University of Minnesota Medical School
Department of Radiation Oncology

MEDICAL PHYSICS Residency
Training Program
2014-2016

Mayo Mail Code 494
420 Delaware St. S.E.
Minneapolis, Minnesota 55455
Voice: (612) 626-6146
Fax: (612) 626-7060
E-mail: lawre012@umn.edu
PROGRAM GOALS
The program is intended to provide comprehensive training and experience in radiation oncology physics to candidates with a Ph.D. degree in physics, medical physics or a closely related field. The training will involve full participation of the physics resident in the clinical routine, under the supervision of the Program Director and the program faculty. Comprehensive training and experience will be provided in the broad areas of equipment calibration, radiation dosimetry, treatment planning, radiation shielding, facility design, radiation protection and quality assurance. The program is designed in accordance with the essentials and guidelines contained in the residency document of the American Association of Physicists in Medicine (AAPM). After successful completion of this training program, the candidate should have covered the essential curricula for the board certification examination in radiation oncology physics.

DESCRIPTION OF PROGRAM
a. Entry Requirements
Candidate must have completed their Ph.D. degree in Physics, Medical Physics, or a closely related discipline before acceptance into the program. The applicant’s undergraduate and graduate education should demonstrate knowledge acquired in the following areas:
   a. Fundamental physics
   b. Advanced mathematics
   c. Advanced atomic and nuclear physics
   d. Electronics
   e. Computers
   f. Physical chemistry

b. Length of Training and Orientation
The length of training will be two years for a medical physics graduate. The training calendar will normally start on July 1. During the first three months, the physics resident will receive orientation lectures and demonstrations in the clinic. The resident will work with a staff physicist to observe and participate in treatment planning, treatment simulations, patient dosage calculations, calibrations, clinical dosimetry, quality assurance, and other physical and technical tasks performed in the clinic. During this time the resident should develop an overall understanding of the physicist's role in the clinic.

c. Didactic Training
Starting with the fall semester, the physics resident will receive didactic instruction (if not a medical physics graduate) in the radiation oncology physics, diagnostic radiology physics, nuclear medicine physics, radiation biology, radiation oncology, anatomy and physiology. The following courses offered at the University of Minnesota will cover these areas:
The resident will be given time to attend the above classes and must pass the examinations associated with these courses. The results of these exams will be placed on record in the resident's file.

d. Practical Experience
   In parallel to the didactic course work, the physics resident will be assigned to a staff physicist by rotation to perform clinical tasks under his/her supervision. At the end of each rotation (e.g. 3 months), the staff physicist will hold a review session with the resident. The resident will identify and list procedures or tasks performed during the previous rotation and will be given a mock oral test in those areas. Additional literature reading assignments may be given at this time to strengthen theoretical understanding of various clinical procedures. A resident evaluation form will be completed and put in the resident's file.

The following broad areas will be covered during the two years of residency period. Normally, most of these procedures are encountered routinely in the clinic and the resident will perform these tasks repeatedly as the need arises for patients. However, the Program Director will augment training in areas which may not be practiced with sufficient frequency in the department. Also, additional areas may be added to the list if deemed essential to the professional needs of the resident. At the end of two years, the resident should be competent in the following areas:

a. Treatment Equipment (Teletherapy)
   Calibration: calibration according to protocol, acceptance testing, commissioning, beam data input into the computer, verification of computer isodose distributions, surface doses, buildup dose distributions, determination of parameters for monitor set calculations.
   Radiation Protection: head leakage, neutron contamination, area survey, design specifications, facility design.
   Quality assurance: daily, weekly, monthly and annual checks.

b. Simulator/CT Scanner
   Testing: acceptance testing and commissioning.
   Radiation Protection: beam quality, head leakage, and area survey.
   Quality assurance: mechanical, radiation, fluoroscopic, and processor.

c. Dosimetric Equipment
   Ion chambers: use of Farmer Chamber, plane parallel chamber,
survey meter (calibration and use), radiation field scanner (water Phantom).
TLD: annealing procedures, calibration, use of capsules, chips, in vivo dosimetry.
Film: film dosimetry for electrons and photons, sensitometric curve, and film badges.
Quality Assurance: Chamber calibration and intercomparisons, TLD quality control and survey meter calibration checks.

