

**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION**

**2011-2012
FELLOWSHIP POLICY MANUAL**

**Department of
Pediatrics
Pediatric Critical Care Medicine
Fellowship Program**

Introduction/Explanation of Manual

On behalf of the faculty and staff, welcome to the Department of Pediatrics at the University of Minnesota. We hope that the time you spend in the Pediatric Critical Care Medicine Fellowship Program will be both educational and enjoyable.

This Fellowship Addendum outlines policies and procedures specific to your training program. Policies in this addendum have been developed in accordance with standards set by the American Board of Pediatrics (ABP) and the Accreditation Council for Graduate Medical Education (ACGME), and are subject to periodic review and change by the faculty, program director, and department chair.

Refer to the Institution Manual and the Pediatric Program Policy Manual for further policies and procedures.

The Institution Manual can be found on the GME website at:
<http://www.gme.umn.edu/residents/instpolicyman/home.html>

The Pediatric Program Policy Manual can be found on the Pediatric Residency website at:
<http://www.pedsres.umn.edu/current/programmanual/home.html>

Department Mission Statement

The Department of Pediatrics at the University of Minnesota promotes excellence in academic subspecialty training with an emphasis on producing academic leaders who generate the new knowledge required to provide the best care for infants, children, and adolescents.

We will accomplish this through:

- Recruiting fellows with outstanding academic potential and commitment.
- Providing state-of-the-art clinical training.
- Providing exceptional training and mentorship in basic, translational, clinical, and epidemiologic research, medical education, academic leadership, and advocacy for pediatric health.
- Ensuring a scholarly work product during fellowship which serves to facilitate fellows' professional transition into academic faculty positions.

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SECTION 1 - STUDENT SERVICES

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Academic Health Center (AHC) Portal Access; Child Care; Computer Discount/University Bookstore; Credit Union; Disability Accommodations; Legal Services; Library Services; Medical School Campus Maps; Nursing Mothers Resources; Resident Assistance Program; University Card (UCard); University Events Box Office; University Recreation Sports Center(s))

MEDICAL SCHOOL REGISTRATION

Our pediatric fellowship program is a professional graduate program leading to professional qualification, but not an advanced degree. All fellows are formally enrolled as graduate students in the Medical School of the University of Minnesota, and are automatically registered each semester for their Medical School training course by the Pediatric Education Office. Trainees are not involved in registration for Medical School courses. When a trainee chooses to seek an advanced degree (as a requirement or not), it is their responsibility to notify the Pediatric Education Office. The Advanced Degree Notification Form should be used to notify Pediatric Education of enrollment into another college (e.g. School of Public Health, Graduate School) **THREE MONTHS PRIOR** to the beginning of the semester. Enrollment into other colleges affects trainee's Medical School and job classification status. Any expenses incurred as a result of non-disclosure (late fees, etc.) are the responsibility of the trainee.

Formal registration at the University of Minnesota Medical School is a requirement of our training programs. Therefore, if a registration "Hold" is placed on a student account due to library fines, dues, immunizations etc., the fellow is responsible for taking IMMEDIATE action to eliminate those holds or the program may remove them from training until the hold is resolved.

Questions regarding admission to the University of Minnesota, registration and eligibility for tuition benefits should be directed to the Education Manager in the Pediatric Education Office.

TUITION AND FEES

The tuition and ordinary fees for registration in the Medical School GME training programs (aka medical fellowship training) are waived at this time. Although trainees are paid through UMN, their job classification of a professional-in-training disqualifies them from receiving UMN tuition benefits (such as Regent's Scholarship). This means that any enrollment outside of medical fellowship training, including graduate programs, will incur tuition and fees. However, trainees do qualify to receive in-state (resident) tuition rates.

LATE FEES

Any late fees incurred due to holds on registration because of library fines, delinquent student loans, etc. are the responsibility of the trainee incurring the fees.

ADDITIONAL COURSES

Individuals wishing to take additional courses for credit should contact their Fellowship Coordinator **AT LEAST TWO (2) MONTHS** prior to the beginning of the academic semester. Permission in writing from the Fellowship Program Director is required to register for additional courses. There may be an additional cost to the fellow for registering for additional courses for regular day school and certain day/night courses. The department does not cover the cost for these courses.

CAMPUS MAIL

Any personal or professional mail, journals, etc. must be forwarded to your home address. University-related mail addressed to fellows is available in each fellow's postal box located in the Pediatric Critical Care Medicine, East Building MB532 office. Mailboxes are to be checked at least weekly, as relevant correspondence is placed here that is not suitable for email communication.

CAREER SEARCH RESOURCES

To assist fellows with their post-fellowship career search, Pediatric Critical Care Medicine Faculty are available for questions and advice. Individualize as needed.

E-MAIL

As a University student, you automatically have an x500 account. This account provides access to electronic resources within the University community, including the BioMedical Library. Your x500 account is also a University e-mail account. The residency program requires the use of your UMN e-mail, as it is our primary method of communication. If you choose not to use the UMN account, you must forward your UMN account to your preferred account. You are responsible for being aware of messages and notices sent via e-mail to your UMN e-mail address.

HIPAA TRAINING

You are required to be HIPAA compliant in order to participate in program rotations and activities.

The Department of Pediatrics' HIPAA Coordinator will contact you if you are noncompliant. If you remain noncompliant, the program director will contact you directly to resolve the situation; clinical sites can remove you from patient care activities due to noncompliance. More information on HIPAA training is available at: <http://www.ahc.umn.edu/privacy/hipaa/home.html>

PAGERS

University alphanumeric pagers are required at all times (the only exceptions are during a leave of absence or vacation). You will be assigned one pager number to be used throughout your fellowship. Pagers are available through your Fellowship Program Coordinator. Should you lose your pager, a temporary or permanent replacement can be obtained at the University of Minnesota Medical Center (UMMC/UMACH) Information Desk. Notify your Fellowship Coordinator immediately of the loss. Please note: Once you locate your lost pager, please return the replacement to Communications and notify the Coordinator, or you may be billed by the department. Pagers are the property of Fairview and must be returned no later than 30 days after leaving/completing the program. If you lose your pager, do not return your pager or if your pager becomes damaged beyond repair, you may be charged the replacement pager fee.

For those residents entering a UMN fellowship, your residency pager number can be transferred into fellowship by having your Fellowship Program Coordinator contact the Education Manager at elgray@umn.edu.

RESIDENT ASSISTANCE PROGRAM (RAP)

[RAP](#) offers expertise in dealing with unique needs of individuals in residency training programs. It is a free service available to all residents, fellows and immediate family members. The program is confidential and designed to be flexible to accommodate a resident's busy schedule. RAP's contact number is (651) 430-3383 or 1 (800) 632-7643.

SECTION 2 - BENEFITS

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Insurance: Dental Insurance; Health Insurance; Life Insurance; Voluntary Life Insurance; Long-Term Disability; Short-Term Disability; Insurance Coverage Changes; Immunization Services; Exercise Room at UMMC-FV; Bereavement Leave; Family Medical Leave Act (FMLA); Holidays; Medical Leave; Military Leave; Parental Leave; Personal Leave; Professional Leave; Vacation/Sick Leave; Witness/Jury Duty; Effect of Leave for Satisfying Completion of Program; Loan Deferment; Loan Program: Emergency Loan Program through Minnesota Medical Foundation; Minnesota Medical Association Membership; Professional Liability Insurance; Stipends; Veterans Certification for Education Benefits; Workers' Compensation Benefits).

EDUCATIONAL EXPENSE ALLOWANCE

In lieu of an expense allowance, the following are provided by the Division of Pediatric Critical Care Medicine:

- 1) Up-to-date editions of core textbooks in the Fellows' office library.
- 2) Several computers with current software and internet access to medical periodicals in the fellows' office.
- 3) Paid attendance to one approved conference annually in 2nd and 3rd years of fellowship, in addition to consideration for payment to conferences at which the fellow presents original work.

INSURANCE

Health and Dental Insurance Coverage

Life Insurance

Voluntary Life Insurance

Long-Term Disability Insurance

Short-Term Disability Insurance

Insurance Coverage Changes

Medical, dental, disability, and life insurance benefits are coordinated through the University of Minnesota's Office of Student Health Benefits. Detailed information is available at:

<http://www.shb.umn.edu/twincities/residents-fellows-interns/m-residents-fellows-health-plan.htm>.

For payroll/insurance questions, contact Deb Slavin, 612-626-6910/ slavi002@umn.edu. Deb is the Department of Pediatrics Payroll contact for fellows.

For strictly insurance questions, contact Office of Student Benefits at 612-624-0627 or umshbo@umn.edu. It is good practice to cc Deb on any communication regarding payroll or benefits.

Professional Liability Insurance

Professional Liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINO Limited. Coverage limits are \$1,000,000 each claim/\$3,000,000 each occurrence and form of insurance is claims made. "Tail" coverage is automatically provided. The policy number is RUM-1005-08.

Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence.

Contact information to either request a Certificate of Insurance or to request a Liability Credentialing/Claims History is located at: <http://www.gme.umn.edu/residents/instpolicyman/beneproflialilins/home.html>.

LAUNDRY SERVICES

Laundry is the responsibility of the individual fellow.

LEAVE POLICIES

POLICY ON EFFECT OF LEAVE FOR SATISFYING COMPLETION OF PROGRAM

All fellows should first review the University of Minnesota Medical School's Institution Policy Manual for the sections discussing LOAs and leaves. This manual is at:

<http://www.med.umn.edu/gme/residents/instpolicyman/home.html>.

As required by the American Board of Pediatrics, all fellows must complete three years (36 months) of pediatric training. Of these, 33 months must be spent in completing training requirements. This leaves one month for each year of training to be applied to vacation, sick time, parental leave, and other absences. When accumulated absences from training exceed this three month allotment, training may be extended to satisfy ABP requirements.

If you have questions regarding training time requirements, please review these with your Fellowship Program Director.

Family Medical Leave Act

Refer to the Institution Manual at: <http://www.med.umn.edu/gme/residents/instpolicyman/home.html>.

FMLA is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for a serious health condition, for the birth or adoption of a child, and for the care of an immediate family member who has a serious health condition or who is called to certain active duty status in the Armed Forces. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity.

Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees are eligible for FMLA leave if they have worked at the University for at least 12 months. These 12 months need not be

consecutive; however, if an employee has had a break in University service of greater than seven years, prior periods of employment will not be counted subject to certain exceptions. In addition, to be eligible, employees must have worked at least 1,250 hours in the 12 months preceding commencement of the leave. Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). The trainee may qualify for Short Term and Long Term Disability benefits.

Please refer to the [Office of Human Resources website](#) for further information.

Time away for these absences may extend training if they cause you to miss more time away from the program than allowed by the ABP. Contact your program director and coordinator if you plan to use FMLA for additional time away than the normal leave policies as outlined below.

Bereavement, Jury/Witness Duty, and Military Leave

Let your program director and coordinator know as soon as possible when there may be a need for you to utilize one of these leaves. Time away for these absences may extend training if they cause you to miss more time away from the program than allowed by the ABP. Refer to the Institution Manual at: <http://www.med.umn.edu/gme/residents/instpolicyman/home.html>.

Vacation

Standard paid vacation time is three weeks per year for each fellow to be arranged at least 90 days in advance with the Fellowship Director. Vacation time cannot be carried over from training level year-to-year.

Holidays

Fellowship programs follow the Pediatric Residency Program holiday schedule and policy located at: <http://www.med.umn.edu/peds/pedsres/current/programmanual/benefits/leave/holidays/home.html>. University of Minnesota, University of Minnesota Physicians, or other organizations' official holidays are not program holidays. *Note that if a fellow is on an ICU service month, if another fellow is post-call and present to do morning rounds, the service fellow is excused from coming to the ICU that day. Fellows should expect to be on call for some holidays each year which the Fellowship Director will try to balance fairly among fellows. Please also note that schedules will be created such that no attending will be left without either a fellow or a cross-covering attending for longer than 48 hours.*

On-service fellows are expected to be present on the ICU and/or present for call duty, if scheduled.

Interviewing Time

A fellow may take up to three calendar days of non-vacation time to interview for a job. These dates must be scheduled with the program in advance and minimize program interruption. Additional time may be subtracted from vacation time.

Professional/Academic Leave

A fellow may take up to four calendar days of non-vacation time to attend professional meetings in each year of fellowship. The fellow must submit a request indicating (a) the conference objectives and essentials and the ways in which the meeting fits into the fellow's overall training goals, and (b) plans for appropriate coverage of patient care responsibilities. The travel request must be approved by the Fellowship Director at least 60 days in advance of the conference.

Parental: Maternal/Paternal/Partner Leave

The typical date/pay configuration in Pediatrics for parental leave is as follows:

- Maternity Leave (LOA Form MUST be completed and given to Fellowship Coordinator, Education Manager (elgray@umn.edu), and Payroll (slavi002@umn.edu) prior to leave):
 - Typical birth-Two (2) weeks of paid time that does not extend training and four (4) weeks of short-term disability benefits that extends training. Any time on LOA after these dates is unpaid and extends training.
 - Cesarean-section- Two (2) weeks of paid time that does not extend training and six (6) weeks of short-term disability benefits that extends training. Any time on LOA after these dates is unpaid and extends training.
- Paternal Leave: Two (2) weeks of paid time that does not extend training. Any time on LOA after these dates is unpaid and extends training.
- Partner Leave: Two (2) weeks of paid time that does not extend training. Any time on LOA after these dates is unpaid and extends training.

For maternity leaves, you must notify the following people once your baby is born so we can insure we process the paperwork, payroll, etc correctly. You can do this via email:

- Fellowship Coordinator
- Deb Slavin (slavi002@umn.edu)
- Emily Gray (elgray@umn.edu)
- Office of Student Benefits (umshbo@umn.edu)

Sick Leave

An illness resulting in an absence from a rotation must be communicated to the Fellowship Program Director to assure adequate coverage. Any illness resulting in an absence in excess of forty-eight (48) hours requires a physician's letter describing the medical condition, reason for absence, and anticipated length of the illness. This policy applies only to personal illness. These absences must be documented with a physician's letter. This time may extend training.

Medical Leave

For a continuous absence due to personal illness or disability while under the care of a physician, see the disability policies outlined in Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html>. Written confirmation by the fellow's physician of the need for absence from the training program is required.

When it appears that a major illness will result in a continuous absence from service, it is essential that the trainee communicate with their Fellowship Director, Fellowship Coordinator, the Department of Pediatrics' Payroll Office, and the Office of Student Benefits.

Personal Leave of Absence

Only under **UNUSUAL** circumstances, such as a personal or family emergency, will a Personal LOA be considered. Such an LOA will be subject to the general conditions noted above. All personal time taken must be made up.

Requests for a personal LOA should be considered carefully as they create scheduling stress in the program and may extend your training. When time away due to LOA is made up at the end of residency training, the additional rotation(s) will conform to the requirements of the American Board of Pediatrics and to program requirements. These rotations and sites may not be the same rotations or sites that were changed to accommodate the LOA. Added rotations are assigned to meet individual training needs and program requirements. Individual preferences may be accommodated when possible.

All LOAs must be discussed with your Fellowship Director and approved in writing at least three (3) months in advance of the start of the LOA. Exceptions may be made if the request falls within the definition of the **Family Medical Leave Act (FMLA)**.

The insurance benefits noted previously in the Institution Manual may be continued at your own expense during any unpaid LOA. Please consult with the Deb Slavin (612-626-6910 or slavi002@umn.edu) and the Office of Student Benefits (612-624-0627 or umshbo@umn.edu) to arrange this.

MEAL ALLOTMENT

The policy for meals at UMACH is outlined at:

<http://www.med.umn.edu/peds/pedsres/current/programmanual/benefits/meals/home.html>. If you qualify for a meal allotment under this policy, contact your coordinator if you do not receive a meal card.

PARKING

Parking must be acquired and paid for by the fellow, unless you are grandfathered in under previous division policies. Contact your fellowship coordinator for instructions on how to register for either UMN parking (for East Bank contracts) or Fairview (for UMACH contracts).

PHOTOCOPYING PRIVILEGES

All Pediatric Critical Care Medicine fellows are allowed photocopying privileges in the Pediatric Critical Care Medicine Office. There is a sign-on code specifically for fellows' use for the photocopy machine. Please ask for assistance when first using the copier, or if you experience difficulties while using it. There will be no limit placed on this privilege as long as it is not abused.

SCRUB SUITS, LABCOATS, AND ID BADGES

A UMN AHC ID badge is provided in addition to any hospital badges you will receive. Badges must be worn for clear identification. If your AHC badge breaks or is lost, the department will provide a replacement. Other lost/broken badges are replaced by the institution (i.e. contact UMMC/UMACH security desk for Fairview badges). Fellows should contact their fellowship coordinator to arrange for their badges.

Professional attire is expected for clinical care and is the responsibility of the fellow. Labcoats are not required for routine clinical care. Scrubsuits are provided on-site and are not to be worn except for certain procedures. For fellows pursuing basic research, the laboratory in which the research is performed will be responsible for providing appropriate safety wear, including a labcoat.

STIPENDS

Stipend rates and policies are at: <http://www.med.umn.edu/gme/residents/stipendinfo/home.html>

PAYCHECKS/DIRECT DEPOSIT

Your check may be deposited directly into your checking or savings account if your banking institution accepts direct deposit transactions. Most financial institutions in the area accept direct deposit. Checks or direct deposit receipts will be automatically mailed to your home address. If you wish to pick up your check on payday, you must make prior arrangements with Deb Slavin in Payroll at (612) 626-6910.

