health condition. The <i>Family and Medical Leave Policy</i> establishes the means by which a paid trainee may obtain such a leave of absence.</p> <p>A paid trainee taking leave pursuant to this policy is entitled to:</p> <ul style="list-style-type: none"><li>• Continuation of group health benefits during leave;</li><li>• No loss of group health benefits upon return from leave; and</li><li>• Reinstatement to his/her same position or to an equivalent position.</li></ul> <p>No trainee is disciplined, penalized, restrained, coerced, or otherwise prejudiced in employment for initiating a good faith request for leave under this policy. However, this in no way relieves the trainee of satisfying program requirements or obligations.</p>
<b>SCOPE</b>
<p>This policy applies only to trainees with compensation.</p> <p>All eligible trainees must have worked for MD Anderson (or another State of Texas agency or institution) for at least twelve months and 1250 hours of prior service.</p>

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## **DEFINITIONS**

**Family and Medical Leave Act (FMLA):** Provides eligible trainees with up to 12 workweeks (480 hours) leave of absence during any 12-month period for one or more of the following reasons:

- The birth/care of a newborn child;  
(NOTE: Leave entitlement for this reason expires 12 months after the birth of a child. Leave may also be taken before the birth of a child; in the event a mother is no longer able to work before the birth.)
- The placement of a child with the trainee through adoption or foster care, and to care for the child;  
(NOTE: Leave entitlement for this reason expires 12 months after such placement of the child.)
- The care of a trainee's spouse, child, or parent with a serious health condition;  
(NOTE: If a trainee's spouse is also an appointee or employed by MD Anderson, both the trainee and the spouse are limited to 12 workweeks of leave, combined. This provision only applies if:
  - The leave is for the birth, adoption or foster care of a child, or
  - The leave is for the serious health condition of the trainee's parent.)
- The trainee's own serious health condition, which makes him/her unable to perform one or more of the essential functions of his/her appointment.

**Maximum Limit:** Trainees are limited to a maximum of 12 workweeks (paid or unpaid) leave for any family or medical leave reason(s) during any 12-month period. For example, trainees cannot take 12 workweeks for the birth of a child and 12 workweeks for the serious health condition of a spouse during the same twelve-month period.

**Benefit Time:** For purposes of this policy, benefit time includes the trainee's allotted paid sick, vacation, or holiday hours.

**Equivalent Position:** Includes a position in the same job family, which has substantially similar duties, shift, scheduling options, responsibilities and rate of pay to the position formerly held by the trainee.

**Intermittent Leave:** Is part-time leave that reduces the usual number of hours per workweek, or hours per workday.

**Reduced Leave Schedule:** Is a change in the trainee's schedule that reduces the usual number of working hours per workweek, or hours per workday.

**Serious Health Condition:** Is defined as a condition requiring in-patient care or continuing treatment by a healthcare provider. It is intended to cover those conditions that affect one's health to the extent that inpatient care is required or continuing treatment (by a healthcare provider) is necessary on a recurring basis for more than a few days for treatment or recovery. It is not intended to cover short-term conditions for which treatment and recovery are brief. Examples include, but are not limited to:

*Heart attacks, heart conditions, most cancers and back conditions requiring extensive therapy or surgical procedures, strokes, severe 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.*

**Continuing Treatment:** Includes one or more of the following:

- Two or more treatments by a healthcare provider;

- Two or more treatments by a provider of healthcare services (e.g., physical therapist) on referral by or under orders of a healthcare provider;

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- At least one treatment by a healthcare provider which results in a regimen of continuing treatment under the supervision of the healthcare provider (e.g., a program of medication or therapy); or
- Treatment under the supervision of a healthcare provider for a serious long-term or chronic condition or disability which cannot be cured (e.g., Alzheimer's or severe stroke).

**Healthcare Provider:** Includes all of the following:

- Licensed MDs and ODs, podiatrists, dentists, clinical psychologists, optometrists, chiropractors
- authorized to practice in the State of Texas;
- Nurse practitioners and nurse-midwives authorized to practice in the State of Texas; and
- Christian Science practitioners.

**Spouse:** Is defined in accordance with the law of the State of Texas.

**Parent:** Includes biological parents or individuals, which have acted in the capacity as parents. (*NOTE: It does not include parents-in-law.*)

**Son/Daughter:** Includes biological, adopted, foster children, stepchildren, legal wards, and other individuals for whom the trainee acts in the capacity of a parent and who is under 18 years of age, or over 18 years of age but incapable of caring for themselves.

**12-month Period:** Is measured forward from the date when the trainee's initial family or medical leave of absence begins.

## PROCEDURE

### 1.0 Requests for FMLA Leave

All requests for family medical leaves are ordinarily initiated by the trainee in accordance with program guidelines.

- 1.1 If the need for family or medical leave is *foreseeable*, the trainee must give 30 days written notice.
- 1.2 Where the need for leave is *not foreseeable*, the trainee must give notification within 1 to 2 working days of learning of the need for leave. Failure to provide such notice may be cause for delay of leave.
- 1.3 When a trainee is unable to initiate a leave request, the trainee's leave is designated as FMLA eligible (if all applicable criteria are met). Management must notify the trainee of such designation within 2 business days of learning about the FMLA qualifying reason.

### 2.0 Request Form

To request family or medical leave, the trainee must:

- 2.1 Complete a [Family or Medical Leave Request Form](#).
- 2.2 Submit the completed form for signature of approval in accordance with program guidelines.
- 2.3 Forward the form to Benefits Office in HR.

### **3.0 Medical Certification**

- 3.1 If the leave request involves the trainee to be absent for more than three (3) consecutive workweeks due to a serious health condition, the trainee must submit a [Medical Certification Form](#) no later than 15 working days after the initial request for such leave.

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### **8.0 Premium Sharing**

MD Anderson continues to contribute its share of premium sharing for medical/dental insurance during the leave, as applicable. In addition, the trainee also continues to pay for his/her share of the premium while on leave.

### **9.0 Failure to Pay Premium**

If the trainee fails to pay a premium when due, MD Anderson reserves the right to:

- 9.1 Cancel the trainee's group health coverage with a 15-day advance notification; or
- 9.2 Pay the trainee's share of the premium and recover these premiums when the trainee returns to work.