d. Treatment Planning
Equipment: Acceptance testing and commissioning of treatment planning computer, digitizer, plotter and other auxiliary devices.
Software: Check of computer algorithms for isodose generation, blocking, inhomogeneity and other benchmark tests.
Imaging: Check of CT and MRI images for accuracy of contour delineation, magnifications; CT numbers vs. electron density curve.
Isodose Plans: Treatment technique design and optimization, plan display and evaluation.
Quality Assurance: Point dose verification by manual calculation.

e. Treatment Aids
Field shaping: Custom blocking, multileaf collimators, half-value thickness blocks, gonadal shields, eye shields, and internal shields with electrons.
Bolus: Material and thickness.
Compensators: Design of missing tissue compensators and dosimetry check.
In vivo Dosimetry: Use of TLD chips, diodes (if available).
Patient Positioning: Immobilization devices, body position, leveling, and anatomic landmarks.
On-line Imaging: Verification of portal images in comparison with simulation images.

f. Special Techniques
TBI: Establishing dosimetry protocol for total body irradiation technique including dose calculation formalism, compensation and dosimetric verification.
TSI: Establishing total skin irradiation technique including treatment parameters, dosimetry and in vivo checks.
Electron Arc Therapy: Treatment planning and technique for electron arc therapy, and special dosimetry.
Intraoperative Electron Therapy (if available): Acceptance testing, commissioning, and complete dosimetry of applicators and other treatment conditions specific to IORT.
IMRT: Intensive modulated radiation therapy, theory and practice
Gamma Knife activities: Acceptance testing, commissioning, treatment planning, continuing quality assurance.
Tomotherapy
g. Stereotactic Radiosurgery
Specifications: Acceptance testing and commissioning of radiosurgery apparatus, beam data acquisition for small fields, data input into the treatment planning computer, and testing of dose calculation algorithm by head-phantom dosimetry.
Treatment Planning: Acquisition of CT, MRI, angiographics data; planning of isodose distributions in 3-D, plan evaluation, generation of treatment parameters.
Quality Assurance: QA checks before each case.

h. Patient Dose Calculations
Dosimetric Quantities: Percent depth dose, TPR, TMR, TAR, etc. and their relationship.
Monitor Unit Calculation: Calculations for different treatment conditions and techniques,
Verification of calculation formalism using bench mark problems.

i. Brachytherapy
Calibration: Acceptance testing and commissioning of brachytherapy sources, applicators, and HDR.
Source Preparation: Preparation of sources and applicators for implantation.
Radiation Protection: Radiation surveys, leak testing and other requirements of regulatory agencies.
Treatment Planning: Computer isodose distributions, check of dose calculation algorithm, implant system rules and dose specification.

j. Quality Assurance Program
Design or review of physical quality assurance program for the department, including the NRC mandated Quality Management Program, AAPM Report (TG-40), JCAHO guidelines, etc.

SPECIAL REPORTS
In addition to the above practicum as part of the routine clinical operation, the physics resident will be required to prepare a detailed report on selected practical projects which will include the following as a minimum:

   a. Radiation Detectors: ion chamber, triax cable, electrometer (2) Film: XV2, EDR2, Radiochromic (3) TLDs (4) Diodes

   b. Calibration of Orthovoltage X-Ray units;
      full calibration of linear accelerators: photon and electron beams

   c. Operation, acceptance testing and commissioning of linear accelerators. Acceptance testing and commissioning of treatment planning computer; explanation of algorithm
d. Acceptance testing and commissioning of treatment planning computer; explanation of algorithm

e. Room shielding design for simulator, CT, orthovoltage and megavoltage facility and radioisotope storage, radiation protection survey—linac

f. Special Procedure: IMRT

g. Acceptance testing and commissioning of brachytherapy apparatus and sources (LDR, HDR)

CONFERENCES
The physics resident will participate in all departmental conferences which the physics staff is required to attend. Presently these include:

New patient presentations (1/week).
Treatment planning (1/week).
Quality assurance (1/week).
Complications (1/month).
Special lectures and Seminars (as scheduled).

STAFF
The department currently has 6 board certified radiation oncology physicists, eight board certified radiation oncologists, 3 radiation biologists and other cancer research faculty. The following will participate in the training of medical physics residents.

