



Department of Medical Physics

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH



Medical Imaging Physics Residency Handbook

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Welcome!

Welcome to the Imaging Physics Residency Program at the University of Wisconsin–Madison. We are delighted to welcome you to a program that values curiosity, collaboration, and hands-on learning in a dynamic clinical environment. Over the next two years, you will work closely with faculty, physicists, and clinicians who are deeply invested in your development as a medical physicist.

The Imaging Physics Residency provides rigorous, immersive training across diagnostic imaging modalities while fostering a strong foundation in patient safety, clinical judgment, and professional practice. Residents train alongside board-certified medical physicists, radiologists, and other healthcare professionals in an academic medical center, with the goal of preparing graduates for independent clinical practice and board certification.

As a resident in this program, you are both trainees and employees. The program is structured to support your growth by balancing clinical service, learning, scholarly activity, and professional development, while providing access to the resources available to you as members of the UW community.

This handbook serves as a guide to the program's goals, structure, expectations, and available resources. While it cannot address every circumstance, it outlines the framework within which the residency operates and should be used alongside guidance from faculty, mentors, and program leadership. Open communication is encouraged, and we are committed to supporting your success throughout your residency.

I look forward to working with you and wish you a rewarding and successful training experience.



Alisa Walz-Flannigan, PhD, FAAPM, DABR, MRSE

Program Director

Imaging Physics Residency Program

Program Goals and Objectives

The University of Wisconsin Imaging Physics Residency Program is a 24-month training program designed for individuals who hold a graduate degree in Medical Physics or a closely related discipline (e.g., biomedical engineering or physics). Consistent with CAMPEP standards for 24-month Medical Physics residency programs, eligibility is restricted to applicants who have completed a graduate degree from a CAMPEP-accredited program, or to candidates who have earned a PhD in physics or a related field and have completed a CAMPEP certificate program prior to the start of the residency.

The primary objective of the program is to provide comprehensive clinical, technical, and professional training that prepares graduates to function independently as clinical medical imaging physicists. Graduates will be well equipped for success in attaining ABR board certification in Diagnostic Medical Physics. While the program has particular strength in preparing for future clinical-academic faculty, graduates receive broad training across all major clinical imaging modalities. This preparation supports diverse career paths in academic medical centers, clinical imaging practices, and imaging physics consulting groups.

As a CAMPEP-accredited program, we specifically address each of the CAMPEP Standard elements as described in the following table.

CAMPEP Standard for Imaging Physics Residency Graduates	Description of how this is addressed in the program
Understand the role of patient safety in the clinical practice of medical physics	Our program emphasizes the priority of patient (and staff) safety through scheduling "Radiation Safety" as the very first core clinical rotation where residents participate in the fundamentals of clinical imaging safety operations

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	• "MP701: Ethics and the Responsible Conduct of Research and Practice of Medical Physics" curriculum which includes case studies in patient safety, taken in PGY1. • Patient safety are key elements of required activities or rotation competencies throughout the residency program and include such elements as: ○ UWHealth annually required compliance training ○ Guest participation in rotation-specific safety committees (eg. X-ray, MRI) ○ Engagement with patient-significant dose alert review and follow-up ○ Patient dosimetry ○ Protocol optimization including review of any relevant diagnostic or achievable reference levels, and clinical imaging data mining and analysis ○ Participation in Image Wisely and Image Gently campaigns and educational endeavors ○ Evaluation of repeat/reject data and other QA and QI efforts with patient-safety related aims
Gain the technical knowledge, skills and competency required for the safe application of the technologies used in the practice of medical physics	• The plan for achieving and assessing fundamental technical knowledge is outlined within each modality's clinical rotation plan. These plans are intentionally comprehensive so that residents with limited prior exposure to a modality can still progress successfully. • Each rotation plan specifies training activities that support safely supervised learning in accordance with <i>AAPM Medical Physics Practice Guideline 3.b.: Levels of Supervision for Medical Physicists in Clinical Training</i>. Rotation mentors evaluate residents and document sign-off as they advance through the required supervision levels for equipment use. • Residents also have been encouraged to attend or audit courses and lecture series in the Medical Physics Graduate Program and in Radiology. Example: Our current resident has been attending the Ultrasound Imaging Course in Medical Physics (Spring 26) and the 22-lecture MR physics series for Radiology Residents.

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Foster an appreciation of the clinical purpose and applications of sophisticated technologies	• During clinical rotations, residents will shadow technologists, observe radiologists during image interpretation, and attend interventional procedures. These experiences offer essential clinical perspectives on the use, purpose, challenges, and impact of imaging technologies. • Engagement in clinical troubleshooting and optimization gives residents valuable insight into subtle yet critical aspects of technology implementation, details that may be specific to a given practice and not captured in published literature. • Residents are encouraged to attend clinical conferences and grand rounds in Radiology or other imaging-related disciplines. Topics may range from routine to advanced imaging procedures and can include clinical best practices as well as research developments. • Rotation mentors are also encouraged to expose residents to the broader scope of their clinical responsibilities, which may include equipment evaluations, clinical in-services, applications training or participation in cross-campus modality operations meetings.
Understand the protocols and practices essential to the employment of technologies to detect, diagnose and treat various illnesses and injuries	All modality rotations and informatics cover basics elements of image quality and technical protocol optimization. Residents also engage with mentors in the collaborative practice of standardizing and tailoring the related clinical imaging protocols which may contain instruction for technologists on which acquisition protocols are needed for specific exam orders, image quality targets or QA criteria, positioning and views, or typical dose metrics or patient-safety related guidance.

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Be able to use analytical and research methods to solve problems arising in the clinical environment	Skills for addressing problems in the clinical environment depend on several elements: a strong foundation in technical knowledge, self-awareness regarding the limits of one's own expertise or perception (and recognition of when team engagement is needed), an understanding of the clinical context in which a system or process is intended to function, and the ability to apply a structured approach to problem-solving. These skills are developed through: Technical knowledge: Provided through rotation-specific <i>knowledge competencies</i>. Awareness of the limits of one's knowledge or perception: Cultivated within the culture of our program and institution and modeled by mentors through their collaboration with the clinical practice. Understanding of the clinical context: Gained through the experiences and exposures described in preceding sections. Ability to apply a structured problem-solving approach: Supported through an overview of quality-improvement (QI) methodology in the Professional Development and Ethics Curriculum, including the PDSA (Plan–Do–Study–Act) and DMAIC (Define, Measure, Analyze, Improve, Control) frameworks. Residents apply these skills through experiential learning either by participating in or being assigned clinical problem-solving and troubleshooting tasks by rotation mentors.
Be able to deploy new strategies within the clinical environment	Combined, our Informatics Curriculum and our Professional Development and Ethics Curriculum include components that build residents' awareness of interoperability and integration frameworks, quality-improvement (QI) methodologies, change-management principles, and (optionally) project-management concepts. Residents have opportunities to apply this learning through work with mentors. These activities may include, but are not limited to:

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	• Equipment evaluations • Acceptance testing and commissioning of new equipment • Clinical implementation of new technologies • Validation of new clinical tools • Quality-improvement projects
Be able to critically evaluate research and scholarship in medical physics	Residents • work within a large and thriving academic medical physics department where there are numerous opportunities for exposure and engagement to question and discuss research and scholarship in medical physics • will participate with AAPM Multi-Institutional Journal Clubs (DX) • are encouraged and supported to engage in scholarly activity (posters, presentations, and papers) • are supported to attend scientific meetings
Gain communication and interpersonal skills that are necessary to function in a collaborative, multidisciplinary environment	Residents are provided with many opportunities to grow and develop their communication and interpersonal skills by providing service in a multidisciplinary clinical environment, social networking opportunities across programs, mentoring graduate students in clinical shadowing experiences, presenting their work to the department or at meetings, or leading small clinical projects or a journal club. In addition to feedback and mentoring provided by mentors during a resident's rotation, mentors are asked to provide evaluation specific to residents' communication skills and collegiality. This feedback, provided to the Program Director, may be used to help provide residents with additional opportunities for guidance, reflection, and application in developing their skills.
Foster the professional attributes and the ethical conduct and actions that are required of medical physicists	Our medical imaging physics residency program promotes professional and ethical conduct through a combination of structured education, mentorship, and model of a high-integrity, patient-focused approach to clinical work.