Report lost checks to the payroll office IMMEDIATELY. Issuance of a duplicate check may take up to two (2) months. Therefore, always handle your paycheck carefully and deposit it promptly.

TAX INFORMATION

Other than providing the standard W-4 deduction claim forms, the Department of Pediatrics does not provide information or advice on tax matters.

WORKER'S COMPENSATION POLICY AND PROCEDURES

From the Institution Policy Manual at:

<http://www.med.umn.edu/gme/residents/instpolicyman/beneworkerscomp/home.html>

The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers' Compensation insurance purposes. When a trainee is injured during training, they must take immediate steps to report the injury to the University.

The University cannot pay bills for trainee treatment unless an injury report is on file.

Links to the Office of Risk Management's current policy and procedure regarding reporting Workers' Compensation injuries:

- [Reporting Workers' Compensation Related Injuries](#)
- [Reporting and Managing a Workers' Compensation Claim](#)

SECTION 3 – INSTITUTION RESPONSIBILITIES

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: ACGME Resident Survey Requirements; ACGME Site Visit Preparation Services; Master Affiliation Agreements or Institution Affiliation Agreements; Program Letters of Agreement; Confirmation of Receipt of Program Policy Manuals; Designated Institution Official Designee Policy; Duty Hour Monitoring at the Institution Level Policy and Procedure; Experimentation and Innovation Policy; Funding; GME Competency Teaching Resources and Core Curriculum; Graduate Medical Education Committee (GMEC) Responsibilities; Graduate Medical Education Committee Resident Leadership Council Responsibilities; Institution and

Program Requirements; Internal Review Process; International Medical Graduates Policy; New Program Process; Orientation; Visa Sponsorship Policy).

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Discipline/Dismissal/Nonrenewal; Conflict Resolution Process for Student Academic Complaints; University Senate on Sexual Harassment Policy; Sexual Harassment and Discrimination Reporting; Sexual Assault Victim's Rights Policy; Dispute Resolution Policy)

GRIEVANCE PROCEDURE AND DUE PROCESS

The following is an outline of the general procedures and process for the resolution of grievances which may arise within the fellowship program. Detail and clarification must be added as the various elements of these proposals are accepted or rejected or replaced with alternatives. These guidelines or policies are confined to the process within the Department of Pediatrics with the assumption that appeal of the final action or decision coming from the intradepartmental process will remain a viable option once the departmental grievance process has been completed.

- A. Principles
 - 1. Definition of the legitimate areas of disagreement to be covered by these procedures.
 - 2. Provision of ascending levels of recourse with potential for final resolution of the conflict at each of these levels without prejudice to any rights of the involved individuals.
 - 3. Adherence to the principles of due process, academic freedom and fairness.
 - 4. Procedures to be readily available and expeditiously executed.
 - 5. Inclusion of a system of advocacy.
 - 6. Process to be fully documented.

- B. Grievance Committee for the Pediatric Education Programs
 - 1. The Department of Pediatrics Residency Review Committee (RRC) will fulfill this role.
 - 2. All actions of this committee are considered advisory to the Fellowship Program Director and the Head of the Department of Pediatrics.
 - 3. All recommendations of this committee are by a simple majority vote with a quorum present. A quorum consists of one-half of all the named members of the committee, plus one.

- C. Areas of Potential Grievance Covered by these Guidelines

The areas of possible grievance to be resolved by the following procedures will include, but not be limited to, the following:

 - 1. Evaluation of fellow performance by the faculty.
 - 2. Assignment or definition of fellow duties.
 - 3. Interpretation and implementation of other policies and guidelines, such as those included in this document.
 - 4. Fellow-fellow conflicts.
 - 5. Fellow-chief resident conflicts.
 - 6. Fellow-resident conflicts.

7. Fellow-faculty conflicts.

D. Potential Parties to the Process

1. Principals in the complaint.
2. Mentors, as advisors and advocates.
3. Grievance committee.
4. Department Head and/or a designee.

E. Grievance Resolution Process

As defined here, resolution will be considered an outcome deemed acceptable to the principals to the complaint. When resolution is reached, no further steps in the process will be taken and the matter will be considered closed. This policy assumes that any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the intradepartmental decisions to extra-departmental grievance procedures.

Steps in the Process:

1. Review of complaint with mentor or other ad hoc advisor. **Outcome:** resolved **OR** taken to step 2
2. Informal discussion with other persons deemed appropriate by parties to the complaint. **Outcome:** resolved **OR** taken to step 3
3. Formulation of a formal written complaint.
4. Forwarding of complaint to the grievance committee, with copies to principals to the complaint and to the Head of the Department.
5. Committee review of the complaint with consultation and written minutes, but without tape recording. **Outcome:** resolved with report to the Head of the Department **OR** taken to step 6
6. Department Head reviews the grievance committee actions and recommendations and then advises the parties to the complaint of his decision as to the dispensation of the complaint action. **Outcome:** resolved **OR** taken to step 7
7. Appeal to the Medical School and the appropriate extra-departmental grievance process

HOUSESTAFF SUBSTANCE USE/ABUSE POLICY

It is the policy of the University of Minnesota that personnel will be free of controlled substances. Chemical abuse affects the health, safety and well-being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Pediatrics recognizes that chemical/substance abuse or dependency may adversely affect the physician-in-training's ability to perform efficiently, effectively and in a professional manner. The department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.

- A. No fellow shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs including those prescribed by a physician which affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.
- B. Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on fellow's ability to perform

his/her duties; therefore, no fellow shall use, sell, possess, distribute, dispense, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.

- C. Any violation of this policy may subject the fellow to discipline, including, but not limited to, suspension and/or termination.
- D. When there is reasonable cause to believe that a fellow may be using, selling, possessing, distributing, dispensing, transferring, or manufacturing any illegal drug, controlled substance, or alcohol, the fellow may be required to undergo medical evaluation and assessment. The fellow's ability to continue participation in the program will be determined by their Fellowship Program Director in consultation with attending faculty, Department of Pediatrics Residency Review Committee, and/or the Department Head. Actions may include, but are not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.
- E. Depending upon the circumstances, the department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.
- F. Fellows who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform their Fellowship Program Director, Department of Pediatrics Residency Review Committee, and/or the Department Head of the conviction (in writing) within five (5) calendar days thereof.
- G. Other fellows who have reasonable cause to believe that a colleague is using a substance which adversely impacts on the fellow's performance in the training program must report the factual basis for their concerns to their Fellowship Program Director.
- H. If a fellow is taking a medically authorized substance which may impair his or her job performance, the fellow must notify his or her supervising attending faculty or the Fellowship Program Director of his or her temporary inability to perform assigned duties.
- I. The policy of the American Board of Pediatrics maintains that physicians who have a history of chemical dependency, as reported to the American Board of Pediatrics, and who submit documentation acceptable to the American Board of Pediatrics that their disease is known to be under control, can apply for and take the certifying examination. Candidates who have a current problem of chemical dependency, as reported to the American Board of Pediatrics, will not be issued a certificate upon completion of all requirements for certification unless they submit documentation that their disease is known to be under control for five (5) years from the time of the most recent occurrence of the disease.
- J. Fellows are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse.
- K. Fellows must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture, and fines.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Academic Health Center (AHC) Student Background Study Policy; Background Study Policy and Procedure; Academic Incivility: Resources for Dealing with Harassment; Applicant Privacy Policy; Appointment Letter Policy and Procedure; Blood Borne Pathogen Exposure Policy; Certificate of Completion Policy;

Classification and Appointment Policy; Compact for Teaching and Learning; Disability Policy; Disaster and Local Extreme Emergent Situation Planning Policy and Procedure; Documentation Management Requirements Policy; Dress Code Policy; Duty Hours/On-Call Schedules; Duty Hours Policy; Duty Hours/Prioritization of On-Call Room Assignments; ECFMG/J1 Visa Holders: Documentation Required for FMLA; Effective Date for Stipends and Benefits Policy; Eligibility and Selection Policy; Essential Capacities for Matriculation, Promotion and Graduation for U of M GME Programs; Evaluation Policy; Health Insurance Portability and Accountability Act; Immunizations and Vaccinations; Immunizations: Hepatitis B Declination Form; Impaired Resident/Fellow Policy and Procedure; Licensure Policy; Life Support Certification Policy; Moonlighting Policy; National Provider Identification (NPI) Policy and Procedure; National Residency Matching Program (NRMP) Fees Policy; Nepotism Policy; Observer Policy; Post Call Cab Voucher Policy (UMMC-F; HCMC); Registered Same Sex Domestic Partner Policy; Release of Contact Information for Solicitation Purposes Policy; Residency and Fellowship Agreement Policy and Procedure; Residency Management Suite (RMS): Information Maintenance for Participating Hospitals; Residency Management Suite (RMS): Updating and Approving Assignments and Hours in the Duty Hours Module of RMS; Restrictive Covenants; Social Networking Policy; Standing and Promotion Policy; Stipend Level Policy; Stipend Funding from External Organizations Policy; Supervision Policy; Trainee File and Document Retention Policy; Training Program and/or Institution Closure or Reduction Policy; Transitional Year Policy; USMLE Step 3 Policy; Vendor and Conflict of Interest Policy; Verification of Training and Summary for Credentialing Policy; Without Salary Appointment Policy).