Physicists
Bruce J. Gerbi, Ph.D.  Board Certified (Program Director)
Patrick D. Higgins, Ph.D.  Board Certified
Faiz M. Khan, Ph.D.  Board Certified
Parham Alaei, Ph.D.  Board Certified
Susanta Hui, Ph.D.  Board Certified
Yoichi Watanabe, Ph.D.  Board Certified
Eric Ehler, Ph.D.  Board Certified
Jane Johnson, M.S.  Board Certified
David Sterling, M.S.  Board Certified

Radiation Oncologists
Kathryn Dusenbery, M.D.  Board Certified
(Department Head)
Chung Lee, M.D.  Board Certified
Seymour Levitt, M.D.  Board Certified
James Orner, M.D.  Board Certified
L. Chinsoo Cho, M.D.  Board Certified
Margaret Reynolds, M.D.  Board Certified
Xin Wang, M.D.  Board Certified
Jianling Yuan, M.D.  Board Certified
Radiation Biologists
Chang W. Song, Ph.D.
Daniel A. Vallera, Ph.D.

The department is staffed with 7 registered therapy technologists, two certified medical dosimetrists, one maintenance engineer supported by the Hospital Biomedical Engineering department, one computer systems specialist, two nurses, two radiation oncology administrators, one physics executive secretary and other secretarial and clerical staff for the clinic.

FACILITIES
a. Treatment Machines: Currently the department has:
   Varian Clinac 2300 CD, with multileaf collimators, x-ray beams of 6 MV and 25 MV and electron beams of 6, 9, 12, 15, 18, and 22 MeV.
   Varian Clinac 2100C with x-ray beams of 6 MV and 18 MV and electron beams of 6, 9, 12, 16, and 20 MeV.

b. Simulator: Varian Ximatron C, Tomotherapy unit with 6 MV x-rays, CT Scanner, Siemens

c. Brachytherapy: 137Cs for GYN implants, 192Ir and 125I for interstitial implants and a Varian HDR unit.

d. Stereotactic Radiosurgery Unit: Varian Zmed system with BRW frame, SRS apparatus and Radionics XKnife-4 treatment planning system Gamma Knife unit.

e. Hyperthermia: Thermotron RF Model 8 treating at 8 MHz.

f. Dosimetry Equipment: Wellhofer water phantom, calibration water phantom, plastic phantoms, Rando phantom, electron arc dosimetry phantoms; three Farmer type 0.6 cc ion chambers, extrapolation chamber, three plane-parallel chambers, four Keithley electrometers; diodes, LiF-TLD system, film dosimetry system; ion chamber survey meter, neutron meter, G.M. counter, dose calibrator, scintillation well-counter; mercury barometer, aneroid barometer, thermometers, hyperthermia thermometry system.

g. Electronics lab, treatment aid and machine shop; hospital scientific apparatus shop

h. Well-equipped radiation oncology clinic.

i. Well-equipped radiation biology and immunology labs.

j. Treatment planning computer systems:
   3-D treatment planning system (Philips Pinnacle) with two work stations,
   Varian Eclipse & IMRT System with two work stations, Theratronics external beam/brachytherapy treatment planning system, Radionics XKnife 4 Stereotactic treatment planning system with HP high performance graphics work station. Approximately twenty desktop computers.

k. Access to imaging equipment (CT, MRI, US, etc.) through Diagnostic Radiology Department. Images available on Ethernet. Three dedicated PACS workstations with PACS access on all PC’s

l. Varian Varis record and verify system.

m. Library: Department library for radiation oncology literature, medical school library and other University libraries on campus
CLINICAL RESOURCES
A wide variety of cancer patients are treated, including total body irradiation, total skin irradiation, brachytherapy of cancer of the cervix, stereotactic radiosurgery, head and neck cancers, breast, Hodgkin's disease, lung, prostate, leukemias, sarcomas, etc. Patient load varies between 500 to 600 patients treated per year.

INSTITUTIONAL SUPPORT
Support is available for administration, budget, space, clinical and educational resources. The department also has a medical residency program and radiation therapy technology school.

EVALUATIONS
Electronic evaluation forms have been developed to monitor resident's performance and progress throughout the training period. The assigned faculty grades the performance of the resident at the end of each rotation and reports are filed in the resident's record. The Program Director meets with the resident at the end of each rotation to evaluate the overall effectiveness of the program and discuss any areas of concern. It is the Program Director's responsibility to advise, censure or dismiss residents, after due process, who fail to demonstrate adequate progress or competence.

ADDMISSION PROCEDURE
Qualified applicants are requested to submit their application material (listed below) as soon as possible. A transcript of undergraduate and graduate work, a personal statement, along with three reference letters must accompany the application. A Selection Committee consisting of medical physics faculty and a staff radiation oncologist grade the applications and select three or more candidates for interview. Interview expenses are borne by the candidate. Final evaluation of the candidates is made by the Selection Committee on the basis of the candidate’s educational background, special experiences, letters of reference and interview performance.