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	Residents receive targeted instruction in professionalism, ethics, and regulatory responsibilities through the Professional Development and Ethics curriculum. Faculty are expected to model integrity, accountability, respectful communication, and collaborative problem-solving, providing residents with clear examples of expected professional behavior. Through supervised clinical responsibilities, residents learn to uphold high ethical standards, take responsibility for their work, and contribute responsibly within the clinical team. Mentors are asked to provide evaluations on residents' demonstration of integrity in their work. This feedback, provided to the Program Director, may be used to help provide residents with additional opportunities for guidance and reflection in developing sound judgment and ethical awareness.
Foster the value of career-long continuing education to keep professional knowledge and skills current.	Our program actively fosters the value of career-long continuing education by embedding continuous learning into the daily practice of clinical imaging physics. Faculty model this commitment by engaging collaboratively with residents in ongoing learning—exploring emerging technologies, sharing the responsibility of staying current with new research, and working together to solve the evolving challenges encountered in clinical imaging. This shared approach demonstrates that continual professional growth is an essential and expected aspect of a successful career in medical imaging physics

Program Structure—Governance

The Imaging Physics Residency Program at the University of Wisconsin is housed within the Department of Medical Physics and operates in affiliation with the Department of Radiology and UW Health. Both Medical Physics and Radiology are departments within the University of Wisconsin School of Medicine and Public Health (SMPH), the academic medical school of UW–Madison. UW Health is a separately governed academic health system and serves as SMPH’s primary clinical partner. Residents are employees of SMPH and, through its affiliation with UW Health, are subject to the policies and procedures of both organizations.

The residency program is developed and administered by the Imaging Physics Residency Steering Committee, chaired by the Program Director, an SMPH employee. Resident clinical activities are coordinated by the Imaging Physics Residency Program Director in collaboration with UW Health. The Program Director is Dr. Alisa Walz-Flannigan, Associate Professor in the Department of Medical Physics. The Program Director reports to the Chair of the Department of Medical Physics.

Residency Steering Committee

The Steering Committee’s primary purpose is to review the educational program and advise the Program Director on substantive changes to curriculum or program administration. The Committee is responsible for oversight of overall program structure, curriculum, resident selection and the selection process, and ongoing program evaluation. It also provides directions to the Program Director and Program Coordinators on matters of program quality and continuous improvement.

The Steering Committee additionally reviews issues related to resident progress, adherence to policies and procedures, professional conduct, and any resident appeals involving corrective actions. The Committee serves as a forum for discussing comments or concerns raised by residents. Residents are encouraged to contact Steering Committee members at any time with questions, feedback, or suggestions for program improvement.

Medical Imaging Physics Residency Program

The email address for contacting the Steering Committee is:

medphysresidency@g-group.wisc.edu.

The Steering Committee meets at least twice per year, with additional meetings arranged as needed. Subcommittees may be formed to support specific functions, such as resident interviews and match-ranking.

The membership of the Steering Committee is, at minimum, made up of the Program Director, the Department of Medical Physics Chair, at least two other board-certified Diagnostic Imaging Medical Physicists active in the training of physics residents, and a board-certified radiologist. Steering Committee membership typically includes a supervising mentor from each of the core clinical rotations.

Members of the Steering Committee are selected by the Program Director based on commitment to and interest in physics resident education, and they are appointed mutually by the Department of Medical Physics Chair and the Program Director.

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The current Steering Committee membership includes:

Name	Role	Clinical Rotation
Alisa Walz-Flannigan, PhD, DABR, MRSE, FAAPM	Program Director Section Chief of Clinical Imaging Physics Rotation Mentor	Professionalism & Ethics, Radiography, Mammography
Michael Speidel, PhD	Interim Chair of Medical Physics, Cardiology Labs Technical Director, Rotation Mentor	Fluoroscopy, IR/ IC
Alison Grayev, MD, DABR	DR Residency Program Director (Radiology), Neuroradiologist	
Abigail Besemer, PhD, DABR	Therapeutic Medical Physics Residency Director (DHO)	Joint Imaging- Therapy topics
Emily Muzzillo, MPH	UW-Madison and UW-Health Director of Radiation Safety, Radiation Safety Officer Rotation Mentor	Radiation Safety
Mosa Alhamami, MSc, PhD, MCCPM	Rotation Mentor	Fluoroscopy, IR/ IC Mammography
Tyler Bradshaw, PhD , DABSNM	Rotation Mentor Director of Clinical Nuclear Medicine Physics (Radiology)	NM, PET, RPT
Alexandra Christensen, PhD	Rotation Mentor	Ultrasound
John Garrett, PhD, DABR	Rotation Mentor Director of Imaging Informatics (Radiology)	Informatics
Ivan Rosado-Mendez, PhD	Rotation Mentor	Ultrasound
Tim Szczykutowicz PhD, DABR	Rotation Mentor Director of Clinical CT Physics (Radiology)	CT
Karl Vigen PhD, DABMP	Rotation Mentor	MRI
IR = Interventional Radiology, IC= Interventional Cardiology, RPT= Radiopharmaceutical Therapy, DHO = Department of Human Oncology		

Residency Faculty

Other participating faculty and program affiliates that support the residency include:

Name	Clinical Rotation
Tom Aufdemberge, MS	Community Clinical, Medical Physics Consultants
Daniel Gomez Cardona, PhD (DABR)	Community Clinical, Emplify Health
Leah Henze Bancroft, PhD	MRI
Jon Haas	Radiation Safety
Samuel Hurley, PhD	MRI
Veena Nair, PhD	FMRI
Frank Ranallo, PhD, FAAPM (DABR)	CT, Radiography, Fluoroscopy
Ashley Tao, PhD (DABR)	Community Clinical, Emplify Health
Abbey Van Haren	Radiation Safety

Program Support Staff

The program support staff can help you with administrative tasks and questions:

Name	Role
Dennis Comerford	User Support Specialist
Erik Deitz	System Engineer
Gabby Fisk	Human Resources Business Partner
Anthony Hang	Financial Specialist
Taylor Hartung	Programs Manager
Jessica Napp	Administrative Specialist and Residency Program Coordinator
Mary Pierce	Pre-awards Grants Administrator
Molly Reed	Assistant to the Chair
Charles Reinke	Web Developer
Catherine Showers	Communications Specialist
Kristina Weaver	Chief Administrative Officer
Tommy Yang	User Support Specialist

Statement of Non-Discrimination

In conformance with applicable federal and state laws and University of Wisconsin System policy, the University of Wisconsin-Madison does not discriminate on the basis of age, ancestry, color, creed, disability, gender identity or expression, national origin, pregnancy, race, religion, sex, sexual orientation, veteran status, or other protected categories as defined by law, with regard to treatment of trainees in the educational programs or activities which it operates. Inquiries concerning this policy may be directed to appropriate campus admitting or employing units or to the Office of Equal Employment Opportunity and Compliance Programs (OEEOCP).

Additionally, information on support for individual belonging in SMPH and the Department of Medical Physics, related professional expectations, and resources for support can be found on the Department of Medical Physics website:

<https://medphysics.wisc.edu/belonging/> .