### **10.0 Restoration of Benefits**

If MD Anderson discontinues the trainee's coverage as a result of a non-payment of premiums, group health benefits are restored the day the trainee returns to work. These benefits are restored at least at the same level and terms provided when leave commenced.

### **11.0 Returning to Work**

- 11.1 If a trainee takes leave because of his/her own serious health condition (except for the birth of a child), the trainee is required to provide a STATEMENT from his/her healthcare provider that the trainee is fit to resume work. No trainee will be permitted to resume work until this condition is satisfied.
- 11.2 After reporting to work, management reserves the right to require the trainee to take a fitness for duty examination given by Employee Health Service, if there is probable reason that the trainee cannot perform the essential functions of his/her job.
- 11.3 Returning Early: If the trainee returns to work before exhausting the duration of the family and medical leave request, the program director is notified so that the previously awarded time off for leave may be corrected and the balance of leave not taken is credited towards family and medical leave entitlements.

### **12.0 Failure to Return to Work**

- 12.1 If the trainee fails to return to work after a period of unpaid leave, and MD Anderson has paid its share of the premium for maintaining group health insurance, MD Anderson reserves the right to recover the premiums that were paid during the trainee's leave.
- 12.2 Each day (beyond the specified date of return) that the trainee does not call or report to work constitutes an unexcused absence. (NOTE: Two (2) consecutive days of failure to report to work or call-in, constitutes job abandonment).

### **13.0 Termination of Group Health**

If the trainee is terminated, the trainee's group health coverage is terminated at the end of the month in which the separation occurs, and the trainee does not have the right to restoration to his/her same or equivalent position.

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### **14.0 COBRA**

The trainee is entitled to continue his/her group health benefits only in accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA).

### **15.0 Record Keeping**

15.1 The Family or Medical Leave Utilization Form provides the institutional tracking of the leave hours utilized under this policy. The department submits this form to the benefit's coordinator of Trainee and Alumni Affairs to record a trainee's family and medical leave utilization.

15.2 Payroll is responsible for preserving and maintaining the official records of family and medical leave entitlement balances.

15.3 The department maintains accurate leave records as well in an effort to coordinate these records.

### **16.0 Confidentiality**

All information relating to requests for family and medical leave are kept confidential and used only in making decisions in regard to the provisions of this policy.

## **REFERENCES**

[Family or Medical Leave Request Form.](#)

[Family or Medical Leave Utilization Form.](#)

[Intermittent Leave Request Form.](#)

[Medical Certification Form.](#)



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## **LEAVE OF ABSENCE WITHOUT PAY POLICY – UTMDACC INSTITUTIONAL POLICY # ACA0101**

<b>PURPOSE</b>
The purpose of this policy is to clarify the circumstances for granting a trainee a leave of absence without pay and the approval and administrative process.
<b>POLICY STATEMENT</b>
It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to grant a trainee a requested leave of absence without pay, provided such leave: <ul style="list-style-type: none"><li>• Does not jeopardize the best interests of the institution based on the department's ability to maintain adequate staffing during the trainee's absence; and</li><li>• Does not interfere with the satisfaction of criteria for completion of the program.</li></ul>
<b>SCOPE</b>
This policy applies to all trainees.
<b>DEFINITIONS</b>
<b>Extended Leave Without Pay (ELWOP):</b> A leave of absence where the length of time is two (2) calendar weeks or longer above the vacation, sick, holiday and administrative leave allocated, or if the date of the return to duty is unknown.  <b>Leave Without Pay:</b> A leave of absence without pay granted for up to two (2) calendar weeks above the vacation, sick, holiday and administrative leave allocated. Such leave may be for medical or non-medical reasons.  <b>Mandatory Extended Leave of Absence:</b> Upon notification that a trainee who is on a temporary visa is no longer in status, such trainee may be placed on mandatory extended leave of absence without pay. The trainee is not allowed to work, should not be on the premises, and is not eligible for benefits for the duration of the mandatory leave of absence.

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## **PROCEDURE**

### **1.0 Request**

- 1.1 The trainee requests leave in compliance with program and institutional requirements.
- 1.2 The trainee also submits a plan approved by the program director for satisfying the criteria for completion of the program. The program director indicates, with the approval a funding source for the position, if the appointment is to be extended beyond the current academic year.

### **2.0 Justification**

Circumstances that justifies approval of sick or vacation leaves (see: [Sick Leave Policy for Graduate Medical Education Trainees \(UTMDACC Institutional Policy # ACA104\)](#) or [Sick Leave Policy for Research Trainees \(UTMDACC Institutional Policy # ACA 105\)](#), [Administrative Leave Policy \(UTMDACC Institutional Policy # ADM0293\)](#), and [Family and Medical Leave Policy \(UTMDACC Institutional Policy # ACA0100\)](#)) could support consideration of the granting of leave without pay for a like period, in the absence of any sick or vacation leave balances.

### **3.0 Approval**

The trainee's program director reviews and recommends the leave request to the department chairperson for approval.

### **4.0 Medical Reasons**

A trainee who requests time off without pay for medical reasons first expends all accumulated sick leave and vacation leave. See: [Family and Medical Leave Policy \(UTMDACC Institutional Policy # ACA0100\)](#).

### **5.0 Non-Medical Reasons**

A trainee who wishes to take a leave of absence without pay for non-medical reasons (e.g., family crisis) must first expend all allocated vacation leave.

### **6.0 Teacher Retirement System (TRS)**

A trainee may not withdraw Teacher Retirement System (TRS) contributions while on an extended leave of absence without pay without the action being considered a termination of employment. Eligibility for Teacher Retirement System benefits, disability, and survivor benefits continue during leave without pay.

### **7.0 Group Insurance**

In order to continue group insurance coverage the trainee makes prior arrangements with the appropriate benefits office to pay the premium on a monthly basis to the payroll office.

### **8.0 Leave Less Than Two Weeks**

Periods of leave without pay of two weeks or less are submitted on the Leave Authorization Request form and sent to Trainee and Alumni Affairs.