STIPENDS
Stipends and benefits provided to Physics Residents and their dependents are, in general, in accordance with the AAPM guidelines. However, the funding levels are updated annually and adjusted appropriately to reflect local situations.

DISCIPLINARY AND GRIEVANCE PROCEDURES

Discipline/Dismissal for Academic Reasons

A. Grounds
As students, Physics Residents/Post Docs are required to maintain satisfactory academic performance. Academic performance that is below satisfactory is grounds for discipline and/or dismissal. Below satisfactory academic performance is defined as a failed rotation; relevant exam scores below program requirements; and/or marginal or unsatisfactory performance, as evidenced by faculty evaluations, in the areas of clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient
management, communication skills, interactions with patients and other healthcare professionals, professional appearance and demeanor, and/or motivation and initiative.

B. Procedures
Before dismissing a Physics Resident/Post Doc or not renewing the Contract of a Physics Resident/Post Doc for academic reasons, the Program must give the Physics Resident/Post Doc:

1. Notice of performance deficiencies;
2. An opportunity to remedy the deficiencies; and
3. Notice of the possibility of dismissal or non-renewal if the deficiencies are not corrected.

Physics Residents/Post Docs disciplined and/or dismissed for academic reasons may be able to grieve the action through the Regents Student Academic Grievance policy. This grievance process is not intended as a substitute for the academic judgments of the faculty who have evaluated the performance of the Physics Resident/Post Doc, but rather is based on a claimed violation of a rule, policy or established practice of the University or its programs.

Academic Probation

Physics Residents/Post Docs who demonstrate a pattern of unsatisfactory or marginal academic performance will undergo a probationary period. The purpose of probation is to give the Physics Resident/Post Doc specific notice of performance deficiencies and an opportunity to correct those deficiencies. The length of the probationary period may vary but it must be specified at the outset and be of sufficient duration to give the Physics Resident/Post Doc a meaningful opportunity to remedy the identified performance problems. Depending on the Physics Resident/Post Doc’s performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; non-promotion to the next training level with further probationary training required; contract non-renewal; or dismissal.

Discipline/Dismissal for Non-Academic Reasons

A. Grounds
Grounds for discipline and/or dismissal of a Physics Resident/Post Doc for non-academic reasons include, but are not limited to the following:

1. Failure to comply with the bylaws, policies, rules or regulations of the University of Minnesota, affiliated hospital, medical staff, department, or with the terms and conditions of this document.

2. Commission by the Physics Resident/Post Doc of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the
Physics Resident/Post Doc to appropriately perform his/her normal duties in the residency program

3. Conduct, which violates professional and/or ethical standards; disrupts the operations of the University, its departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, or hospital/clinical staff.

B. Procedures

1. Prior to the imposition of any discipline for non-academic reasons including, but not limited to, written warnings, probation, suspension or termination from the program, a Physics Resident/Post Doc shall be afforded:

a. Clear and actual notice by the appropriate University or hospital representative of charges that may result in discipline, including where appropriate, the identification of persons who have made allegations against the Physics Resident/Post Doc and the specific nature of the allegations; and,

b. An opportunity for the Physics Resident/Post Doc to appear in person to respond to the allegations. Following the appearance of the Physics Resident/Post Doc, a determination should be made as to whether reasonable grounds exist to validate the proposed discipline. The determination as to whether discipline would be imposed will be made by the Department Head or his or her designee. A written statement of the discipline and the reasons for imposition, including specific charges, witnesses, and applicable evidence shall be presented to the Physics Resident/Post Doc.

2. After the imposition of any discipline for non-academic reasons, a Physics Resident/Post Doc may avail himself or herself of the following procedure:

a. If within thirty (30) calendar days following the effective date of discipline, the Physics Resident/Post Doc requests in writing to the Department Head a hearing to challenge the discipline, a prompt hearing shall be scheduled. If the Physics Resident/Post Doc fails to request a hearing within the thirty (30) day time period, his/her rights pursuant to this procedure shall be deemed to be waived.

b. The hearing panel shall be comprised of three persons not from the Physics Residency/Post Doc program involved: a chief resident; a designee of the Department Head and a faculty member. The panel will be named by Department Head or his or her designee and will elect its own chair. The hearing panel shall have the right to adopt, reject or modify the discipline that has been imposed.