Facilities

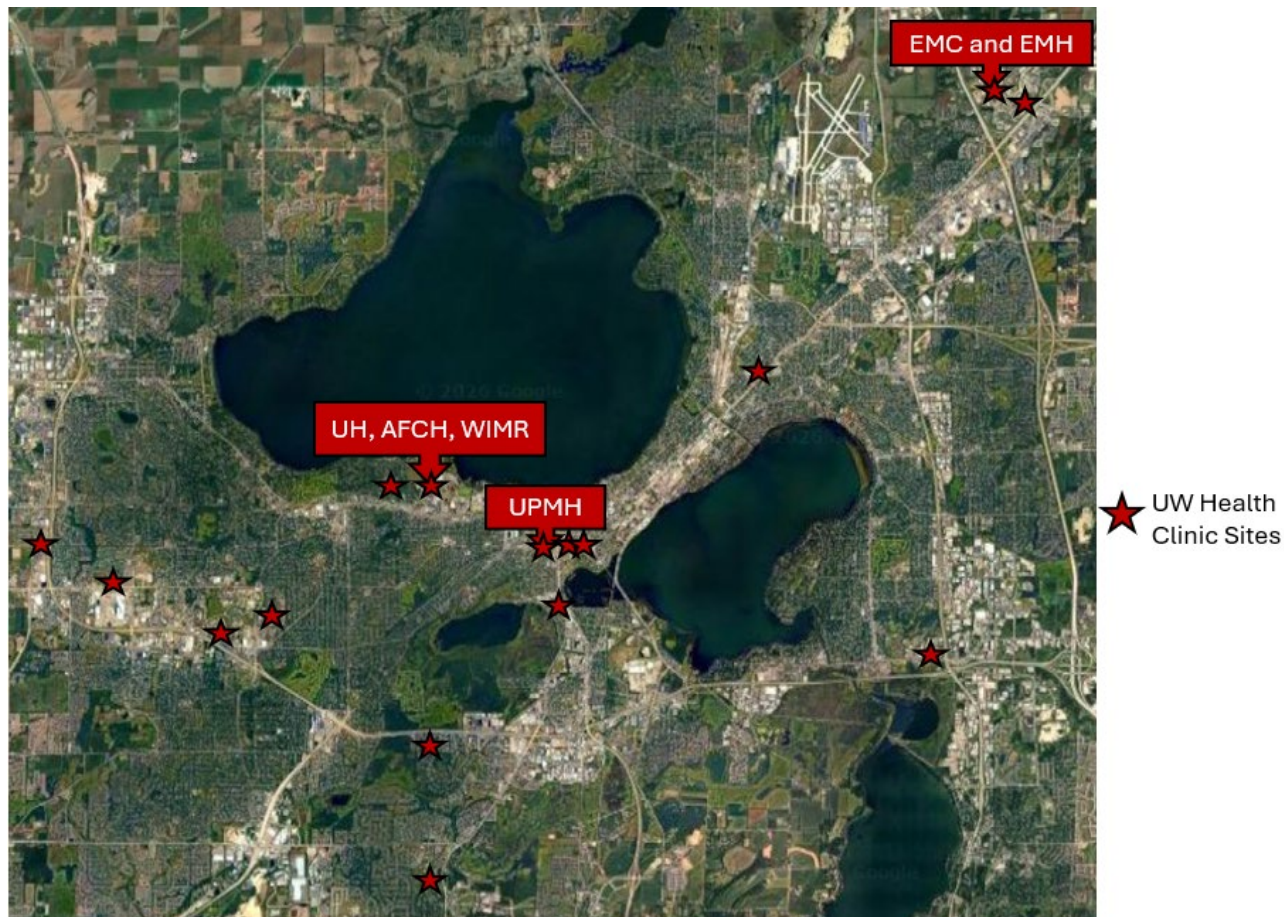
The Imaging Physics Residency Program education and training takes place primarily in the UWHealth University Hospital (UH) and the Wisconsin Institutes for Medical Research (WIMR). Hands-on training and equipment testing takes place across all hospitals under the UW Hospital and Clinics Authority (UH, AFCH, EMH, EMC, Clinics, as listed below) as well as UnityPoint-Meriter Hospital (UPMH), a partner with the UWHealth system. The integrated UWHealth system is a nationally recognized regional health system.

UW University Hospital (UH)  600 Highland Ave, Madison, WI 53792	505-bed hospital home to several nationally and internationally ranked programs. UH is also home to the Carbone Cancer Center, the only comprehensive cancer center in Wisconsin, as designated by the National Cancer Institute.
Wisconsin Institutes for Medical Research (WIMR)  1111 Highland Ave, Madison, WI 53705	Research facility attached to the UW University Hospital. The Department of Medical Physics' lab facilities and office spaces are housed here. This will be the primary work location for residents.
American Family Children's Hospital (AFCH)  1675 Highland Ave, Madison, WI 53792	Advanced medical care directed by University of Wisconsin pediatricians and pediatric surgeons in a facility connected to the UH

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East Madison Hospital (EMH)  4602 Eastpark Blvd, Madison, WI 53718	East Madison Hospital is a leading health care destination in the Midwest. EMH also features state-of-the-art rehabilitation care for patients recovering from surgery or sports injury.
Eastpark Medical Center (EMC)  4621 Eastpark Blvd, Madison, WI 53718	Opened in 2024, Eastpark Medical Center offers advanced treatments and coordinated, multi-specialty care for complex conditions.
UWHealth Clinics 	34 outpatient clinics in the Madison area (various locations)
UnityPoint-Meriter Hospital (UPMH)  202 S Park St, Madison, WI 53715	Partner of UW Health located near downtown Madison. UPMH is a 419-bed community hospital featuring a comprehensive array of medical and surgical services, including the busiest birthing center in the state.

Facilities Map



Through the Community Clinical Rotation, residents will also have the opportunity for clinical training with qualified medical physicists working with the following program affiliates:

- Emplify Health (Gundersen) based in LaCrosse, Wisconsin
 - Emplify Health (Gundersen) is primarily a community practice (non-academic) but does have in-house medical residency programs and fellowships. In addition to the main campus in La Crosse, Emplify Health has 6 corporate affiliate hospitals and approximately 20 regional clinics with diagnostic imaging equipment.

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- Medical Physics Consultants (MPC)
 - MPC provides diagnostic medical physics consulting services to over 1200 hospitals and clinics across Michigan, Indiana, Illinois, Wisconsin, and Utah/Nevada. Residents will have the opportunity to work under supervising QMP at diagnostic imaging practices served by MPC in the Madison and Milwaukee metropolitan areas.

Stipend and Benefits

The Imaging Physics Residency Program stipend rates are based on the Graduate Medical Education (GME) rates of the UW SMPH. Currently, those rates are \$71,185 for PGY-1 residents and \$73,895 for PGY-2 residents. The SMPH GME rates are based on the Council of Teaching Hospitals survey and are adjusted annually. This is a 100%-time appointment. Paychecks will be issued bi-weekly.

Each resident is also provided with health and dental benefits. Description of other fringe benefits can be obtained on the UW-Madison Office of Human Resources Benefits Services webpage: <http://www.ohr.wisc.edu/benefits/new-emp/grad.aspx>. Residents are not covered by the Wisconsin Retirement System.

Onboarding

The onboarding process will begin prior to the resident's start date. Residents will receive emailed instructions from SMPH-HR about activities required for employment and direction and timing for other SMPH onboarding requirements. Residents will also receive a "Welcome" email from the Program Director and Program Coordinator prior to their start, including relevant information such as "where to go on your first day", or selection of a PGY1 Extended Clinical Rotation.