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### **9.0 Leave More Than Two Weeks**

9.1 If the period of leave without pay extends longer than two weeks, the department head submits a memo of justification to Trainee and Alumni Affairs as soon as possible. The department also provides notification verbally or electronically to Trainee and Alumni Affairs.

9.2 Leave time is documented and monitored by payroll action.

### **10.0 Returning to Work**

The program director notifies Trainee and Alumni Affairs in writing the date the trainee returns to duty. This document is the property of The University of Texas MD Anderson Cancer Center and, with few exceptions, may not be used, distributed, or reproduced outside of MD Anderson without written permission from the Institutional Compliance Office.

### **11.0 Maximum Time**

The maximum time period for an initial leave of absence is to the end of the fiscal year in which the leave begins. Program directors may not recommend ELWOP beyond the current fiscal year except for military service or health reasons. Granting such requests depends on the individual merits of each case.

### **12.0 Leave Extension**

12.1 Prior to the date established for return, or prior to the end of the fiscal year in which the leave began, the program director contacts the trainee to verify the trainee's intent to either return as scheduled, request an extension of the leave, or terminate. The department head or higher level management approves an extension of the leave.

12.2 If the leave is to be extended into the next fiscal year, the department head or higher level management sends a memorandum to the Chief Human Resources Officer (CHRO), or the CHRO's designee requesting the extension. After a review of the request the CHRO (or designee) notifies the department head of the approval or disapproval of the request. The department head notifies the trainee of the final decision.

### **13.0 Termination**

The termination date for trainees on Family Medical Leave (FML) is the date established for the end of the FML leave. For all other leaves, the last day the trainee worked is the termination date.

## **REFERENCES**

[Administrative Leave Policy \(UTMDACC Institutional Policy # ADM0293\).](#)

[Family and Medical Leave Policy \(UTMDACC Institutional Policy # ACA0100\).](#)

[Sick Leave Policy for Graduate Medical Education Trainees \(UTMDACC Institutional Policy # ACA104\).](#)

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## **INCLEMENT WEATHER/ADVERSE OR EMERGENCY CONDITIONS POLICY - UTMDACC INSTITUTIONAL POLICY # ACA0297**

### **PURPOSE**

The purposes of this policy are to:

- Ensure the safety of patients, visitors, and workforce members in the event of inclement weather/adverse or emergency conditions.
- Ensure adequate staffing to meet patient care and operational requirements and to protect institutional property in the event of inclement weather/adverse or emergency conditions.
- Provide procedures to communicate Severity Levels and reporting instructions to employees in the event of inclement weather/adverse or emergency conditions.
- Communicate management expectations for employees designated as Essential, Ride-Out, and Recovery Team members.
- Communicate employee personal responsibilities to prepare for Essential Personnel, Ride-Out, and Recovery Team roles.

### **POLICY STATEMENT**

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to recognize that inclement weather or adverse or emergency conditions may occasionally be so severe that it becomes necessary to suspend normal operations. These procedures identify: Severity Levels for emergencies; staff occupying essential and non-essential positions; and requirements for reporting to work.

The President or the designated Triage Officer(s) are the only persons authorized to suspend operations due to inclement weather or adverse or emergency conditions. In addition, there will always be an assigned member of senior management available, locally, in their areas of responsibility in the event of an emergency.

### **SCOPE**

This policy applies to all MD Anderson workforce members to include faculty and Trainee & Alumni Affairs educational appointees. Due to the geographic distance between the main campus in Houston and the Science Park facilities, Severity Levels and communications plans are site-specific to Houston or Science Park. The communications plan in this policy covers employees on the Houston campus, including the Mays Clinic Building, Cancer Prevention Building (CPB), and all other off-site locations in Houston.

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**Severity Levels:** Severity levels and post-storm activities may proceed through levels as described below:

- **NORMAL OPERATIONS**

**ACTIONS:** All managers and employees assigned to responsibilities for hurricane/severe weather and emergency planning and implementation are required to assess, review, and prepare plans to ensure a constant state of readiness.

**EFFECTS:** No effects.

**EXAMPLE CONDITIONS:** Continuing Activity throughout the year.

- **LEVEL 1**

**ACTIONS:** Localized actions may be required (Facilities Management only); actions may be restricted to an area, department, or group.

**EFFECTS:** There is no significant effect. No disruption of function. Very little damage. No apparent threat to personnel or patient safety.

**EXAMPLE CONDITIONS:** Utility or service failure (minor impact or service interruption), severe tropical storm, or weather watch/warning. For Hurricanes - Hurricane enters the Gulf of Mexico.

- **LEVEL 2**

**ACTIONS:** MD Anderson will be open for all business operations, including patient appointments; Clinics assess patient appointments. All employees will report to duty as scheduled. Notification will be made to appropriate management and Emergency Plan Officers (EPOs). The RING line 713-792-RING (2-7464) and EPO Line will be updated, Employee Alert site (<http://www.mdanderson.org/employeealert>) will be updated. Hurricane Ride Out Team members may be released to go home to secure personal property.

**EFFECTS:** Modification of operations may be necessary, but patient care can be maintained. One major function may be disrupted, but effect is anticipated to be temporary. Potential threat to personnel or patient safety may exist in limited areas. Horizontal evacuation of limited areas may be required.

**EXAMPLE CONDITIONS:** Confirmed fire or smoke – impact limited to one department or area. Hazardous substance release – impact limited to one department or area. Minor flooding. Utility failure – impact limited to one department or area. High probability of hurricane, tropical storm, or other severe weather. For Hurricanes – Hurricane landfall 36-48 hours out.

- **LEVEL 3**

**ACTIONS:** All employees designated as Non-Essential Personnel will be released from duty or will not report for duty. The Incident Command Center will be activated.

MD Anderson will usually be open for all scheduled patient appointments; however, clinics start canceling appointments. (*NOTE: Some non-essential personnel may be redesignated as essential, if necessary*). Notification will be made to appropriate management and EPOs. The RING line 713-792-7464 (2-RING) will be updated.

**EFFECTS:** Ability to carry on normal patient care may be restricted. One or more major functions may be severely disrupted. Minimization of operations and staffing is necessary. Vertical evacuation of a partial or total floor may be required.