c. At the hearing, a Physics Resident/Post Doc shall have the following rights:
• Right to have an advisor appear at the hearing. The advisor may be a faculty member, Physics Resident/Post Doc, attorney, or any other person. The Physics Resident/Post Doc must identify his or her advisor at least five (5) days prior to the hearing.
• Right to hear all adverse evidence, present his/her defense, present written evidence, call and cross-examine witnesses; and,
• Right to examine the individual’s Physics Resident/Post Doc files prior to or at the hearing.

d. The proceedings of the hearing shall be recorded.

e. After the hearing, the panel members shall reach a decision by a simple majority vote based on the record at the hearing.

f. The Physics Resident/Post Doc program must establish the appropriateness of the discipline by a preponderance of the evidence.

g. The panel shall notify the Medical Physics Resident/Post Doc in writing of its decision and provide the Medical Physics Resident/Post Doc with a statement of the reasons for the decision.

h. Although the discipline will be implemented on the effective date, the stipend of the Medical Physics Resident/Post Doc shall be continued until his or her thirty (30) day period of appeal expires, the hearing panel issues its written decision, or the termination date of the agreement, whichever occurs first.

i. The decision of the panel in these matters is final, subject to the right of the Medical Physics Resident/Post Doc to appeal the determination to the President’s Student Behavior Review Panel.

j. For employment grievances see the University of Minnesota Grievance Policy.

3. The University of Minnesota, an affiliated hospital, and the department of the Medical Physics Resident/Post Doc each has the right to impose immediate summary suspension upon a Medical Physics Resident/Post Doc if his or her alleged conduct is reasonable likely to threaten the safety or welfare of patients, visitors or hospital/clinical staff. In those cases, the Medical Physics Resident/Post Doc may avail he or she of the hearing procedures described above.

4. The foregoing procedures shall constitute the sole and exclusive remedy by which a Medical Physics Resident/Post Doc may challenge the imposition of the discipline based on non-academic reasons.

**Non-renewal of the Agreement of Appointment**

In instances where a Medical Physics Resident/Post Doc’s agreement is not going to be renewed, the Medical Physics Training Program ensures that its CAMPEP
accredited programs provide the Medical Physics Resident/Post Doc(s) with a written notice of intent not to renew a Medical Physics Resident/Post Doc agreement no later than four months prior to the end of the Medical Physics Resident/Post Doc current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the Department ensures that its CAMPEP accredited program provides the Medical Physics Resident/Post Doc with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

Medical Physics Resident/Post Doc(s) will be allowed to implement the institution’s grievance procedures if they have received a written notice of intent not to renew their agreements. Note: For employment grievances, see the University of Minnesota General Grievance Policy.

**Regents Student Academic Grievance Policy**

A. Scope and Purpose
   1. This policy addresses academic grievances only. Academic grievances are complaints brought by students regarding the University’s provision of education and academic services affecting their role as students. Academic grievances must be based on a claimed violation of a University rule, policy, or established practice. This policy does not limit the University’s right to change rules, policies, or practices.

   2. This policy does not apply to conflicts connected with student employment or actions taken under the Student Conduct Code. Also, complaints alleging violation of the University’s policies of sexual harassment and academic misconduct are not grievances under this policy. Such claims shall be referred to the appropriate office for investigation and review. Any compliant alleging discrimination in the University/student relationship, other than sexual harassment, may be filed under either this policy or with the Office of Equal Opportunity and Affirmative Action, but not both.

   3. It is the goal of this policy to provide a simple and expeditious process, allowing for both informal and formal resolutions of conflicts. Resolutions may include student reinstatement or other correction action for the benefit of the student, but may not award monetary compensation or take disciplinary action against any employee of the University.

B. Informal Resolution

   1. The first step of any resolution should be at the lowest unit level, between the parties involved or the parties and an appropriate administrator. Students may wish to consult the Student Dispute Resolution Center or similar support services for advice and possible mediation. If no informal resolution can be found at the lowest unit level, informal resolution may be sought at the collegiate level with the parties and higher-level
administrators. If the issue cannot be resolved informally, the complainant may move the case to the FORMAL level.

2. Grievances involving an instructor’s judgment in assigning a grade based on academic performance may be resolved only through the INFORMAL RESOLUTION procedures.

C. Formal Resolution

1. Each collegiate unit and the Office of Student Affairs will have an Academic Grievance Officer and an Academic Grievance Committee. Members will be drawn from the faculty, students, and academic staff, as provided by the committee structure of that unit. The Academic Grievance Officers of each collegiate unit will be a faculty member who holds no other administrative appointment. In the case of Student Affairs or other involved units without an established faculty, the Grievance Officer will be a member of that staff, with academic staff members drawn from the unit’s professional staff and with students and faculty drawn from throughout the University.