During their first week of Orientation, Residents will meet with the Program Director. Each resident will be provided with their own "Portfolio" website on which they will find the program-specific Onboarding Checklist which the Program Director will review with them. The checklist outlines activities over the first month of Residency, as well as contacts and resources for accomplishing them. Residents are encouraged to ask for

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help from the Program Director, Program Coordinator, and other members of the Department of Medical Physics Community, as needed to help them swiftly navigate the onboarding process.

Compliance Training

Every fall, members of the School of Medicine and Public Health (SMPH) and UW Health community must complete certain requirements and trainings to ensure that they comply with requirements set forth by SMPH, UW–Madison, and UW Health. [The SMPH Compliance Hub](#) centralizes all compliance measures in one place.

Workspace

Residents will be provided with a cubicle desk in the shared office space of 1st Floor WIMR. This space is situated close to the Residency Program Director, residency faculty as well as the Department of Medical Physics administrative suite. Resident desks are in the same area as Department of Medical Physics Graduate Student desks, and residents are encouraged get to know their Graduate Student neighbors who may be excellent resources to them in getting to know Madison, the UW, and the Department.

Computers

Residents are issued an SMPH Radiology–provided laptop. These devices operate on the UW Health network, allowing residents to access both UW Health and wisc.edu email accounts, their UW Health home drive and network folders, and the full UW Health approved software library and Radiology resources such as PACS. When UW–Madison software has been approved for use on the UW Health network—such as 3D Slicer—RadIT installs it directly on the resident’s device to support their educational and clinical responsibilities. The laptop computers can access the internet, UW Health network or wisc.edu domain sites throughout campus and off-site via pre-configured VPN software. Access to UW wireless portals can be obtained using UWNet or eduroam SSIDs with an agreement that students will abide by the IT policies and procedures of the School of Medicine and Public Health and the University.

Conference Rooms

The Department's primary Conference Rooms are 1190 and 1121 in WIMR-1 and 2409 in WIMR-2. Meetings and social functions may be held in these rooms. To reserve a conference room, utilize the [Room Reservation System](#) or contact the Department of Medical Physics Administrative Staff.

University phone lines

Residents will not be provided with a university phone line at their desk. Use of university phone lines in conference rooms or other areas is for official university purposes only. To dial a number on campus, you dial the seven digits of the number. To reach an outside local line, dial "1" then the seven digit number. For long distance calls, dial a 1 + 1 + the area code + the seven digits.

Libraries

UW-Madison has more than 100 libraries across campus. Most Medical Physics faculty and students use the UW Health Sciences Ebling Library. The address is 750 Highland Avenue, and their phone number is 262-2020. You can access the Ebling Library at <http://ebling.library.wisc.edu/>

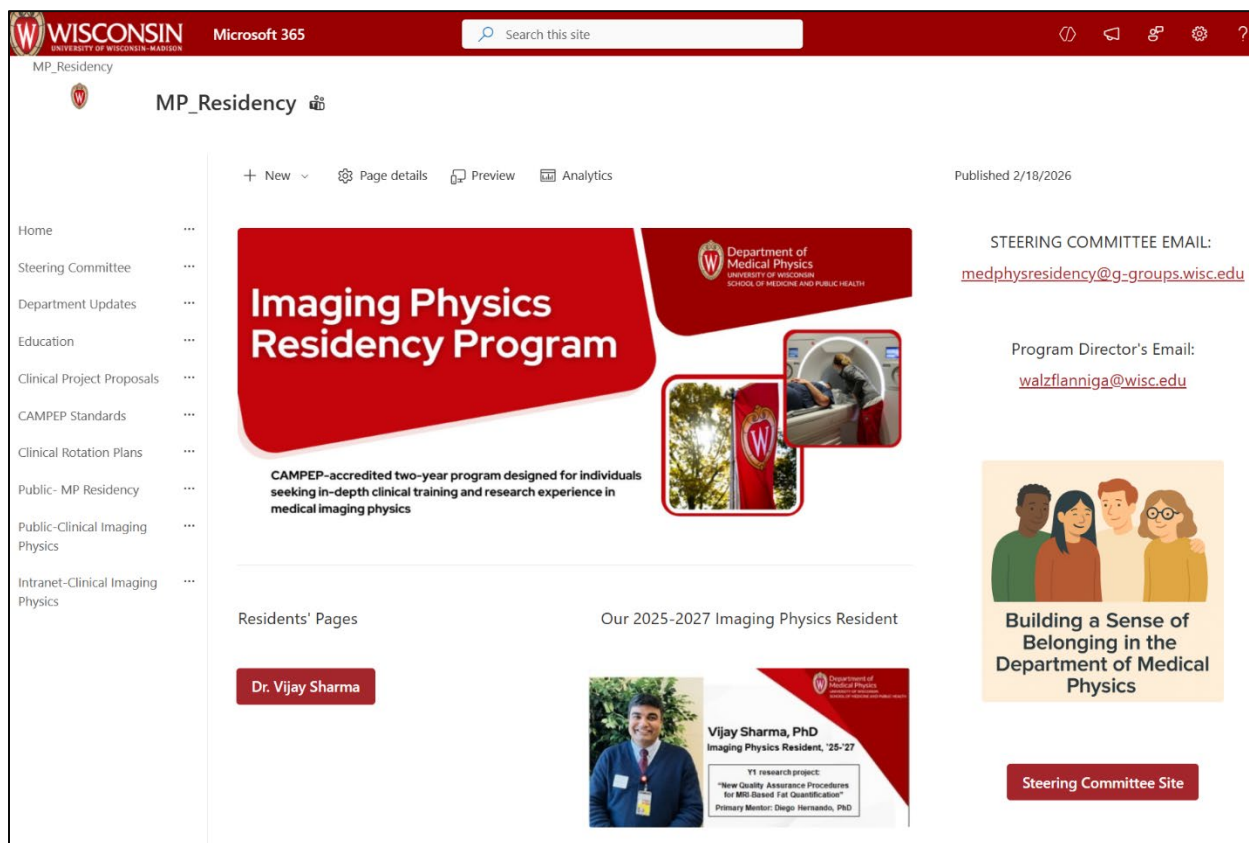
Being on a UW-Madison network or logging into your Wisc.edu account through the university library can grant you access to numerous journal databases as well as online journals and e-books.

In addition, the Department of Medical physics has its own library located in the Administrative Suite. The Department of Medical Physics library collection provides ease of access to many Medical Physics References, as well as graduate theses.

If a resident thinks it would be value for the program to have access to reference texts or other material, they should talk with the Residency Program director who can make requests for purchase via UW Libraries or the Medical Physics Department.

Important Websites

Imaging Residency SharePoint: Launch point for residency program curriculum, and other program resources. A screen shot of this site is below.