SUBSPECIALTY TRAINING REQUIREMENTS FOR FELLOWS

Academic Expectations for Pediatric Fellows

The Department has identified a core list of academic expectations for all pediatric fellows in order to support our mission. This list includes, but is not limited to, completion of ABP requirements, development of an individualized learning plan (ILP), Scholarship Oversight Committee meeting frequency, identification of an academic mentor, completion of Core Curriculum series, attendance at Pediatric Research, Education, and Scholarship Symposium (PRESS), and presentation of scholarly work. The current list of Academic Expectations for Fellows is located at:

<http://www.med.umn.edu/peds/education/fellowships/current/home.html>.

Core Curriculum

All fellowship programs participate in a core curriculum in scholarly activities. This curriculum provides experiences that lead to an in-depth understanding of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical or research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and the achievement of proficiency in teaching. Participation in the core curriculum should lead to an understanding of the principles of adult learning and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. We anticipate graduates will be effective in teaching both individual and group learners in clinical settings, classrooms, lectures and seminars, and also by electronic and print modalities.

The Department Education Office offers an annual department-wide core curriculum series for pediatric subspecialty programs. The core curriculum is managed at the Department level to optimize training, while minimizing duplication of effort across the various subspecialty programs participating. Current attendance requirements and schedule are located at:

<http://www.med.umn.edu/peds/education/fellowships/current/corecurriculum/home.html>.

Scholarly Activities

In addition to participating in a core curriculum in scholarly activities, all fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice, a critical analysis of public policy, or a curriculum development project with an assessment component.

Work Product of Scholarly Activity

Involvement in scholarly activities must result in the generation of a specific written "work product" as outlined by the ABP (www.abp.org). Examples of include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

The fellow's Scholarship Oversight Committee (SOC) is instrumental in guiding the fellow's activity towards an acceptable product. The SOC will be arranged by each fellow in collaboration with the program director. In addition to the work of the SOC, the department will provide all subspecialty fellows with the opportunity to participate in a departmental research, education, and scholarship forum to present their work product and receive feedback from department faculty.

Scholarship Oversight Committee (SOC)

The SOC, in conjunction with the trainee, the mentor, and the program director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities (www.abp.org). These activities require active participation by the fellow and must be mentored. The mentor(s) will be responsible for providing the continuous ongoing feedback essential to the trainee's development.

Review of scholarly activity and the written work product will occur at the local level with each fellow having a SOC responsible for overseeing and assessing the progress of each fellow and verifying for the ABP that the requirement has been met. The SOC must consist of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship program director may serve as a trainee's mentor and participate in the activities of the oversight committee, but should not be a standing (i.e. voting) member. Particular emphasis will be placed on encouraging identification of committee members whose professional and research responsibilities encompass elements of the trainee's scholarly interest, but who do not necessarily have a primary appointment in the Department of Pediatrics. Examples of such individuals include faculty in clinical departments in the University of Minnesota Academic Health Center (AHC), faculty in basic science departments, or faculty in the Schools of Public Health or Education.

This committee will:

1. Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity.
2. Provide guidance in charting a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project.

3. Evaluate the fellow's progress as related to scholarly activity.
4. Meet with the fellow early in the training period (within 6 months of initiation of fellowship training) and regularly thereafter.
5. Require the fellow to present/defend the project related to his/her scholarly activity.
6. Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities.

The fellow, in conjunction with the fellowship director or designee and research mentor, should identify the direction for the scholarly activity. At the first SOC meeting, the purpose will be to hear the general path the fellow has chosen, to help further outline the path, and determine the specific steps for the fellow to meet the outlined path. The SOC should meet again within 4-6 months of the first meeting and at least semi-annually thereafter to further update and guide the fellow on developing their scholarly path.

A written report by the chair of each trainee's SOC should be completed twice a year and forwarded to the fellowship program director. The Department Education Office will provide the subspecialty training programs with standard forms for documenting each SOC meeting. The fellowship director and the head of the fellow's SOC are expected to monitor whether additional SOC meetings are necessary for fellows who need more help or may be changing their scholarly activity.

The final responsibility of the SOC is to review and approve the final scholarly “work product” of the applicant prior to submission to the ABP.

A list of potential SOC members and their research interests are available under “Fellowship Administration Intranet” at:

<http://www.med.umn.edu/peds/education/fellowships/home.html>. You will need to log in to the Intranet with your x500 and password. Fellows are encouraged to recruit their own SOC members with guidance from their program director.

External Oversight

A program’s ability to provide a satisfactory scholarly experience for all trainees will be evaluated periodically, as described below.

- The Pediatric Residency Review Committee (RRC) of the ACGME reviews the training program’s structure as it relates to the ACGME clinical, administrative, and scholarly activity requirements.
- Periodic peer review of the quality of the training environment related to scholarly activity, in addition to that undertaken by the RRC, occurs. Currently, the Department of Pediatrics’ Fellowship Oversight Committee (FOC) serves in this peer review role.

Responsibilities of the Training Program Director

In addition to meeting the requirements of the ACGME related to the six general competencies, the responsibilities of the training program director shall include the creation of a core curriculum in scholarly activities, the identification of a mentor, the creation of the Scholarship Oversight Committee responsible for overseeing and assessing the progress of each trainee, and providing verification to the ABP of the successful completion of training. Additional duties are as assigned by the Department of Pediatrics’ Department Head and the University of Minnesota Medical School.

It is the responsibility of the training director to review the SOC documentation and clarify the responsibilities and outcomes for each fellow. The SOC and the Fellowship Program Director are both accountable for scholarly progress of individual fellows and will share their recommendations with the Department Chair.

Verification of Scholarly Activity

Upon completion of training, the ABP will require:

- Verification from the training program director that the clinical and scholarly skills requirements have been met
- A comprehensive document (i.e. personal statement), written by the fellow, describing the scholarly activity that includes a description of his/her role in each aspect of the activity and how the scholarly activity relates to the trainee's own career development plan
- The actual "work product" of the scholarly activity as described above
- Signature of the fellow, program director, and members of the Scholarship Oversight Committee on both the personal statement and work product of the fellow as described above

The fellow will need to produce the work product and personal statement, as well as obtain approval from the SOC to be eligible to sit for the Subspecialty Board Examination. The decision about the adequacy of the work product is the responsibility of the SOC and the program director.

PROGRAM CURRICULUM

CLINICAL CURRICULUM

The Pediatric Fellowship Program consists of clinical, educational and research components. The clinical curriculum is outlined in "Rotations" and detailed separately. The educational curriculum, consisting of Departmental Core Curriculum and Divisional didactic curriculum, is detailed separately. Research opportunities are described in that section below. Each fellow will be assigned to these various components in an educationally appropriate sequence over the usual thirty-six (36) months of training. This curriculum is based on providing PL-4 fellows with a high degree of direct patient contact and responsibility, and providing PL-5/6 fellows graded supervisory responsibility for the PL-4 fellows, medical students, and their patients.

Clinical Training

During the three years of your fellowship, you will have a number of clinical rotations to provide you with the experiences necessary to effectively manage critically ill children when you complete your fellowship. Below is a brief listing of the required rotations; full curricula of the required rotations with goals and objectives are provided separately.

University of Minnesota Amplatz Children's, Fairview PICU: Fellows on rotation here actively direct the management of critically ill children in the PICU under the direct supervision of a staff intensivist. A majority of a fellow's ICU clinical time takes place here. The service may be intermittently split between cardiac/cardiac surgical patients and other medical/surgical patients, with one fellow responsible for each service whenever possible.

Children's Hospital (St. Paul) PICU: During rotation here, fellows manage the patients on the PICU and the day to day running of the unit under the direction of the staff intensivists of Children's Hospital.

Hennepin County Medical Center (HCMC): Fellows participate in management of medical-surgical PICU population under the supervision of staff intensivist. Management of trauma and burn patients is primarily provided at HCMC.

Anesthesiology: An anesthesia rotation at University Amplatz Children's Hospital is taken during the first year of fellowship. Specific goals of this rotation include gaining concentrated experience in a variety of procedures (intubation, airway management, central and arterial lines, IV's, etc.), the use of many sedative/anesthetic agents including the reversal of such agents, and perioperative patient management.