**EXAMPLE CONDITIONS:** Major fire. Major flooding. Hurricane threatening Texas to Louisiana area, substantiated threat or event (involving terrorism, etc.). Hurricane, tropical storm or other severe weather threatening the Texas/Louisiana area. For Hurricanes – Hurricane landfall 24 hours out.

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- **LEVEL 4**

**ACTIONS:** All patient appointments will be cancelled. Typically, this level is only necessary during a hurricane or severe emergency conditions. Incident Command Center is activated. All employees designated as Essential Personnel are released from duty when the Ride Out Teams have taken over the operations of the institution. This is applicable to Hurricanes only. Essential Personnel are not released from duty during other emergency conditions. Notification is made to the appropriate management and the EPOs. The RING line, 713-792-7464 (2-RING), is updated.

**EFFECTS:** Patient Care is limited to provision of care to inpatients. Severe damage to facilities/utilities. Dire threat to personnel or patient safety may exist. Vertical evacuation of several floors or total evacuation may be required. Institution under a complete lock-down.

**EXAMPLE CONDITIONS:** Major fire. Major structural damage or failure. Hurricane threatening Houston area. Severe emergency conditions, event involving terrorism. Hurricane landfall in Houston/Galveston area.

**SEVERITY LEVEL START AND END TIMES:** Severity Levels III and IV have declared starting and ending times. Start and end times are announced via the RING line, 713-792-7464 (or 2-RING), and by e-mail. Every effort will be made to communicate end times in advance of shift changes. **Updates to the RING line will be made before each shift change at 5:00 a.m., 1:00 p.m., and 9:00 p.m., at the least, at an Emergency Level II and above.**

**Emergency Plan Officer (EPO):** Employees designated by their department/division to:

- Ensure seamless communications to all staff during emergencies.
- Ensure preparedness for his/her area of responsibility that includes but is not limited to ensuring: departmental emergency plans are updated; call trees are accurate and current; employees are trained on emergency procedures; departments have identified essential personnel, Ride Out, and Recovery teams.
- Coordinate response activities for their areas during any emergency.
- Coordinate recovery operations for their areas after an emergency.

**Essential Personnel:** Essential personnel are employees who have been designated, according to position, by their department/division as essential to the continued performance of their department and/or the institution. Essential personnel include employees who are required to sustain clinical services and/or who are responsible for the protection of institutional assets during declared Security Levels III and IV. They are required to report to their designated work site during all emergencies except hurricanes and/or severe weather unless instructed otherwise by their manager/supervisor.

Essential personnel are only released from duty when the Ride Out Teams have taken over the operations of the institution, which is only applicable for Hurricanes/Severe Weather. They are not released from work if currently on duty during any other emergency. If an employee designated as essential cannot report to work, he/she must contact his/her direct supervisor to advise of his/her situation as soon as possible. Managers are required to notify each employee in an essential position on an annual basis using the [Essential Staff Acknowledgment Form](#). Copies of these forms are maintained by the department. Each department will also maintain lists of essential staff and contact information in their departmental emergency plan.

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**Non-Essential Personnel:** Employees whose presence is not essential during a declared Severity Level 3 or 4 emergency or an unanticipated emergency event. Non-Essential personnel may be re-designated as essential as needed by their supervisor and with a **One-Up Approval**. Non-Essential personnel cannot leave until released by the supervisor and must return to work as normal routine operations are resumed.

**\*One-Up Approval:** Approval of an occurrence or situation by a manager that is one step higher in a direct reporting structure.

**Recovery Team:** Employees designated by their department/division as necessary for assisting with Recovery Operations for their area. If an employee designated to the Recovery Team cannot fulfill the assignment or cannot report to work as instructed, they must contact their supervisor to advise them of the situation. Each department with a Recovery Team will identify those members in their departmental emergency plan. Departmental Recovery Team lists should be updated annually.

**Ride-Out Team:** Employees designated to remain on-site during hurricanes to help cover operations and facilities for the institution. Some Non-Essential or Essential personnel may also be designated as Ride-Out Team members to help cover operations and facilities for the institution, if necessary. Staff may be designated as Ride-Out Team members by their supervisor and with a **One-Up Approval**. Ride-Out Team members must sign the [Ride-Out Team Acknowledgment Form](#) annually. Copies of these forms are maintained by the department. Each department with a Ride Out Team will maintain this list and contact information in its departmental emergency plan. Departmental Ride Out Team lists should be updated annually.

**RING Line:** The RING line, 713-792-7464 (or 2-RING), is a multi-line telephone system designed to communicate a standard message to large numbers of employees within a short period of time. In the event of severe weather/adverse or emergency conditions, all employees should check the RING line for instructions as to the current Severity Level for the institution and reporting instructions. Severity Levels 3 and 4 have declared starting and ending times and are announced via the RING line. RING line announcements for Severity Levels 2, 3, and 4 will have a date and time stamp for each update. Monitoring Services has primary responsibility for maintaining this system. **The RING line is updated at Severity Levels 2 and above conditions at 5:00 a.m., 1:00 p.m., and 9:00 p.m., at the least.**

**Triage Officers:** Group of designated individuals from senior management who are responsible for assessing information related to an emergency and escalating the severity for Levels 2 and 3. They are also responsible for ordering activation of the Incident Command System at Level 3. Triage Officers are contacted for level escalation in the following order:

- VP, Operations and Facilities Management.
- EVP and Physician in Chief.
- Sr. VP and Chief of Clinical Operations.
- VP, Nursing Practice and Chief Nursing Officer.

**1.1 Department managers** are responsible for maintaining a formal plan that identifies Non-Essential and Essential personnel (employees may be classified as essential during Severity Levels 3 and 4 emergencies – see above). All employees should be advised of

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their status in advance of a declared emergency. Managers with Essential personnel are required to maintain current departmental notification charts to ensure rapid communications in the event of Severity Level 3 and 4 emergencies.

**1.2 Employees** are responsible for monitoring the RING line, 713-792-7464 (or 2-RING), and/or institutional e-mail for updates on status of the institution.