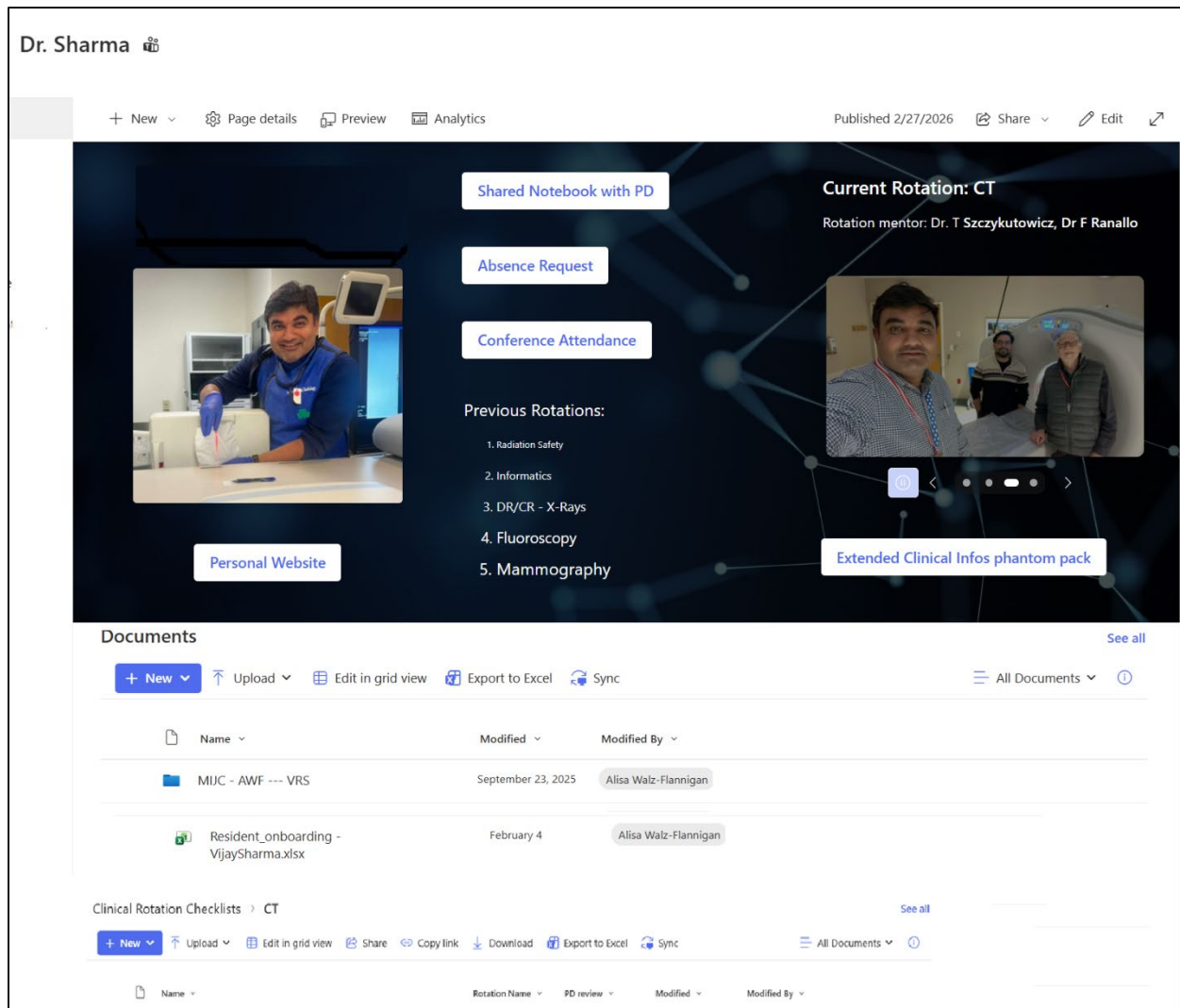


Resident “Portfolio” Sites

Each Resident will be provided with a “Portfolio” SharePoint site for maintaining records of completed activities and any other documentation related to program-required and program-optional competencies and activities. Portfolio sites contain onboarding checklists, rotation checklists, a conference-attendance list, absence request forms and a link to a shared OneNote notebook for meetings between the Resident and the Program Director. Portfolio site access is provided to the Program Director, Program Coordinator and the Resident’s faculty mentors who will need to review Residents’ core competency checklists.

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Residents are encouraged to make their site their own, and use it liberally to collect documentation on their training. An image example from a Resident Portfolio site is below:



The screenshot shows a user interface for a Resident Portfolio site for Dr. Sharma. The top navigation bar includes links for New, Page details, Preview, and Analytics, along with a published date of 2/27/2026 and options to Share, Edit, and link out. The main content area features a large image of Dr. Sharma in a lab coat, with a 'Personal Website' button below it. To the right, there are buttons for 'Shared Notebook with PD', 'Absence Request', and 'Conference Attendance'. A section titled 'Current Rotation: CT' lists the rotation mentor as Dr. T. Szczykutowicz, Dr. F. Ranallo. Below this, a 'Previous Rotations' list includes: 1. Radiation Safety, 2. Informatics, 3. DR/CR - X-Rays, 4. Fluoroscopy, and 5. Mammography. A 'Extended Clinical Infos phantom pack' button is also visible. The bottom section, titled 'Documents', shows a table of documents with columns for Name, Modified, and Modified By. The table lists two documents: 'MIJC - AWF --- VRS' (modified September 23, 2025 by Alisa Walz-Flannigan) and 'Resident_onboarding - VijaySharma.xlsx' (modified February 4 by Alisa Walz-Flannigan). Below the documents, there is a section for 'Clinical Rotation Checklists' with a filter for 'CT' and a 'See all' link.

Department of Medical Physics: General program info, upcoming seminars and events, and intranet

Department of Radiology: General program info, upcoming seminars and events, and intranet

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SMPH IT Support (Radiology Intranet): A laptop computer and peripherals will be provided to residents from the Department of Radiology. Assignment of a “Radiology Laptop” permits resident access to clinical information that must be kept secure in the UWHealth domain. Issues with computing resources or software needs should be directed toward Radiology Department specialists with the SMPH Informatics and Information Technology User Support Services team, contact information below.

The support and management of the software and non-hospital hardware used by UW SMPH Department of Radiology faculty and staff is provided by the SMPH Informatics and Information Technology User Support Services team.

Who?

- Jennifer Bonifas (Service Director)
- Bob Ash (User Support Manager)
- Mallory Dziuk
- Ryan Smith
- Peng-Sue Vang

How?

- By telephone at [608-265-9572](tel:608-265-9572) 
- By email at rad-help@uwhealth.org 

When?

7:30 AM to 5 PM Monday through Friday
except for University-recognized holidays

Time Off

For UW postgraduate trainees, leave policies are department specific. The Medical Physics Department Policy and guidance for Residents in the Clinical Imaging Physics Residency Program are as follows:

1. Residents are allowed the following paid absences **per program year**:
 - a. 176 hours of Absence with Pay (personal)
 - b. 96 hours of Absence with Pay (medical)
 - c. 9 Paid Legal Holidays as listed below

Legal Holiday	Annual Observance Date
New Year's Day	January 1
MLK Day	Third Monday of January
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Thanksgiving	Fourth Thursday in November
Christmas Eve	December 24
Christmas	December 25
New Year's Eve	December 31

When a legal holiday falls on a Sunday, the legal holiday is observed, and UW-Madison is closed on the Monday following the legal holiday.

2. **Scheduled Absence with Pay** (Personal or Medical):

- a. Because the training program relies on the availability of dedicated mentorship time, it is requested that residents coordinate planned absences in advance with their primary clinical rotation mentors.
- b. Time-off requests must be sent to both the supervising mentor for the clinical rotation in which it takes place and to the Program Director for approval.
- c. Time-off requests can be made via a submission form available on the Resident's "portfolio" website. More details on this can be found in the section on "Requesting Absences", later in this handbook.
- d. Time off is recorded in full day or half-day increments.
- e. Recommendations for taking time-off:
 - i. Time-off is least disruptive to training when coincident with planned absence of mentors or during inter-rotation breaks.
 - ii. Time-off, during rotations, can most easily be accommodated if taken during a primary rotation that is in the same modality area as the resident's extended clinical rotation.

3. **Unscheduled Absence with Pay** (Medical) for sick days should be submitted upon returning to work. Absences are submitted to the same form as Absence with Pay (Personal) as described in the program handbook.

4. **Scheduling Extended Leave**

- a. Eligibility for job-protected leave under the Federal Family and Medical Leave Act (FMLA) and the Wisconsin Family and Medical Leave Act (WFMLA) is contingent upon meeting specific service-length and hours-worked requirements. Generally, residents must have completed at least one year of employment and met the minimum hours-worked thresholds to qualify. More details on these specific eligibility criteria can be found on the employee leave benefits webpage. Residents are encouraged to reach out to their Program Director and the SMPH FMLA office at smph-fmla@med.wisc.edu as early as the necessity of leave is known to identify available leave mechanisms.