Pulmonary: Typically a 4 week rotation, the PICU fellow will manage pediatric patients with pulmonary problems, provide a pulmonary consultation service for other pediatricians, and see children in pulmonary clinic under the direction of the staff pulmonologist. Fellows will also assist in bronchoscopies, and gain experience in the utilization and interpretation of pulmonary function tests.

Pediatric Interventional Radiology: Fellows assigned to the 2 week interventional radiology rotation will discuss selection or procedure, observe and/or likely perform procedures needed by pediatric patients undergoing procedures at University Amplatz Children's Hospital under the direction of the Pediatric Interventional Radiology staff.

Pediatric Pharmacy/Pharmacology- Fellows will spend 2 weeks with the pediatric pharmacology/pharmacy team learning pharmacokinetics, mechanisms of altered drug metabolism, dosing strategies in extracorporeal circuits and mitigation of drug safety issues.

Pediatric Cardiology: Fellows will work with the Pediatric Cardiology service to acquire a more focused, in-depth understanding of pathophysiology, diagnosis and decision analysis in managing congenital and acquired cardiac disease.

Electives: If elective time is available, a fellow may pursue additional experience(s) in any related field. Fellow will be responsible for arranging their chosen elective experience. Examples include clinical time in the MICU, SICU, Cardiothoracic or other surgery, etc. Experience in Anesthesiology, Pulmonology, NICU, etc may also be selected. Electives should be discussed with the fellowship director.

Research: A significant portion of the fellowship after the first year is devoted to pursuing independent research in either a clinical or basic science setting. Approximately eighteen months of fellowship is dedicated to protected basic science or clinical research time or, with approval of the Program Director and Division Director, may be dedicated to fulfillment of the Master's in Clinical Research program or Medical Device Design Fellowship. A wide variety of opportunities are available for research in many areas; fellows may pursue projects in areas in which they have a previous interest, or in areas in which they have developed an interest during their fellowship. If the Clinical Master's or Medical Device Design Master's is pursued in the second and third year of fellowship, clinical rotations will be scheduled so as to disrupt the class schedule as little as possible; this is a rigorous schedule, with clinical rotations often scheduled during class holiday time. The Device Design Fellowship is a competitive award and is fulfilled in the second year of fellowship. Clinical rotations are necessarily compressed into the third year of fellowship as minimal clinical involvement is a requirement of the Device Fellowship; 3-4 call nights per month are maintained, although they are usually Friday or Saturday to minimize interference with the Device schedule.

SCHEDULING

What follows is a *sample template* of which rotations a PICU fellow may have during their three year fellowship. It should be noted that there is a certain amount of flexibility in the schedule depending upon individual fellow and program needs. However, by the end of the three years, each fellow should have a similar broad experience. Rotation periods are 4 weeks unless otherwise specified.

-Year One: The main focus of this year is clinical, although fellows begin to consider future research ideas.

- 4 rotations in the PICU at University Amplatz Children's Hospital
- 1 rotation at Children's Hospital in St. Paul PICU
- 1 rotation at HCMC PICU
- 1 2week rotation on the Pediatric Interventional Radiology rotation at University Amplatz

Children's Hospital

- 1 rotation in Pediatric Cardiology
- 1 rotation in Pediatric Cardiology
- 1 2-week rotation on the Pediatric Pharmacy/Pharmacology rotation
 - 1 rotation in Anesthesia
 - Remainder as research rotations

-Year Two: Main focus changes from clinical time to research.

- 2 rotations in the PICU at University Amplatz Children's Hospital
- 1 rotation at Children's Hospital in St. Paul PICU
- 1 rotation at HCMC

- 1 4 week rotation on the Pediatric Pulmonology Service at University Amplatz Children's
- 0-1 elective rotation
- Completion of rotations not scheduled during year one
- Remainder of year devoted to pursuing research activities

-Year Three: Bulk of the year spent on research activities. May spend some further self-scheduled elective time if able to do so and still fulfill research requirements.

- 2 rotations at University Amplatz Children's Hospital PICU
- 2 - 4 Acting Attending weeks at University Children's Hospital PICU

- 1 rotation at HCMC
- Remainder of year pursuing research activities or electives

CALL

In-house call is defined as those duty hours beyond the normal work day when residents/fellows are required to be immediately available in the assigned institution. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, and maintain continuity of medical and surgical care.

During rotations on PICU service on University Minnesota Amplatz Childrens Hospital, call is initially taken on average every fourth night. Call at St Paul Children's Hospital in St. Paul and HCMC is also scheduled every fourth night. These calls are in-house, during which time the fellow experiences graduated levels of

responsibility with the staff in-house a considerable amount of time as well, especially in the first years of fellowship.

For all other off-service clinical rotations, the first year fellow will begin by taking every fourth night call on the University PICU. Graduated spacing of call is anticipated in subsequent off-service rotations to an average of every 5th or 6th night. During research months, it is expected call will be every fourth night during the first year, but less as fellowship progresses. Monday through Friday on-call responsibilities begin at 4PM, and continue through 8AM the following morning or completion of rounds, if possible. Saturday and Sunday call runs 8AM – 8AM.

EDUCATIONAL ACTIVITIES

RESEARCH

The University of Minnesota in general, and the Dept. of Pediatrics in particular, has a thriving research community. Because of this, PICU fellows have the opportunity to pursue research interests in a wide variety of areas (clinical and basic science) both within and outside the Department of Pediatrics in order to fulfill their fellowship scholastic requirements. Although most of the fellows' research experience will be during the second and third years, during the first year, exploration of potential areas of research should begin. The fellowship director can help with identifying initial research options. The fellow is expected to author a case report or small patient series in their first year, submit a larger clinical series, review article or preliminary research abstract in their second year, and prepare their research for publication as well as present at a national meeting their third year of fellowship. Development of grant support is also strongly encouraged for its educational, professional and practical benefits.

Throughout the three years of training, the trainee will receive informal and formal training in research methodology, research ethics, biostatistics, scientific publication preparation, and grant writing. It is expected that trainees will acquire the skills to submit strong applications for grant funding.

Conferences

All pediatric fellows have a Departmental core curriculum they are **mandated** to attend. A number of educational conferences are also provided throughout the week that the pediatric fellows are expected to attend, unless clinical responsibilities render them unable to do so. There are also always a number of conferences in varying areas throughout the University (i.e. pediatric resident morning report, laboratory and research conferences/journal clubs, other subspecialty conferences, etc.), and fellows are welcome to attend any of these if interested in on an optional basis. A weekly schedule of expected activities, along with a brief description of the conference follows:

Monday: 12 – 1 PM: Pediatric Pulmonary & Critical Care Conference---A conference for the staff, fellows, residents, etc., consisting of a monthly rotation of: Week 1: Morbidity and Mortality; Week 2: Journal Club; Week 3: Systems Based Practice Review and Discussion relevant to M & M, Week 4: Didactic Topic, Week 5: Research Topic. Weekly conferences are led by a previously designated fellow or staff. Fellows provide graduated levels of presentations for this conference. First year fellows prepare Morbidity and Mortality cases for the months they were on 5C service, prepare assigned journal club articles and may provide case presentations or didactic topics. Second year fellows prepare Morbidity and Mortality cases for the months they were on 5C service, prepare assigned journal club articles, present their proposed research concept and may be asked to present a didactic topic. Third year fellows present a review of their research, present any national

presentations for critique and provide Morbidity and Mortality reviews for the months they were on service in addition to occasional assigned journal club articles. 75% attendance when on-site in compliance with duty hours required.

Wednesday:

12:15–1:15PM: Pediatric Grand Rounds

Thursday:

12:00-1:00 PM: Patient Care Conference- PICU faculty and fellows review patient admissions, problem lists and discuss long-term management consensus for difficult patients 1:00PM-2:00PM

Fellow Didactic Curriculum/Board Review – staff led conference to review Rodger’s Pediatric Intensive Care, chapter by chapter with emphasis on board review.

Friday:

7:30– 8:30AM: Cardiology Catheterization and Upcoming Care Discussion Conference.

12:15–1:15 PM: Pediatric Morbidity, Mortality, and Management Conference. (The PICU fellows are asked to present one conference annually; date to be provided to Program Director)

Encouraged attendance at other departmental and divisional conferences:

Pediatric Cardiology Monday morning/7:30 am Journal Club/QA

Pediatric Cardiology Tuesday afternoon patient care discussion, EKG and Echo discussion

Department research conference Monday morning

Lillehei conferences of interest

Adult Pulmonary research conference Thursday afternoon

Pediatric Heme/Onc conference Wed afternoon

BMT conference Monday afternoon 1:30 pm

Pediatric residency noon lectures

Teaching Responsibilities

Fellow are expected to assume graduated levels of medical student and resident teaching and supervision as outlined in the individual rotation curricula. PICU fellows are also expected to take the PALS Instructor Course and to teach PALS at least once annually. Additional efforts and venues at which the fellow can develop teaching skills are highly desirable and should be recorded in their yearly activity tabulation. There are also multiple Medical Education courses offered which may be suitable for the individual fellow’s interests.