2. There will also be a University Academic Grievance Committee and A University Academic Presidents/Chancellors of Student Affairs. The University Academic Grievance Officer will serve as Grievance Officer for these matters. The University Academic Grievance Officer and the University Academic Grievance Committee will be appointed by the President in consultation with the appropriate appointing agencies and will be drawn from the faculty, students, and academic staff.

3. A complaint must be submitted in writing to the appropriate College Grievance Officer identifying the student grievant, the respondent individual(s) involved, the incident, the rule/policy/established practice claimed to be violated, and a brief statement of the redress sought.

4. The grievance should be filed in the collegiate unit in which the incident is alleged to have occurred, which may not necessarily be the student’s own college. For graduate student, the appropriate unit is the Graduate School.

5. The College Academic Grievance Officer will meet with the student and individual(s) involved to determine whether a satisfactory resolution can be reached. If this cannot be achieved, the Grievance Officer shall obtain a written answer from the respondent(s) and refer the matter to a hearing panel of the Academic Grievance Committee.

6. Hearing panels will be chaired by a faculty member and will have a maximum of three and, if determined necessary by the College Grievance Officer, a maximum of five members. On a panel of three, one will be a student. If membership exceeds three, it may include more than one student. In the case of a graduate/professional school complaint, the student member(s) will be graduate/professional school student(s).
case of an undergraduate complaint, the student member(s) will be an undergraduate(s).

7. Hearing panels will review the evidence and hold hearings as necessary. The panel will not substitute its judgment for that of those most closely acquainted with the field, but will base its recommendations on the whether a rule, policy, or established practice was violated. The panel will prepare a written report recommending a resolution of the matter and will send the report to the parties and to the Dean of the collegiate unit for review and action. If the Dean does not accept the recommendation, the Dean will provide a written explanation of any non-concurrence.

8. If any of the parties are not satisfied with the Dean’s resolution of the grievance, they may appeal to the University Academic Grievance Committee. Based on the written appeal and response, this Committee will determine whether there are sufficient grounds to hold an appeal hearing. The University Academic Grievance Committee will not hear a case de novo, but rather will determine whether the parties have been afforded due process. The University Academic Grievance Committee will report its recommendation to the appropriate Vice President, Provost, or Chancellor for review an action. If the recommendation is not accepted, the Vice President, Provost, or Chancellor will provide a written explanation of any non-concurrence.

9. The decision of the appropriate Vice President, Provost, or Chancellor is final and cannot be appealed.

**D. Timelines**

1. All complaints must be filed within 30 calendar days after the incident being grieved occurred. A response to the complaint must be filed within 15 working days.

2. Deans and Vice Presidents must act upon the recommendation of the committees within 30 calendar days. Appeals must be filed within 15 working days.

3. Timelines may be adjusted if there are compelling reasons for delay offered by any of the parties.

**UNIVERSITY SENATE ON SEXUAL HARASSMENT POLICY**

Sexual harassment in any situation is reprehensible. It subverts the mission of the University, and threatens the careers of students, faculty, and staff. It is viewed as a violation of Title VII of the 1964 Civil Rights Act. Sexual harassment will not be tolerated in this University. For purposes of this policy, sexual harassment is defined as follows:

"Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic advance, (2) submission
to or rejection of such conduct by an individual is used as the basis for employment decisions or academic decisions affecting such individual, (3) such conduct has the purpose or effect of unreasonable interfering with the individual’s work or academic performance or creating an intimidating, hostile, or offensive working or academic environment.”

As defined above, sexual harassment is a specific form of discrimination in which power inherent in a faculty member’s or supervisor’s relationship to his or her students or subordinates is unfairly exploited. While sexual harassment must often takes place in a situation of power differential between persons involved, this policy recognizes also that sexual harassment may occur between persons of the same University status, i.e., student-student, faculty-faculty, staff-staff.

It is the responsibility of the administration of this University to uphold the requirements of Title VII, and with regard to sexual harassment specifically, to ensure that this University’s working environment be kept free of it. For that purpose, these Senate procedures and guidelines are promulgated to avoid misunderstandings by faculty, student, sand staff on (1) the definitions of sexual harassment, and (2) procedures specifically designed to file and resolve complaints of sexual harassment.