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- b. The Residency Program allows for extended leave for up to 6 weeks (30 workdays) for an approved leave event. The six weeks may utilize available "Absence with Pay" leave if approved by the Program Director. The maximum amount of paid leave available over the program duration is shown in the table below.
- c. Extended leave should be requested at least 30 days in advance whenever possible.
- d. Leave more than allowed paid leave must be taken as unpaid leave.
- e. Unpaid leave may have implications for employee benefits coverage; residents are encouraged to speak with the Program Director, the department HR Business Partner, and/or the Department Payroll and Benefits Coordinator as soon as the need for unpaid leave is known.
- f. Per CAMPEP accreditation requirements, absences totaling more than 40 workdays per year over the duration of residency will result in a required program extension for program completion. The minimum program extension is determined by the number of workdays required for program completion as described in the table below.
- g. A requested program extension (for completion of graduation requirements) that is beyond the minimum number of workdays required for program completion, may be allowed at the discretion of The Program Director in collaboration with the Residency Steering Committee and must be approved by the Chief Administrative Officer and Chair of the Department of Medical Physics.
- h. Any program extension will not change the maximum amount of paid leave available over the program duration.

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	Workdays (weekdays- legal holidays)*	Maximum paid leave available (personal + medical)	Maximum absence	Required # of workdays
	Days/year			
PGY1	252	34	40	212
PGY2	252	34	40	212
	Days over program duration			
	504	68	80	424

* The exact number of workdays during a program year may vary per calendar year.

5. Requesting Absences

The form for requesting absences can be found on the Resident's "Portfolio" SharePoint site by selecting "Absence Request:"

New item

Title

Enter value here

Requester

Enter a name or email address

Fiscal Year *

—

Fiscal Year Starts on July 1st and goes through June 30th of the following calendar year. FY2026: 7/1/2025-6/30/2026; FY2027: 7/1/2026-6/30/2027; FY2028: 7/1/2027-6/30/2028;

Request Type *

Absence with Pay (Personal)

See program handbook for details. Limits for each category aligned with policy: <https://policy.wisc.edu/library/UW-5088>, Absence with Pay (Personal) = 176 hours; Absence with Pay (Medical) = 96 hours; Absence with Pay (Parental) = see policy. Overall limit (all categories) capped at 40 workdays per year over the course of residency, per CAMPEP.

Start date

Enter a date

Do not include UW-paid holidays

End date

Enter a date

Do not include UW-paid holidays in your request

Total Hours

Enter a number

Must be a multiple of 4 Do not include UW- paid Holiday hours

Clinical Rotation Primary Mentor during time of absence

Enter a name or email address

Approved (by clinical rotation primary mentor)? *

—

Discussed with primary mentor, can be accommodated?

Approved by Program Director

—

Marked on SMPH-Resident Calendar

—

Details

Any clarifying information for this request, eg. 1st day is half day, or coincides with rotation primary mentor absence, etc

After submitting the form, an email will automatically go out to the resident, the Program Director, and to the current primary rotation mentor. The absence does not need to be approved before submitting the form.

Work-From-Home Policy

It is expected that during regular clinic hours, resident training will occur on-site, in person at WIMR or at clinical sites. Being present on-site provides resident availability to engage in opportunistic training. There may be some circumstances such as extreme weather or recovery from illness (where the resident feels well enough for work) where remote work is advised. While some tasks such as focused writing or study, exam preparation, remote meetings, or online training can be reasonably or preferentially accomplished off-site, the resident is asked to use this time sparingly where needed, and to inform the Program Director about their intention to work remotely.

If the Program Director finds that working-from-home creates problems for a resident availability for requested work, or if there is concern for a resident's progress toward program completion, the Program Director may decline resident requests to "work-from-home".

For remote work during regular work hours, residents are asked to utilize Microsoft Teams and update their work location and status.

Transportation

Medical physics residents are also eligible for a discounted [Madison city bus pass](#)

Residents are eligible to apply for a parking lot permit to park in one of the lots around the UW Hospital by visiting the [Transportation Services website](#). If this is your first time applying for an annual base lot permit, you will need to first fill out the online parking application request form. This is not the application for the parking permit itself. It is one-time process used to determine your eligibility for parking.

If you have questions, the Health Sciences Unit Transportation Coordinator can assist with your transportation and/or parking needs.

Email: healthsciencesparking@mailplus.wisc.edu

Accessibility and Accommodations

We aim to create a fully accessible environment for residents with disabilities who require accommodations to meet the essential functions of our program. While you are not required to disclose any disability at any point in the program, you are welcome and encouraged to request a reasonable accommodation if you anticipate that an adjustment, modification, or support would help you fully participate in the program's training, clinical, or educational activities.

Reasonable accommodation is a modification or adjustment to a job or work environment that permits a resident with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. An employer is required to provide a reasonable accommodation to a qualified applicant or employee with a disability unless the employer can show that the accommodation would be a fundamental alteration of the essential job duties or training program, cause undue hardship (e.g. significant difficulty or expense), or there is a direct threat for risk to the health or safety of the individual or others. Accommodation can vary depending upon the needs of the individual resident. Not all people with disabilities (or even people with the same disability) will need the same accommodation. Reasonable accommodations are determined on a case-by-case basis as part of an interactive process where we will work with you to try to find a solution and will also continue to evaluate the effectiveness once implemented.

You may request an accommodation informally by discussing the need for accommodation with the Program Director (Dr. Alisa Walz-Flannigan) or program coordinators (Jessica Napp). Your request will be handled with the utmost confidentiality and respect, and we engage in a robust process to determine reasonable workplace accommodations.

Alternatively, you can formally request a disability-related workplace accommodation by contacting your UW Divisional Disability Representative (DDR) for the School of Medicine and Public Health. The DDR will review such requests in accordance with the University policy and state and federal disability-related employment laws. More

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information can be found on the Office of Compliance Reasonable Accommodations and Appeals Information website.

Your well-being and ability to work comfortably are our priorities. Please do not hesitate to reach out to the Program Director with any questions or concerns related to accessibility accommodations. Also, you can contact the UW ADA Coordinator (ada_coordinator@wisc.edu) with any questions, or if you need a disability-related accommodation to participate in the appeals process.

Lastly, if you ever encounter any accessibility barriers in the workplace, you can submit a form [here](#).

Travel

Residents in the Clinical Physics Imaging Residency Program are expected to attend conferences as part of their training experience, ideally presenting results of their research completed during the program with clinical and medical physics mentors.

The residency program provides money for resident travel and meeting expenses through the departments of Radiology and Medical Physics. The travel budget is allotted per fiscal year and does not roll over. Travel must be pre-approved by the Program Director, and adhere to the [University Travel Policy](#). For FY26, that amount is \$2500 per resident.

The following expenses are allowable, within the limits of the allotted travel budget:

1. NCC-AAPM Chapter meeting
2. RSNA Annual meeting
3. Any scientific meeting where the resident will be the first author presenter for a poster or talk, on a topic that is directly related to their residency (e.g. AAPM).
4. One attendance-only scientific/professional meeting (except for NCC-AAPM and RSNA).

Scientific/professional meetings such as RSNA, AAPM, ISMRM, SPIE Medical Imaging, etc., are appropriate.

The resident will be responsible for travel expenses outside of their allotted travel budget or not within the University Travel Policy.

Please make all travel bookings with the Department of Medical Physics' guidance for [travel arrangements](#). It is advisable to book your first trip with assistance from the department administrators to ensure that all expenses comply with university policy. This will help to avoid any issues with reimbursement.