PROGRAM GOALS AND OBJECTIVES

Refer to the independent program document, Goals and Objectives, for this information. This document is located at: <http://www.med.umn.edu/peds/education/fellowships/administration/goals/home.html>.

ACGME CORE COMPETENCIES

All University of Minnesota Medical School Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following:

Patient Care - Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-based Learning and Improvement – Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one’s knowledge and expertise;
- set learning and improvement goals;
- identify and perform appropriate learning activities;
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, residents and other health professionals.

Interpersonal and Communication Skills - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism - Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-based Practice - Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;

- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in inter-professional teams to enhance patient safety and improve patient care quality; and participate in identifying system errors and implementing potential systems solutions.

PROCEDURES

Training-level graduated responsibilities for procedures are outlined in each rotation's curriculum. All procedures are to be logged into the New Innovations RMS system and authenticated by the supervising faculty. Such logs are crucial to document competency and for obtaining credentialing.

DUTY HOURS (INCLUDING CALL, NIGHTFLOAT, AND MOONLIGHTING)

All programs are required to adhere to and monitor compliance of their trainees with the ACGME duty hour standards as outlined in the revised ACGME Common Program Requirements effective 7/1/2011.

Principles:

- The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
- The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
- Didactic and clinical education must have priority in the allotment of residents' time and energy.
- Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

- **Max Hours per Week**
 - Duty hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities
 - Trainees in their final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80 hour max.
- **Continuous Duty Hours**
 - PGY-2 trainees and above: must not exceed 24 hours. Trainees may spend an additional 4 hours to complete transitions in care. Residents may not attend continuity clinics after 24 hours of continuous in-house duty. Trainees must have at least 14 hours free after 24 hours of in-house duty
- **Duty Hour Exceptions**
 - Duty hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible. Program must obtain permission from the

Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.

- **Mandatory Time Free of Duty:**

- Trainees must have a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned during this time.
- Intermediate-level residents should have 10 hours and must have eight hours free between duty periods. There must be at least 14 hours free of duty after 24 hours of in-house duty.

Call:

- **In-House Call**

- PGY-2 and up: every third night when averaged over a four week period.

- **At-Home Call**

- Time spent in the hospital must count towards the 80 hour week limit. At home call is not subject to the every third night limitation however trainees must receive one-in-seven free of duty when averaged over a four week period.
- At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident
- Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum will not initiate a new off-duty period

Night float:

- Trainees must not be scheduled for more than six consecutive nights of night float.

Moonlighting:

- Moonlighting must not interfere with the ability of a trainees to achieve the goals and objectives of the educational program
- Time spent by trainees in Internal and External moonlighting must be counted towards the 80 hour maximum weekly duty hour limit

Recording and Reporting Duty Hours:

- In accordance with the Residency Management Suite (RMS) updating and approving assignments and hours in the duty hours policy, trainees are required to accurately record their duty hours on a daily basis in RMS.

Reporting Duty Hour Violations

- In accordance with the Institution Duty Hour Monitoring Policy trainees concerned about continuous duty hour violations by their program can contact the Designated Institution Official or send a confidential email to gmedhv@umn.edu.

Programs review this duty hour information on at least a quarterly basis to address violations. Specific Duty Hour Rules interpretation for Pediatric Subspecialties are located on pgs 33-35 at:

http://www.acgme.org/acWebsite/dutyHours/Specialty-specific_DH_Definitions.pdf.

SCHEDULING

Fellows will meet with the Fellowship Program Director in the spring of each year to discuss scheduling options based on educational considerations, and personal needs. Attempts will be made to equitably distribute requests and holiday obligations. Once the final rotation schedule is published and distributed at the beginning of the year, changes **will not** be permitted except under the following circumstances:

- Individual fellows may work out rotation trades that are mutually acceptable. These must be approved by the Pediatric Critical Care Fellowship Program Director and a form completed and submitted to the Pediatric Critical Care Fellowship Coordinator **two (2) months** prior to the beginning of a rotation. Such trades must not compromise the educational value of any individual schedule. The trade is not considered final until the switch form is completed, signed, and you have received a final approval copy.
- Call trades or changes may be worked out by fellows if mutually acceptable. These must be approved by the Pediatric Critical Care Fellowship Program Director and a form completed and submitted to the Pediatric Critical Care Fellowship Coordinator a minimum of one month in advance. If leaving different nights uncovered by fellows, the staff on call that night must also approve the change. No length of time > 48 hours may be newly left uncovered by a fellow call change.
- Occasionally, changes in the schedule may become necessary because of sickness or family emergency. Such changes will be made without compromising the established curriculum of the Pediatric Critical Care Fellowship Program.
- Rarely, changes may be made to accommodate off-service mentoring situations or schedule conflicts.

ABSENCE COVERAGE

There are a number of situations in which a fellow may be unable to fulfill his/her scheduled responsibilities. These include illness, disability, pregnancy, personal reasons or educational reasons. In these cases, a coverage arrangement must be determined with the Program Director. The Back Up Policy (below) may be employed.

BACK-UP POLICY

Resident and fellow well-being will be closely monitored by the training program and supervising faculty. Faculty and fellows are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects. Instruction on accessing Fatigue curriculum is available at: <http://www.med.umn.edu/gme/residents/orientation/home.html#GMEMoodle>. If a trainee feels they cannot provide safe patient care, they should immediately contact the supervising faculty, who will excuse the trainee from patient care responsibilities until the trainee is rested and able to provide safe patient care again. Once the trainee is excused, their patient care duties will become the responsibility of the supervising physician, utilizing any additional identified back-up systems as needed. Any other faculty member, fellow or member of the health care team who identifies a fellow as being fatigued should also contact the supervising faculty to suggest removal of the fellow until safe patient care can once again be provided.

MONITORING OF FELLOW WELL-BEING

The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director

and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified. Refer to the Back-Up Policy for instruction on what to do if a fellow is fatigued or stressed, especially if unable to provide safe patient care.

SUPERVISION OF FELLOWS

It is the responsibility of individual program directors to establish detailed written policies describing trainee supervision at each level for their residency/fellowship programs. The policies must be maintained in the Program Manual. The requirements for on-site supervision will be established by the program director for each residency/fellowship in accordance with ACGME guidelines and should be monitored through periodic department reviews, with institutional oversight through the GMEC internal review process. Need to include lines of supervisory authority for rotations to include faculty, fellows, residents, and students; must include clinical and research as applicable> See new standards document at http://www.acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf.

The Program Director will act in a general supervisory role for all fellows concerning matters related to the Pediatric Critical Care Fellowship program.

All patient care must be supervised by qualified faculty. Fellows are provided with rapid, reliable systems for communication with supervising faculty. Fellows are supervised by teaching staff in such a way that they assume progressively increasing responsibility according to their level of education, ability, and experience. On-call schedules for teaching staff are structured to ensure that supervision is readily available to fellows on duty. The teaching staff must determine the level of responsibility given to each fellow. For more detailed levels of graduated responsibility and procedural supervision, refer to each rotation's curriculum.

Faculty and fellows are also educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects (above).

Research supervision will sometimes be under the direction of a non-Pediatric Critical Care Medicine scholar. Fellows are responsible for planning and executing their own research project, as well as preparing their results for publication as a manuscript in a peer-reviewed journal or other format acceptable as a Scholarly Product defined by the ACGME. The primary research mentor provides the primary supervision of the fellow conducting individual research study. Periodic reviews by the Scholastic Oversight Committee are required along with a written progress report which is reviewed with the fellow by the Fellowship Director.

EVALUATION

Evaluation is an essential component of the educational process and should contribute to the professional growth of each fellow. Problems with expected performance or progress on the part of a fellow should be identified and reported early. The evaluations of all fellows should be subject to regular and frequent review. Mentors should be central to the review process. Evaluation shall extend to the fellow notice of all information which is pertinent to the evaluation and an opportunity for concerns to be communicated and heard.

Steps in the Evaluation Process

Appropriate faculty evaluator and evaluation setting are identified. The evaluation format and instrument is defined. The evaluator determines and reviews sources of information pertinent to the evaluation. Written evaluations are completed by the evaluator, using either the standard evaluation form found in our online tool or, in exceptional circumstances, an ad hoc evaluation. Evaluations are to be discussed with the fellow by the evaluator. The Fellowship Program Director can involve the Resident Review Committee (RRC) for guidance on potential remediation situations. In accord with the fellow contract, if at any time the Evaluator, the Fellowship Program Director and/or the Chairperson of the RRC determines that patient care or safety is jeopardized they may bring that information immediately to an emergency meeting of the RRC and/or to the head of the Department of Pediatrics who may suspend the fellow from patient care responsibilities. Copies of the written evaluations are readily available to the fellow and his or her mentor via our online tool, or sent upon request.