## **2.0 Notification**

2.1 The designated Triage Officers will determine the appropriate severity level. Notification will be made to the appropriate management and/or EPOs.

2.2 Monitoring Services records the current severity level related information on the RING line. This information is approved by the Senior Executive in charge.

2.3 Employees should call the RING line, 713-792-7464 (2-RING), for the current severity level and instructions, and/or monitor institutional e-mail.

## **3.0 Responsibilities of Essential Personnel and Ride out Teams**

3.1 Employees designated as Essential or Ride Out during a declared emergency or unanticipated emergency event and/or during Severity Levels 3 and 4 emergencies will be required to report and continue to work as long as needed. These employees will be expected to prepare their homes and families appropriately so that they may report to work during an emergency as required. Preparations should include the following considerations:

A. No dependents of staff members will be allowed on MD Anderson property under any circumstances during an emergency due to the lack of appropriate facilities, supplies, and personnel to care for dependents on-site. Essential personnel and Ride-Out Team members are therefore encouraged to make prior arrangements for care/transportation of their dependents.

B. No pets will be allowed on MD Anderson property under any circumstances during emergency due to the lack of appropriate facilities, supplies, and personnel to care for pets. Essential personnel and Ride-Out Team members are therefore encouraged to make prior arrangements for care/transportation of their pets.

C. Essential personnel and Ride-Out Team members are allowed to bring only one car to the MD Anderson or TMC facilities during an emergency event.

3.2 Failure of an employee in an essential position to report to duty during a declared emergency, an unanticipated emergency, or Severity Level 3 and 4 emergencies may be grounds for disciplinary action up to and including termination.

## **4.0 Non-Essential Personnel**

Following the declaration of an emergency (Level 3 and above), all Non-Essential personnel will be directed to leave work and/or not report to duty until further notice. However, if adequate staffing is not maintained, then some Non-Essential personnel may be re-designated as essential and may be required to report or continue to work as long as needed with supervisor and One-Up Approval.



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### **5.0 Responsibilities of Recovery Team Personnel**

- 5.1 Employees designated to the Recovery Team for their department/area will be expected to report to work once the Incident Officer has declared activation of the Recovery Phase of an emergency.
  
- 5.2 Recovery Team members will be responsible for contacting their manager/supervisor and/or checking the RING Line to find out when they are expected to report to work to start recovery operations.
  
- 5.3 No family members, dependents, or pets will be allowed on MD Anderson campus. Recovery Team members are, therefore, encouraged to make prior arrangements for family members, dependents, and pets.

### **6.0 Return to Work**

- 6.1 The Incident Officer in-charge of an emergency will determine the time of return to normal operations for a Severity Level 3 and above emergency. The decision will be recorded on the RING line and also communicated via e-mail. All employees are expected to return to work for their next shift following the end of the declared emergency and return to normal operations.
  
- 6.2 Employees who are unable to report to work at the beginning of the next scheduled shift following the declared end time of an emergency due to localized conditions will use regular time off procedures (e.g., Paid Time Off or leave without pay).

### **7.0 Leave Records**

Department managers must maintain separate leave records for employees who work through declared emergencies and coordinate leave usage with Payroll Services. If Hurricane Ride Out Teams are activated, all Ride Out Team members must clock in and clock out at designated time clocks. Human Resources and Payroll Services will issue instructions, as needed, after the emergency is over.

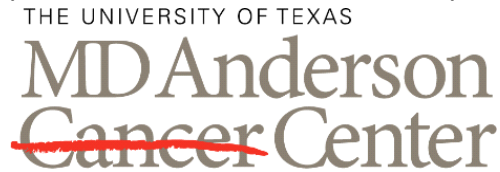
### **8.0 Pay Procedures**

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to provide leave for emergencies and inclement weather. Information specific to emergencies and inclement weather leave can be found within the MD Anderson Leave Guide in [the Emergency and Inclement Weather Leave section](#). The complete [Leave Guide](#) is located on the Human Resources Website.

## **REFERENCES**

[Emergency and Inclement Weather Leave section.](#)  
[Essential Staff Acknowledgment Form.](#)  
[Leave Guide.](#)  
[Ride-Out Team Acknowledgment Form.](#)

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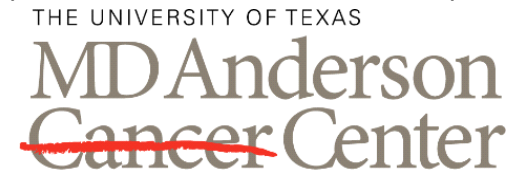


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## **MILITARY LEAVE OF ABSENCE POLICY - UTMDACC INSTITUTIONAL POLICY # ACA0301**

It is the policy of The University of Texas M. D. Anderson Cancer Center (M. D. Anderson) to provide Military Leave. As part of its comprehensive leave program, M. D. Anderson provides information on this type of leave in the [Leave Administrative Guide](#) located on the HR website.

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## **SICK LEAVE POLICY FOR EDUCATIONAL APPOINTEES**

<b>PURPOSE</b>
<p>The purposes of this policy are to:</p> <ul style="list-style-type: none"><li>• Provide clarification to departments regarding sick leave in order to maintain appropriate attendance levels of educational appointees.</li><li>• Comply with all applicable statutes, regulations and laws including The Pregnancy Discrimination Act of 1978 and The Family and Medical Leave Act of 1993.</li></ul>

## POLICY STATEMENT

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to provide sick leave with pay, when authorized, to eligible educational appointees for absences necessitated by personal illness, injury, pregnancy, parent/teacher conferences, or when the educational appointee is needed to assist a member of his/her immediate family who is ill or injured.

## SCOPE

This policy applies to benefits-eligible Trainee and Alumni Affairs educational appointees.

## STRATEGIC VISION

### Strategic Goal 3: Education

Provide educational programs of the highest quality to fully address the needs of all learners.

## DEFINITIONS

**Paid Time Off (PTO):** MD Anderson employee leave policy which does not apply to educational appointees.

**Sick Leave:** A lump-sum allocation of time that is not accrued.

**Sick Leave Allotment:** Full-time TAA educational appointees are allotted 80 hours of sick leave with pay for one year of appointment, effective on the first day of training.