Travel reimbursements will be managed through finance@rad.wisc.edu. Contact the finance team after travel is completed to begin the reimbursement process.

Professionalism

All UW School of Medicine and Public Health faculty, staff and students are responsible for upholding the highest standards for professional conduct and ethical behavior in pursuing the school's missions of patient care, education, research, and service.

Professionalism includes: 1) demonstrating honesty, integrity, inclusivity, accountability, and fairness; 2) treating everyone, including patients and visitors, colleagues, staff, and learners, with kindness, compassion, and respect; and 3) making a commitment to altruism in all interactions. Faculty, staff and students are responsible for personally modeling professional conduct as described in the School's Shared Guidelines for Professional Conduct ([available here](#)) and inspiring and expecting professional behavior by others. The School of Medicine and Public Health expects all faculty, staff and students to abide by these principles of professionalism, and associated laws and university policies, in the performance of their responsibilities.

Residents' relationships with departmental personnel should be cordial and friendly. Under no circumstance is a resident allowed to reprimand ancillary staff for what they determine is poor execution of their duties. If a resident encounters problems regarding other residents, ancillary staff, or faculty members, these problems should be discussed with the Program Director(s). Any incidents of discrimination, bias, harassment, retaliation, and sexual violence can also be reported [here](#).

Residents are expected to be courteous and helpful to patients in the department. Training in professionalism (a broad, multi-faceted topic) will take place during residents' Orientation, as well as during the Resident's time in the department through multiple avenues.

Residents are expected to appear professional at all times and are expected to abide by local policies on dress code in the workplace. Generally, residents are expected to follow a business casual dress code in the clinic during working hours. Residents are encouraged to review the [most recent UWHealth policies](#) on dress code. A good rule of thumb is to follow the lead from the faculty and staff in the clinic.

Program Structure—Rotations and Schedule

The program is structured around three “lanes” of activities that run concurrently, as shown in the sample Program Schedule provided below. The current year’s rotation schedule can be found [HERE](#).

Faculty and residents are coached that primary clinical rotations should take about 50% FTE (Full-time equivalent) time over the course of rotation blocks. The resident also needs time for “out-of-rotation” activities (~25% FTE), and for their “extended clinical rotations” (~25% FTE).

Core Clinical rotations

Core clinical rotations progress sequentially over the course of program year. The majority of core clinical rotations are seen twice, with the curriculum split between program years to support the following benefits:

- a. The split year rotation schedule allows residents to rotate through all modalities in their first year. After residents have done initial training during a modality’s core rotation, they are better able to take advantage of opportunistic “out-of-rotation” activities like new equipment acceptance testing.
- b. Covering the same material and activities at different times, with a separation between, can help residents to solidify their learning. After a gap in time, residents can better assess the completeness of their notes or recall; they can see what information they retained and what needs more review (or better notes).

Completion of the Imaging Physics Residency requires successful completion of required competencies (outlined in each rotation plan) as well as continued professionalism and excellence in all areas of clinical service.

“Out-of- Rotation” Activities

The “Out-of-Rotation” time provides both encouragement and a guide for taking advantage of opportunistic learning while still retaining an overall program structure. Residents are coached that their primary clinical rotations have priority for scheduling, but that they can

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be available for “out-of-rotation” activities if they can accommodate that ~ 25% FTE over the course of a rotation block. During regular meetings with residents, if it is seen that the resident is falling behind on progress in a primary rotation or is struggling with the load balance, the Program Director will ask the resident and faculty to pause on “out-of-rotation” opportunities to allow the resident to focus on progress in their primary rotation. The “out-of-rotation” time is also used as a time-budget for other important activities like seminars, conferences and courses, participation in journal clubs or an MPLA cohort, or attending other meetings.

Extended Clinical Rotations

Clinical diagnostic imaging is a constantly evolving field as innovations translate to clinical practice, and as knowledge advances for system optimization and care delivery. Gaining a fuller understanding and appreciation for the knowledge and efforts that go into implementation, optimization and/or standardization in medical imaging can go beyond the required elements of the core clinical rotations. To achieve a greater depth of the knowledge and skills beneficial to clinical imaging physicists, residents will spend an Extended Clinical Rotation participating with a chosen faculty mentor or faculty group on a focused area of clinical innovation or quality improvement.

Extended Clinical Rotations provide residents with opportunities to

- dive deeper into an imaging area, and develop expertise,
- use analytical and research methods to solve problems arising in the clinical environment,
- critically evaluate research and scholarship in medical physics,
- develop a greater appreciation for the complexity or challenges relevant to the clinical practice of medical imaging
- build their portfolio of scholarly activity with published or presented work

PGY1- Extended Clinical Rotations

Clinical imaging faculty are invited to submit proposals for Extended Clinical Rotations which are typically centered around opportunities for scholarly work (eg. clinical research or clinical QI project). Proposals will be reviewed by the Program Director. Proposals that are applicable to the clinical practice of medical imaging physics, complementary to their core clinical rotations, will be sent to the residents (for their

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selection) prior to the start of their Y1. Residents will connect with primary mentors of their projects of interest, working with the Program Director for selection of a PGY-1 Extended Clinical Rotation.

PGY2- Extended Clinical Rotations

After rotation through all the modalities, residents may now have an idea of an area they would like to spend more time in. Residents are welcome to define goals and objectives with a chosen mentor and work together on an extended rotation plan, or the resident may choose from the existing proposals. All extended clinical rotation plans must be discussed and approved by the program director. Clinical research or clinical quality improvement projects should ideally lead to deliverables like conference presentations and peer-reviewed publications. However, although encouraged, these are not required for completion of the rotation which will be evaluated by the faculty research mentor.

If a resident needs remedial learning or other accommodation to successfully complete program requirements, this “Extended Clinical Rotation” time can be repurposed to meet those needs in the second year.

Load Balancing

While our residents are not required to do strict time accounting, we provide the 50%/25%/25% model as a guide for overall time budgeting by residents, and to help set expectations for mentors with what they ask of residents.

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Residency Start Date				7/1/2027							
50% FTE primary rotations		25% FTE	25% FTE	50% FTE primary rotations		25% FTE	25% FTE				
YEAR 1				YEAR 2							
Week	Rotation			Week	Rotation						
1	Orientation	Extended Clinical rotation, QI project, YR1	• Out-of-rotation testing • Clinical Conferences and course attendance • Journal Clubs • Professional Development & Ethics Curriculum • NIIC-RAD Informatics Course (March PGY1) • Program Director Meetings	53	Community Clinical Rotations	Extended Clinical rotation, QI project, YR2	• Out-of-rotation testing • Clinical Conferences • Journal Clubs • Professional Development & Ethics Curriculum • Theranostics Spring lecture series (March PGY2) • Rad Res Teaching • Program Director Meetings				
2	RADIATION SAFETY			54							
3				55							
4				56							
5				57							
6				58	ABR Exams or rotation break/wrap-up						
7				59							
8	IMAGING INFORMATICS			60	IMAGING INFORMATICS						
9				61							
10				62							
11				63							
12	Radiography			64	Radiography						
13				65							
14				66							
15				67							
16	Fluoroscopy , IR, IC			68	Fluoroscopy , IR, IC						
17				69							
18				70							
19				71							
20	RSNA			72							
21				73							
22	Mammo			74	RSNA						
23				75	Mammo						
24				76							
25				77							
26	rotation break/wrap-up			78				rotation break/wrap-up			
27	CT			79	CT						
28				80							
29				81							
30				82							
31	MRI			83	MRI						
32				84							
33				85							
34				86							
35	rotation break/wrap-up			87	rotation break/wrap-up						
36				88							
37				89							
38				90							
39	NM/PET + RPT			91	NM/PET + RPT						
40				92							
41				93							
42				94							
43	US			95	US						
44				96							
45				97							
46				98							
47	US			99	US						
48				100							
49				101							
50				102							
51	Y1 rotations wrap up and study			103	Y2 rotations wrap up and study						
52	Comprehensive MOCK ORAL;Y1 project presentation				Comprehensive MOCK ORAL ;Y2 project presentation; Graduation!						