Fellows meet twice a year with the Program Director for evaluation, and the Program Director provides a final evaluation for each fellow completing the program. Records of the evaluations on each resident and fellow are accessible to them.

Possible Outcomes of Review by the Resident Review Committee (RRC)

The RRC may recommend one or more of the following as courses of action for the Fellowship Program Director to pursue:

1. Normal advancement with commendation
2. Normal advancement within the training program.
3. Medical and/or psychiatric appraisal as to suitability for continuation of fellowship training.
4. Probation with continuation of normal rotations, but with more detailed and frequent evaluation. The fellow and his/her mentor are invited to appear before the RRC before an individual is placed on probation.
5. Probation with loss of credit for a specified rotation or rotations deemed unsatisfactory by the RRC. The RRC may recommend that such non-credited rotations be satisfactorily repeated or that the fellow be assigned to a comparable remedial service or rotation.
6. Immediate suspension with pay. The fellow is relieved of all duties relative to the fellowship training program. This action is temporary until one of the following is implemented.
7. Probation with certain rotations or services to be repeated.
8. Modification of the fellow's assigned program to provide remedial training in a special setting with a special assigned tutor(s).
9. Dismissal from the program.
10. Final written summary review on completion, of or departure from the program, to be entered into the fellow's permanent file.

Actions 5, 6, or 7 above will automatically require extension of the minimum training time necessary to become eligible for the examinations of the American Board of Pediatrics.

Types of Evaluations

In accordance with ACGME requirements, all UMN pediatric fellowship programs are required to collect multiple types of evaluations. The evaluations required to be collected via RMS include:

- Program Director Eval of Fellow (2X per year at minimum) -completed semiannually before progression meeting with Program Director

- Fellow Self-Eval (2X per year at minimum)-completed semiannually before progression meeting with Program Director
- Fellow Eval of Program (2X per year at minimum)-completed before semiannual progression meeting with Program Director
- Faculty Eval of Fellow (2X per year at minimum)-completed quarterly during clinical year (CHMS-SP) or end of monthly rotation
- Faculty Eval of Program (1X per year at minimum)
- Fellow Eval of Rotation (2X per year at minimum)
- Fellow Eval of Core Curriculum (after each attended session)
- Fellow Eval of Faculty (1X per year at minimum)
- For patient/family evaluation and nurse evaluation, standard department forms are available from Fellowship Coordinator. At least 2x/year (or more if the PD prefers), the coordinator will give the fellow 5-10 of each of these evaluations to distribute. After distribution, the coordinator will collate the responses for the fellow file.

Evaluation Confidentiality

Evaluation confidentiality is of high importance in the department. A grid outlining evaluation confidentiality is available at: <http://www.med.umn.edu/peds/education/fellowships/current/home.html>.

In order to maintain a confidential feedback system, there are several mechanisms in place:

- Only the program coordinator and Department Education Office have access to view the fellow identity for evaluations the fellow has completed on faculty.
- Evaluation of faculty teaching performance is included in all annual faculty performance evaluations. These evaluations are completed either by the Department Chair or Division Chair.
- In cases where there are few evaluators and evaluation results are inaccessible to the subject, summary results can be obtained from the coordinator or the Department Education Office.
- Coordinators receive annual guidance on how to collate evaluations to promote confidentiality.

Types of Assessments

<Include a similar chart to the one below if possible>

	PATIENT CARE	MEDICAL KNOWLEDGE	INTERPERSONAL/ COMMUNICATION SKILLS	PROFESSIONALISM	PRACTICE-BASED LEARNING	SYSTEMS-BASED PRACTICE
Global performance assessment	x	x	x	x	x	x
In-training examinations or medical knowledge exams		x				
Multiple rater assessments (aka 360°s)	x	x	x	x		
Oral examinations						
Assessment of resident/fellow presentations (documented)	x	x	x	x		
Objective, structured clinical examinations (OSCE)						
Chart audits by faculty (documented)						
Documentation review (H & P, DC summaries, operative reports)	x	x		x		x
Procedure assessments (documented using OSATS or other)	x	x	x			x

procedural skill assessment form)						
Focused assessment of performance (live or videotaped) (documented using mini-CEX or other type of tool)						
Essays or reflective pieces						
Individual learning plans or portfolios	x	x	x	x	x	x
Acting Attending	X	x	x	x	x	x
Other cool methods! Please describe	Fellow preparation and presentation of M & M Rotation of Divisional conference topics					

Annual Program Review

Guidance on completing the Annual Program Review is provided at:

<http://www.gme.umn.edu/educresources/programevaluation/index.htm>. The program is evaluated in detail at least once per year. Minutes of the program review are to include five key areas of performance. These five areas are:

- Current fellow performance (scholarly activity, # of procedures, SITE results)
- Faculty development (development opportunities including new clinical skills, admin skills, and teaching, scholarly activity, statement that performance has been reviewed)
- Graduate performance (board results)
- Overall program evaluation (discussion of fellow and faculty evals)
- Action plan (any follow-up, address deficiencies)

Subspecialty In-Training Examination (SITE)

A Multidisciplinary Critical Care Knowledge Assessment Program (MCCKAP) In-training is administered to each fellow annually for the purpose of assessing subspecialty knowledge and training progress. Every fellow is required to annually assess through their MCCKAP. The results are discussed between the fellowship director and fellow at their semi-annual review.

Residency Management Suite (RMS)

All residency and fellowship programs in the University of Minnesota Medical School utilize a web-based system called RMS to manage training programs. All accredited training programs in Pediatrics use RMS for evaluations and Medicare reporting/duty hour reporting. For RMS questions, contact the RMS Coordinator for our department: Valerie Cole at cole0430@umn.edu. You may also e-mail pedsrms@umn.edu with questions about use of RMS or login assistance. Our department RMS website with helpful information is located at <http://www.med.umn.edu/peds/education/pedsrms/home.html>.

See [Guidelines for Determining Which Assignment to Use to Reflect Your Activity](#).

TRAINING/GRADUATION REQUIREMENTS

Upon successful completion of all program requirements, the Fellowship Director will provide a final summative evaluation for each fellow who completes the program. The program requirements are in accordance with the requirements outlined by the ABP and ACGME. This evaluation will include a review of the fellow's performance during the final period of training and will include verification that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation will be part of the fellow's permanent record.

TEACHING MEDICAL STUDENTS

Refer to *Pediatric Program Manual* at:

<http://www.med.umn.edu/peds/pedsres/current/programmanual/general/teaching/home.html>

ACLS/BLS/PALS RECERTIFICATION

Individual hospitals will provide training for required certifications. Contact Fairview Organizational Learning at 612-273-6195 to determine your required training.

AMA POLICY FOR ACCEPTING GIFTS

The program supports the AMA Opinion 8.061: Gifts to Physicians from Industry. This opinion as well as clarification is at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8061.shtml>.

Please keep these guidelines in mind when dealing with pharmaceutical representatives. The program will not pass-out information on any events or promotions that we feel violate these guidelines. A commonsense approach to acceptance of gifts is to think about whether you would want your patients, professors or mentors to know of the gift. Contact any of us or visit the AMA website for further information (www.ama-assn.org).

MEDICAL RECORD/DICTATION COMPLETION

All University of Minnesota Medical Center and Fairview Riverside patient records can be accessed either via Allscripts, the Electronic Medical Records (EMR) system, or by calling the Health Information Management (HIM) offices at 612-626-3535. For instructions on medical record retrieval at additional sites, please direct inquiries to the appropriate site.

Charts should be dictated within twenty-four (24) hours of patient discharge at all hospitals. At UMACH, the dictation should be in the form of a letter addressed to the referring physician. If applicable, a copy of the dictation should also be sent to any consulting physicians as well as any subspecialty physician involved in the patient's care.

CONTINUITY OF CARE

Fellows are responsible for ensuring good communication and provision of continuity of care for all patients on their service. This is particularly important at times of care transition, such as finishing a rotation or patient discharge.

Program Responsibility:

- Must design clinical assignments to minimize the number of transitions in patient care.

- Programs must ensure that trainees are competent in communication with team members in handover process.
- Attendings and trainees must inform patients and family members of their roles in their care.

Fellows are expected to provide off-service notes for all patients who have been in the hospital more than 24 hours.

At time of discharge, fellows are responsible for identifying an attending physician to provide ongoing management.

Do not list the medical education office as a contact number for patient-related issues. Pharmacy refills and other patient-related requests that are faxed to the medical education office violate HIPAA confidentiality rules and will be shredded upon receipt.