Part-time TAA educational appointees are allotted sick leave hours with pay on a prorated basis, equal to a percentage of the full-time entitlement, effective on the first day of training.

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**Eligibility Criteria:** The educational appointee must meet the following criteria to be eligible for sick leave with pay:

- Trainees who hold appointments of at least fifty percent (50%) time.
- Trainees whose initial appointment is greater than 4 ½ months.
- Trainees who receive a stipend from MD Anderson.

**Immediate Family Member:** An individual related by kinship, adoption (including a certified foster child), or marriage who is living in the same household with the TAA educational appointee and minor children of the TAA educational appointee who are not living in the same household. Sick leave may also be taken to care for a spouse, parent, or non-minor child who does not reside in the same household only if the time taken is necessary to provide care as a direct result of a documented serious medical condition.

*NOTE: A TAA educational appointee may not use sick leave to care for a parent-in-law if the parent-in-law does not live in the same household.*

**Parent-Teacher Conferences:** A TAA educational appointee may use up to eight (8) hours of sick leave each appointment year to attend parent-teacher conference sessions for the TAA educational

appointee's children who are in pre-kindergarten through 12th grade. This does not include school programs, award sessions, athletic events, or chaperoning for school field trips.

**Military Leave:** When a TAA educational appointee is called for U.S. military active duty, the balance of unused paid sick leave is frozen until the TAA educational appointee returns to work.

**Department Transfer:** When a TAA research educational appointee transfers to another department during an appointment period, the balance of unused sick leave is maintained.

**Position Change:** When a TAA educational appointee transfers to a classified or faculty position within MD Anderson, the balance of unused paid sick leave is forfeited on the date of transfer.

**UT System Transfer:** When a TAA educational appointee transfers to another UT component, paid sick leave balances may be frozen, carried over, or forfeited depending upon the procedures of the accepting institution.

**Separation:** When a TAA educational appointee separates from MD Anderson, the balance of unused paid sick leave is forfeited.

**Death:** In the event of the death of a TAA educational appointee who holds a current appointment, the sick leave balance is payable to the deceased's estate.

## PROCEDURE

### 1.0 Program Director/Faculty Mentor Responsibilities

Program directors/faculty mentors are responsible for:

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- 1.1 Establishing and distributing leave use and procedures guidelines to all TAA educational appointees;
- 1.2 Reviewing leave guidelines during departmental orientation for new TAA educational appointees;
- 1.3 Ensuring that guidelines are administered in a consistent and fair manner; and
- 1.4 Establishing and monitoring departmental leave procedures and reports to Payroll.

**NOTE:** Departments may determine internal methods for verifying information submitted through the timekeeping system, including sign-off procedures, but no TAA educational appointee should have signature authority for his/her own requests for leave.

### 2.0 TAA Educational Appointee's Responsibilities

To use sick leave with pay, the TAA educational appointee must comply with the following:

- 2.1 Promptly report information about an illness to the appropriate department administrator;
- 2.2 Keep the department administrator informed of the progress of the illness and the expected date of return to duty; and

2.3 Submit sick leave request in compliance with departmental and institutional requirements.

### **3.0 Medical Certification / Physician's Report**

For absences of more than three working days, a medical certification or physician's report may be required. This report shall indicate:

3.1 The days the TAA educational appointee was ill;

3.2 The prognosis; and

3.3 A statement releasing the TAA educational appointee to return to work.

### **4.0 Parent-Teacher Conference**

If the absence is due to a child's parent-teacher conference, the department administrator must be given reasonable notice of the TAA educational appointee's intention to use sick leave to attend the conference.

### **5.0 Childbirth / Adoption / Foster Care**

Sick leave may be used for the birth of a child or the adoption or foster care placement of a child under three years of age.

### **6.0 Disciplinary Status**

TAA educational appointees on disciplinary status for attendance may be required to submit a physician's report for each absence.

### **7.0 False Pretenses**

Obtaining sick leave with pay under false pretenses, or other abuses of the sick leave privilege, constitutes grounds for disciplinary action up to and including termination.

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### **8.0 Family and Medical Leave**

TAA educational appointees on family or medical leave are required to utilize all allocated sick, vacation, and banked holiday leave prior to leave without pay, if applicable. See Family and Medical Leave Policy (UTMDACC Institutional Policy # ACA0100).

### **9.0 On-the-Job Injury / Workers' Compensation**

9.1 Absences resulting from on-the-job injuries are covered by Workers' Compensation Insurance and may be charged to sick leave prior to the TAA educational appointee's being paid compensation insurance, which begins on the eighth workday missed after the injury.

9.2 TAA educational appointees receiving workers' compensation insurance benefits are not subject to the requirement of utilizing all accumulated sick, vacation, and banked holiday leave.

### **10.0 Extended Illness**

- 10.1 When a TAA educational appointee's extended illness results in using the entire TAA educational appointee's allotted sick leave, further absences may be charged to vacation or banked holiday leave.
- 10.2 On depletion of sick, vacation, and banked holiday leave, the TAA educational appointee may be placed on extended leave without pay to the extent that each absence is consistent with criteria for completion of training and related deadlines.

## REFERENCES

[Attendance Policy for Educational Appointees \(UTMDACC Institutional Policy # ACA0096\).](#)

[Family and Medical Leave Policy \(UTMDACC Institutional Policy # ACA0100\).](#)

[Workers' Compensation Insurance Policy \(UTMDACC Institutional Policy # ADM0276\).](#)

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THE UNIVERSITY OF TEXAS



Making Cancer History®

## DEPARTMENTS OF IMAGING PHYSICS & RADIATION PHYSICS TRAVEL POLICY FOR GRADUATE RESEARCH ASSISTANTS IN THE GSBS MEDICAL PHYSICS PROGRAMS

Adopted June 2000, Page 1 of 5

### PURPOSE

This policy statement provides guidance regarding and clarification of institutional and departmental travel policies for all Imaging Physics and Radiation Physics trainees. Antecedent policies are cited in the reference section of this document. The sole objective of trainee travel is to further the education of the trainee.