Journal Clubs, Workshops, Classes and Seminars

Journal Clubs

Residents can gain additional exposure to new developments and others' perspective, by participating in AAPM Multi-institutional journal clubs (MIJC). Activities in journal clubs may count toward rotation completion pending approval by the appropriate rotation mentor. Participation in one year of an AAPM Professionalism and Ethics MIJC cohort is a required activity for the Profession Development and Ethics Curriculum.

Conferences, Workshops, Classes and Seminars

As part of resident education, and to gain exposure to advanced topics in medical imaging, residents are expected to attend relevant conferences and seminars in the Departments of Medical Physics and Radiology, the School of Medicine and Public Health, and beyond. While there is no minimum number of seminars that are required, residents are encouraged to enrich their training by frequent attendance.

Program faculty may request attendance at, or participation in, specific seminars, workshops, or classes as part of their rotation plans. Faculty may also encourage attendance at seminars or symposia that they feel will be valuable for resident learning.

Conference, class or workshop assignments or recommendations curated by program faculty, will be posted on resident's personal SharePoint "Portfolio" site or the Resident Shared Calendar. Residents should indicate in the document when they have attended a seminar on the conference tracking log provided to them.

Competency Demonstration and Activity Tracking

Program required knowledge competencies and practical competencies (rotation activities) are clearly listed within each rotation plan. Additional optional rotation activities may also be listed. Residents will document the attainment of knowledge competencies and completion of rotation activities on rotation checklists located on the Resident's Portfolio Website. Each core rotation (except for the Community Clinical Rotation) will have a checklist. Checklists are formatted as digital spreadsheets which will be uploaded to each resident's personal SharePoint Portfolio site. Along with basic expectations for professional conduct outlined in SMPH policy, the required elements on the combined checklists constitute the requirements for successful program completion.

Successful completion of a rotation typically involves three components:

- **Knowledge competencies** are achieved through didactic education and experiential learning. To check off a knowledge competency, the resident should provide "evidence of mastery" in the form requested by their supervising mentor. The evidence of mastery may be a resident's documentation (ie. a written

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procedure or summary of understanding) or ABR-exam style questioning provided by the rotation mentor(s).

- **Activities** should be marked as completed by the Resident as they are finished. Each rotation mentor will provide a list of required and optional activities and must sign off on completed activities.
- **Quality Control testing** should be logged as the resident completes quality control testing. Generally, the resident starts by observing quality testing and may work their way up to “general” supervision, meaning:
 - Observing – the mentor demonstrates the quality test for the resident
 - Personal Supervision – the mentor is present in the room and may assist while the resident performs quality testing
 - Direct Supervision – the mentor is available but not necessarily in the same room as the resident as they perform quality testing.
 - General Supervision – the mentor broadly oversees the resident’s testing responsibilities but is not necessarily available during testing.

These definitions are meant to be consistent with those outlined in ["AAPM medical physics practice guideline 3 b Levels of supervision for medical in clinical training"](#)

The mentor is responsible for determining the appropriate level of supervision needed for a given set of equipment. This will be logged and signed by the mentor in the resident’s checklist.

As the resident documents their rotation progress, the rotation mentor will sign off on the completion of each competency, activity, and QC log entry. If the resident demonstrates insufficient understanding of a topic, the rotation mentor may decide that remediation is required before signing off. Rotation mentors may also provide notes to the residents to prompt deeper understanding or to correct minor misunderstandings of subject matter.

Each resident will also be given a comprehensive ABR-style examination near the end of their first and second years. These exams are intended to prepare the resident for success in certification exams and are not used as a quantitative metric for completion of graduation requirements.

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While program completion is based on satisfactory attainment of required knowledge competencies and completion of required activities, it may occur (for reasons beyond the resident's or program's control) that an activity cannot be completed. If completion of the activity is not required for meeting CAMPEP requirements, the Program Director may choose to modify an activity requirement to be "optional"

Performance Feedback and Support for Residents

Requirements for program completion are clearly listed on rotation summaries. Residents demonstrate progress toward completion through rotation checklists and materials maintained on their Resident Portfolio website.

The Program Director meets regularly with residents to monitor their progress and, in collaboration with program faculty, provides support to ensure residents remain on track for successful completion of the program. The nature of support will be handled on a case-by-case basis but may include such steps as re-assigning the PGY-2 "Extended Clinical Rotation" as time for additional work or mentoring toward completing the core program requirements.

At the end of each clinical rotation and extended clinical rotation, mentors will be invited to provide feedback that may aid in general program improvement or in providing tailored support for individual residents. Rotation mentors are encouraged to provide feedback to residents directly during their rotation. However, the Program Director may also use the information provided in evaluations for mentoring or other intervention intended to benefit the success of the resident.

Performance or Conduct Issues

For significant issues related to resident performance or conduct that are not, or cannot be addressed, through the means described above, the Steering Committee may recommend placing a resident on probation. Following this recommendation, the Program Director will work with Human Resources and departmental leadership to provide the resident with a written statement outlining:

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- The expectations for improved performance or conduct
- The steps required to successfully resolve the probationary period

A probationary period must be satisfactorily resolved for the resident to complete the program.

Repeated or severe conduct issues may result in a recommendation from the Program Director or Steering Committee to the Chair of the Department of Medical Physics that the resident be dismissed from the program.

All performance and conduct concerns will be managed with the Office of Human Resources and in accordance with UW-SMPH policies and procedures, which afford the resident appropriate notice and an opportunity to respond.

Resident-Provided Program Feedback

Rotation Surveys

The program collects routine feedback from residents through a Qualtrics survey. Residents complete this survey at the end of each rotation to evaluate their clinical experience and provide recommendations for program improvement. The Program Director and Program Coordinator(s) review all resident evaluations and provide summarized feedback to the Steering Committee and relevant program faculty as appropriate for providing constructive feedback.

Residents meet regularly with the Program Director to discuss their progress, rotation experiences, and any concerns. Feedback provided outside of the formal survey process may also be helpful for program quality improvement.

Other Feedback Avenues

In addition to regular access and discussion with the residency Program Director, Residents have multiple avenues for reporting or discussing concerns related to their training experience or the program:

- **Program Steering Committee**
Email: medphysresidency@g-groups.wisc.edu
- **Department of Medical Physics**
Vice Chair for Social Impact and Belonging
Dr. Ivan Rosado Mendez
Email: rosadomendez@wisc.edu
- **School of Medicine and Public Health (SMPH) Resources**
Information for reporting concerns can be found on the SMPH intranet site:
[*Report a Concern – SMPH Intranet – UW–Madison*](#)

Exit Survey

The program collects feedback from residents at the end of their second year following graduation from the program, on a Qualtrics exit survey. Graduates are asked to rate mentor interactions, learning environment, overall evaluation of their rotations, and to provide comments and/or recommendations that can aid in program improvement.

Final Notes

Consider the handbook as a helpful resource, knowing that the Program Director, administrators, and rotation mentors are here to help you and guide you through your residency program. We are all excited that you are here, and we want to ensure that you receive an excellent education and that it is just as rewarding and enjoyable for you. We hope you look forward to making this training experience your own and growing as a medical physicist over the next two years!

Resident Attestation

Each resident should fill out the following form digitally upon their initial receipt of this handbook. Please save this page only as a PDF and save it to your personal Sharepoint site.

I have received, read, and agree to the terms of this handbook.

Signature

Date