DEMONSTRATION OF ENGLISH LANGUAGE PROFICIENCY BY NON-NATIVE SPEAKERS OF ENGLISH

Recognizing the critical role that communication plays in medicine, we wish to assure that everyone in the residency program is comfortable and effective in spoken and written English.

Non-native speakers of English may be required to consult with the University of Minnesota Medical School Director of Learner Development for assistance and referral for ESL development for proficient language skills.

GUIDELINES FOR PROFESSIONAL DRESS

A set of goals and standards was developed to improve the service we provide to patients and their families. In addition to professional and respectful behavior, it is important that our work habits include proper dress and personal appearance when interacting with patients. In addition, we are role models for future physicians; it is important to set a good example when supervising medical students. To help meet these goals a list of guidelines has been outlined. These guidelines serve as recommendations; they are not mandated. Our goal is to provide the best patient care in all areas.

- Appropriate scrubs include those provided by the program.
- Both patients and families appreciate having ways to identify the physicians; white coats serve this purpose. Additionally, they have not been found to be threatening to children.
- It is not appropriate to wear scrubs, even with a white coat, to continuity clinic.
- Dressing more comfortably on weekends is not an excuse to wear jeans, sweat pants, etc.
- Shoes should be clean, in good condition, and closed toe - no beat-up sneakers or sandals.

PROFESSIONAL INTRODUCTION GUIDELINES

When introducing yourself to a patient/family be sure to be clear about your role on the medical team. It is recommended that you do these introductions at all times and in all experiences throughout your

fellowship. (Example: "Hello! I'm Dr. _____, a Pediatric <Subspecialty> Fellow. I'll be working with the attending physician Dr. _____.)

MEDICAL LICENSURE

You are not required to have a state license to participate in UMN Pediatric Fellowship Programs although state law mandates that each fellow have a **training permit (aka residency permit)**. The Department of Pediatrics will issue a permit application form to you for completion. This must be done **BEFORE** starting any rotations. This is a one-time application and is valid throughout your fellowship.

You are responsible for COMPLETION, AND COORDINATION of all licensing activities! Send a copy of your Minnesota license to the Department Education Office for your file. If you wish to obtain a license (remember, this is an option **NOT** a requirement) or you have questions regarding licensing, you may contact the state board directly at:

Minnesota Board of Medical Practice
University Park Plaza
2829 University Avenue SE, Suite 500
Minneapolis, Minnesota 55414-3246
(612) 617-2130 (612) 617-2166 (fax)

MOONLIGHTING POLICY:

Trainees are not required to engage in moonlighting activities. Moonlighting activities are not included as part of the educational program in the residency/fellowship programs. Moonlighting activities must not conflict with the scheduled and unscheduled time demands of the educational program and its faculty. All moonlighting, regardless of where it occurs, must be reported and counted towards the trainees' weekly 80 hour duty limit in accordance with the revised ACGME Duty Hour Requirements.

Visas Requirements

Trainees on J-1 visas are not permitted to be employed outside the residency/fellowship program. Therefore they are not allowed to moonlight.

A trainee on an H-1B visa wishing to moonlight must obtain a separate H1-B visa for each facility where the trainee works outside the training program.

Trainees who wish to moonlight are required to obtain prospective permission from their program directors. Pediatrics' moonlighting permission form is available at: <http://www.med.umn.edu/peds/education/fellowships/current/home.html>. Failure to provide this information is grounds for discipline under Section VI of the Residency/Fellowship Agreement. Trainees must report, in the Residency Management Suite (RMS) all moonlighting hours to their Program Director on a regular basis as they count towards the trainee's weekly 80-hour duty limit.

Program directors will acknowledge in writing their awareness that a trainee is moonlighting and will include this information in their training file. Program directors may withdraw permission to moonlight for any given trainee or group of trainees if those activities have been shown to interfere with their performance or violate duty hours.

Professional Liability

Moonlighting activities and any activities that are not part of the formal education program are not covered under the University of Minnesota professional liability policy.

Other Requirements

Trainees engaged in moonlighting activities must be properly licensed and credentialed as determined by the organization where they moonlight.

If a trainee is moonlighting on inpatient services, at a hospital which is part of the residency program, neither the hospital nor a clinical group can bill for the resident's services.

If a trainee is moonlighting in the ER or outpatient clinic, at a hospital where they have rotations, the hospital may be able to bill for their services if the trainee:

1. is licensed and credentialed to practice in that hospital;
2. has their own malpractice insurance coverage; and
3. has a separate contract which identifies how the moonlighting duties are separate from regular resident duties and not part of the program.

If a trainee moonlights at a hospital which is outside the residency/fellowship program billing may be allowable for his/her services, and it is the hospital's responsibility to determine if billing is appropriate.

ON CALL ROOMS, SUPPORT SERVICES, LABORATORY/PATHOLOGY/RADIOLOGY SERVICES

ON CALL ROOMS

UMMC/UMACH: Medical students, residents and fellows that must remain on call at the UMMC/UMACH overnight are guaranteed a room.

SUPPORT SERVICES

A full range of patient support services are provided in a manner appropriate to and consistent with education objectives and patient care. These include but are not limited to Care Management Services, Employee Health Service, Health Information Management, Infection Control, Laboratory Medicine and Pathology, Nursing Administration, Nutrition Services, Patient Relations, Patient Transport, Pharmacy Services, Radiology Film File Services, Rehabilitation Services, Security Services, Social Services, Spiritual Health Services, and Shuttle Service between the Riverside and University campuses. Similar patient support services are provided by all major participating hospitals.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES

Federal and state regulation and regulatory agencies mandate competency validation for testing personnel (including physicians), documentation, quality assurance, quality control, etc. The regulations cover hospitals, clinics, physicians' offices, nursing homes, and any site where testing is performed. Testing performed by physicians, practitioners, nursing staff, and laboratorians must meet regularly guidelines. Failure to comply with

the mandates can lead to suspension, revocation, or limitation of certification and denial of reimbursement. Laboratory, pathology, and radiology services are readily available through all the major participating hospitals.

SECURITY/SAFETY

The Security Monitor Program, a branch of the UMPD, offers free walking and biking security escorts to and from campus locations and nearby adjacent neighborhoods for all students, staff, faculty and visitors. All Security Monitors are given training in First Aid, CPR, and Body Substance Isolation. All Security Monitors are equipped with a First Aid Kit and a portable police radio in the event of an emergency. To request an escort from a trained student security monitor, please call 612-624-WALK, or 4-WALK from any campus phone, shortly before your desired departure time.

Each hospital has its own data security/safety policy and process. Contact the site coordinator for more information. Site coordinator information is available in the pediatric ward guide located on the pediatric residency intranet.

[University of Minnesota Security Office](#)

UMMC/UMACH Security: (612) 273-7275

Fairview Privacy Office by e-mail: privacy1@fairview.org or telephone: (612) 672-5647

Fairview Internal Reporting Hot Line at (612) 672-2300 or (800) 530-4694

UNAUTHORIZED LEAVE

A fellow taking unauthorized leave will be subject to disciplinary procedures, including probation and/or termination.

SECTION 6 - ADMINISTRATION

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: GME Administration Contact List, GME Administration by Job Duty; GME Organization Chart)

DEPARTMENT OF PEDIATRICS: ADMINISTRATION

Head of the Department of Pediatrics

Joseph Neglia, M.D., Head
Riverside East MB665
Telephone: (612) 624-3113

Pediatric Education Office
Riverside East M136
Telephone: (612) 624-4477, #1
FAX: (612) 626-7042
Internet: <http://www.med.umn.edu/peds/education/fellowships/home.html>

Education Manager/Department Fellowship Administrator: Emily Gray
612-624-0410/ elgray@umn.edu

Associate Fellowship Administrator: Valerie Cole
612-624-8788/ cole0430@umn.edu

DEPARTMENT OF PEDIATRICS: DIVISION OF CRITICAL CARE MEDICINE

Pediatric Critical Care Medicine Program
Director: Marie E. Steiner, M.D., M.S.
Telephone: 612-626-2778 stein083@umn.edu
Fax: 612-626-0413

Coordinator: Linda Linnerud
Riverside East MB532
Telephone: 612.625.9950/ linne009@umn.edu
Fax: 612-626-0413

Internet: <http://www.med.umn.edu/peds/critcare/>

DEPARTMENT OF PEDIATRICS: PAYROLL

Payroll Specialist: Deb Slavin
612-626-6910/ slavi002@umn.edu
Pediatrics, Ob/Gyn and Women's Health
Room 353-37
717 Delaware Street SE
Minneapolis, MN 55414

Confirmation of Receipt of your Fellowship Addendum for Academic Year 2011-2012

By signing this document you are confirming that you have received and reviewed your Fellowship Addendum for this academic year. This policy manual contains policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Fellow Name (Please print) _____

Fellow Signature _____

Date _____

Coordinator Initials _____

Date _____