### POLICY STATEMENT

The Department of Imaging Physics of The University of Texas M. D. Anderson Cancer Center will support with funding or educational leave only travel that meets the criteria stated in this policy. All trainees are expected to comply with the provisions of this policy and those underlying it unless exceptions have received the prior approval of the Deputy Chair for Education or the Chair of Imaging Physics.

### SCOPE

This policy applies to granting of leave and the reimbursement of Imaging Physics Trainees for travel.

## **STRATEGIC VISION**

Enhance the quality and outcomes of our educational programs by providing the travel resources necessary for trainees to participate in regional, national or international scientific and/or professional activities. The trainees should be prepared to take full advantage of this opportunity by focusing on both formal and informal opportunities to interact with faculty and peers from other institutions at all times during their travel. This includes attending structured components of the meeting (scientific sessions, etc.) and informal events (dinners, etc.) as suggested by their mentors.

## **DEFINITIONS**

BTA – *Business Travel Authorization* the process by which the institution prepays certain travel expenses for an employee rather than reimbursing the employee after the fact.

Imaging and Radiation Physics Trainee (subsequently “trainee”) -- any employee within the Department of Imaging Physics of The University of Texas M. D. Anderson Cancer Center who has an appointment through the institutional Office of Trainee and Alumni Affairs, including undergraduate

students, graduate students, research interns, post-doctoral research fellows and clinical residents.

Designated Headquarters – The nominal location where a trainee works. In most cases this would be the location of his or her office or desk.

The Program – This refers to the Medical Physics Graduate Education Program of The University of Texas Graduate School of Biomedical Sciences, the Imaging Physics Residency Program of The University of Texas M. D. Anderson Cancer Center, or the Postdoctoral Fellowship Program of the Department of Imaging Physics, as appropriate. Each of the programs is administered by the Department of Imaging Physics of The University of Texas M. D. Anderson Cancer Center.

Travel – Permission to be absent from the institution for educational purposes and the process by which related, approved expenses are reimbursed falls under the administrative category of “travel.”

## **PROCEDURE**

### **General Guidelines for Imaging Physics Trainee Travel**

#### **1.0 Travel Approvals**

All absences from a trainee’s designated headquarters for travel on institutional business must be approved before the travel takes place. Trainees who are absent without proper approval are considered to be absent without leave and are subject to forfeiture of pay and discontinuance of benefits for the duration of the absence.

#### **2.0 Administrative Support for Travel**

Approval and administrative support for the travel for trainees will be the responsibility of the trainee’s Program Director and of the Executive Director for Education. Processing of travel requests and related reimbursement requests will be provided by the Program Directors’ support personnel. All business air travel must be booked through The University of Texas MD Anderson Cancer Center’s approved travel agents.

### **3.0 Local Travel**

Attending in-city meetings that do not require an overnight stay are not considered Travel, per se. In these cases, the absence approval process in section 1.0 must still be followed, but the Travel Reimbursement form is not required. Parking and registration costs are reimbursable expenses for local conferences, but others, including taxi fares, car rental and meals will not be reimbursed. These disallowances are derived from State and Federal Regulations relating to point-of-service issues.

### **4.0 Combined Business and Personal Travel**

Only business travel expenses are reimbursable, but M.D. Anderson recognizes that, on occasion, personnel may wish to combine required business travel with personal time.

The BTA cannot be used to book any personal airfare. If the travel includes a "personal leg," then it must be booked and paid for separately. In addition, the State Rate may not be used for personal travel.

Families should not accompany trainees on official travel as family responsibilities can distract the trainee and detract from the educational benefit of the trainee's attendance at the conference.

Trainees may, with the permission of their Program Director, extend their absence with a family vacation either before or after a conference or other business travel.

### **5.0 Length of Stay**

Expenses incurred prior to the beginning, or after the conclusion, of official business are not reimbursable. The Program may allow, at the approver's discretion, one day prior and one day after the business scheduled for domestic travel and two days before and after for international travel. In these circumstances, hotel and meal expenses are reimbursable but not rental cars or other incidentals. In some circumstances, at the approver's discretion, extending the time away to include a Saturday night stay may be justified in order to reduce overall travel expenses.

### **6.0 Eligibility**

Trainees will receive leave and Program/departmental funding to attend one national meeting and/or one chapter meeting each academic year with the permission of the relevant Program Director. This is a privilege that is intended to enhance the education of the trainee. As such, it cannot be "banked" from year to year or transferred from one trainee to another.

### **7.0 Airfare**

Currently, there are two choices of airfares available:

- State Rate Airfare – Government fare, flexible, low airfares, MDACC preferred.
- Lowest Available – Restricted availability, Saturday night stay may be required, \$100 fee charge for changed, non-refundable tickets.

The department will book airline tickets at the cheaper fare, whether it be the state rate airfare or the lowest available, unless there is a possibility that the resident may need to make a change before or during the travel. Air transportation is to be "coach" class.

### **8.0 Personal Car**

If a trainee chooses to travel to a meeting by personal car, the reimbursement will be the lesser of (1) actual mileage based at the current state reimbursement rate, or (2) the average cost of round-trip airfare. The department discourages the use of personal automobiles unless it takes less time to drive than to fly or unless several people can travel together by automobile more economically than flying.



## 9.0 Registration

Trainees must register for meetings via the ProCard to avoid out-of-pocket expense.

## 10.0 Hotel

Hotel reimbursement for attending a meeting will be based on the State of Texas Office of Comptroller Guidelines for out-of-state lodging rates found at URL:

[https://fmx.cpa.state.tx.us/fm/travel/out\\_of\\_state/index.php](https://fmx.cpa.state.tx.us/fm/travel/out_of_state/index.php)

Trainees traveling are expected to share rooms. Trainees are responsible for booking their own rooms and providing the hotel information to the appropriate support personnel. Based on the cost of the hotel room and the State's out-of-state lodging allowance, the department will determine how many trainees must room together. Each trainee will be responsible for providing an original receipt in his/her name for his/her share of the hotel room upon return to the office. This should be discussed with the hotel at the time of check in and obtained when checking out as it is very difficult or impossible to obtain such receipts later.

## 11.0 Meal Allowance

Before trainees travel to a meeting, they will be informed of the allowable maximum reimbursement amount per day for meals according to the State of Texas Office of the Comptroller Out-of-State Meal Allowance Chart found at:

[https://fmx.cpa.state.tx.us/fm/travel/out\\_of\\_state/index.php](https://fmx.cpa.state.tx.us/fm/travel/out_of_state/index.php)

Original itemized receipts will be required for any meal costing more than \$25. **Alcoholic beverages are not reimbursable as part of travel meal expenses as a matter of state law.**

## 12.0 Airport Parking

Trainees will be reimbursed for parking their cars at the airport while on official business. Trainees are encouraged to car-pool to the airport and to use an economy lot when possible.

## 13.0 Non-Reimbursable Expenses (unless approved prior to travel by approver)

- Video Rental
- Phone Calls
- Cabs (other than to and from the destination airport to the meeting hotel or location)
- Incidentals
- Rental Car
- Internet services

## 14.0 Traveler Reimbursements

Reimbursement requests must be for actual expenses. If a daily limit is stated for reimbursement without receipts, that is not a "per diem" allowance but rather a convenience for the traveler. Travelers may not claim reimbursement in excess of their actual expenses and thus "make money" on official travel. The traveler will be required to swear an oath to this effect as part of the reimbursement

request. Trainees are expected to turn in their report of expenses with all original receipts within three working days of their return to work after travel.

## REFERENCES

Trainees travel on funding from Fund Group 1

General Travel Guidelines: <http://inside.mdanderson.org/departments/accounts-payable/travel/general-guidelines.html>

Airfare: <http://inside.mdanderson.org/departments/accounts-payable/travel/airfare.html>

Airport Parking: <http://www.theparkingspot.com/Promotions/CorporateHome.aspx?CCode=MDAn1219>

Hotel/Lodging: <http://inside.mdanderson.org/departments/accounts-payable/travel/hotel-guidelines.html>

Meals: <http://inside.mdanderson.org/departments/accounts-payable/travel/meals.html>

Mileage: <http://inside.mdanderson.org/departments/accounts-payable/travel/mileage.html>

Taxi/Shuttle/Car Service: <http://inside.mdanderson.org/departments/accounts-payable/travel/taxi-services.html>

Rental Car: <http://inside.mdanderson.org/departments/accounts-payable/travel/car-rental.html>

Registration Fees: <http://inside.mdanderson.org/departments/accounts-payable/travel/registration-fees.html>

## INSTITUTIONAL GUIDELINES FOR PERSONAL APPEARANCE

### Governing Policies\*:

[Appearance and Demeanor Policy \(UTMDACC Institutional Policy # ADM0261\)](#)

\* Refer to the governing policy, listed above, for more complete guidance and instructions.

#### General Appearance

- Personal appearance must be appropriate to the work being performed.
- The MD Anderson name badge should be worn in accordance with the [Identification \(ID\) Badge Policy \(UTMDACC Institutional Policy # ADM0282\)](#).
- Outer garments must be in good taste (style and fit), clean, in good repair and well pressed.
- Clothing with holes, frayed edges or patches are not acceptable.
- Clothing should generally not be more than one badge width above the knee.
- Revealing clothing is not acceptable at any time. Other unacceptable clothing includes: tight fitting shirts, pants, jeans or skirts, micro minis, low cut necklines, tube/halter/tank/midriff shirts, muscle shirts, tank tops, see-through fabric tops, and tight fitting clothing made of spandex or Lycra, strapless tops, tops with spaghetti straps, exceptionally tight or loose garments or bare midriffs).

#### Accessories

- Safety precautions in some areas may not permit jewelry.
- Devices or equipment that are not otherwise acceptable but that assist an employee's mobility, hearing, speech, sight, or otherwise mitigate a physical or mental impairment may be approved via the ADA accommodation process (see [Accommodating Disabilities in the Workplace Policy \(UTMDACC Institutional Policy # ADM0286\)](#)) and must be consistent with applicable safety standards.

#### **Footwear**

- Footwear must provide a safe and secure footing and offer protection against potential hazards.
- For safety and health reasons, employees performing laboratory tests and other related bench work activities must wear closed-toe shoes.

<ul style="list-style-type: none"> <li>• Attire should never be offensive, disruptive, or provocative (e.g., racist slogans, obscene words or words with a double meaning or political slogans are not acceptable).</li> <li>• Disposable shoe covers must not be worn outside the immediate work area unless necessary for infection control reasons.</li> <li>• No hats or caps unless required for reasons of ethnicity or religion, or to comply with departmental guidelines or health and safety reasons.</li> <li>• If a respirator is required as part of an employee's job, departmental guidelines or health and safety standards may prohibit beards or moustaches.</li> </ul> <p style="text-align: center;"><u>Business Casual Clothing</u></p> <ul style="list-style-type: none"> <li>• Clothing on such days should continue to project a professional appearance.</li> <li>• Departments may allow denim, jeans, T-shirts and/or sweatshirts (plain or with MD Anderson designs or logos).</li> </ul>	<ul style="list-style-type: none"> <li>• Shoes must be in good taste (style), clean and in good repair. Tennis shoes in good condition are allowed.</li> <li>• Hosiery/Socks for men and women may be required for health and safety reasons.</li> </ul> <p><b>Grooming</b></p> <ul style="list-style-type: none"> <li>• Good personal hygiene is an essential element of appearance.</li> <li>• Artificial fingernails may not be allowed based on the <a href="#">Hand Hygiene Policy (UTMDACC Institutional Policy # CLN0452)</a>.</li> </ul> <p><b>Hair</b></p> <ul style="list-style-type: none"> <li>• If beards or moustaches are worn, they must be kept clean, well-trimmed, and neat.</li> <li>• Employees who work in special cleanliness areas (e.g., dietary) must keep hair restrained by hairnets.</li> </ul> <p><b>Fragrances</b></p> <p>Fragrances should be used sparingly, if at all, especially by employees having patient contact. Fragrances may be prohibited in areas where individuals are allergic to them.</p>
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*Note: Divisions and/or Departments may have additional guidelines. Anyone needing an exception to the below guidelines should contact the EEO and Employment Practices Department.*