

**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION**

**2015-2016
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 our Fellowship Program will be both educational and enjoyable.

This Fellowship Addendum outlines policies and procedures specific to your training program. Policies in this program manual 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.

The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy would be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual would take precedence.

Institution Policy Manual:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Statement of Inclusion of Fellowship Programs in Manual

This fellowship addendum outlines specific policies and procedures specific to your training program. Please refer to the [Residency Program Manual](#) for further departmental policies and procedures.

Department Mission Statement

The mission of the Department of Pediatrics is to generate new knowledge through research, to apply this new knowledge to the highest quality health care for the prevention and treatment of illness in children, and to provide the best possible education of the next generation of medical students, physicians, and other health professionals in childhood disease prevention, treatment, research, and advocacy. Through this mission the Department seeks to improve the lives of children in our community, nation, and the world.

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.

Program Mission Statement

The purpose of our pediatric critical medicine fellowship program is derived from the central mission of the Department. The Division of Pediatric Critical Care is committed to training critical care physicians who are excellent clinicians, educators and scholars. Such broad-based education allows for graduates to confidently pursue any of the many diverse career pathways subsequently available to him/her.

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SECTION 1 – STUDENT SERVICES

Institution Manual Policies

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Department of Pediatrics: Division of Pediatric Critical Care Medicine

Program Director:

Marie E. Steiner, M.D., M.S.

MB532 Riverside East Building

612-626-2778

stein083@umn.edu

Fellowship Coordinator:

Linda Linnerud

MB532 East Building

612-625-9950

linne009@umn.edu

Division Head:

Carrie George, M.D.

MB534 Riverside East Building

612-626-2963

cgeorge@umn.edu

Department of Pediatrics: Administration

Department Head: Joseph Neglia, M.D.

Riverside East MB665

612-626-3113/ jneglia@umn.edu

Associate Head for Education: John Andrews, M.D.

Riverside East M136 (West Bank)/Mayo M664 (East Bank)

612-626-4009/ andrews@umn.edu

Department Education Office (also called the Pediatric Education Office)

Riverside East M136

Telephone: 612-624-4477, #1

FAX: 612-626-7042

Internet: <http://www.med.umn.edu/peds/education/education-office/index.htm>

Central Fellowship Administrator: Valerie Cole

Riverside East M136

612-624-8788/ cole0430@umn.edu

Education Manager: Emily Gray
Riverside East M667
612-624-0410/ elgray@umn.edu

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

SECTION 2 – BENEFITS

Stipends

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

Resident/Fellow 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.

All LOAs must be discussed with your Program 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 full Family Medical Leave Act policy can be found here in the Benefits section of the Institution Policy Manual: <http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm>

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize any type of leave noted below. 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.

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.

Leave: Bereavement

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

Leave: Family medical leave act (FMLA)

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

Leave: Holidays

University of Minnesota, University of Minnesota Physicians, or other organizations' official holidays are NOT program holidays. Fellows WILL BE required to work on some holidays, based on the call and/or clinic schedule, as determined by each site.

Leave: Medical

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. 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 Program Director, Fellowship Coordinator, the Department of Pediatrics' Payroll Office, and the Office of Student Benefits.

Leave: Military

Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

Leave: Parental

The Departmental PTO policy can be found here via the last link under the Programmatic Information section: <http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. Time away for parental leave may extend training if they cause you to miss more time away from the program than allowed by the ABP.

An LOA Form **MUST** be completed prior to the leave and is completed in collaboration with your Coordinator and Program Director. Additionally, you must notify the following people once your baby is born/adopted so we can insure we process the paperwork, payroll, etc. correctly:

- Linda Linnerud (linne009@umn.edu)
- Deb Slavin (slavi002@umn.edu)
- Emily Gray (elgray@umn.edu)
- Office of Student Benefits (umshbo@umn.edu)

Leave: Personal

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

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 is made up at the end of fellowship 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. Individual preferences may be accommodated when possible.

Leave: Professional

The Departmental PTO policy can be found here via the last link under the Programmatic Information

section: <http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

Leave: Vacation and Sick

The Departmental PTO policy can be found here via the last link under the Programmatic Information section: <http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

Leave: Witness and Jury Duty

Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

Unauthorized Leave

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

Insurance Information

Professional liability insurance

Carrier: RUMINCO Limited

Policy #: RUM-1005-14

Please refer to the Medical Malpractice Credentialing/Insurance Verification website here:

<https://sites.google.com/a/umn.edu/medcred/>

Meal Tickets/Food Services

The UMACH policy for meals is outlined at:

<http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html>.

If you qualify for a meal allotment under this policy, contact your coordinator if you do not receive a meal card.

Based on your call schedule you will receive a meal card from Fairview. You are able to use Fairview meal cards in the Cafeteria, Coffee Shop and Doctors Lounge at UMCH. This expense is covered by the division of critical care medicine.

Laundry Services

Laundry is the responsibility of the individual fellow.

Workers' compensation benefits

Please refer to Institution Policy Manual at:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Educational Expense Allowance

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

- 1) Current editions of core textbooks in the Fellows' office.
- 2) Several computers with current software and internet access to medical periodicals in the Fellows' office. We are expecting to move to different space after renovations
- 3) Paid attendance to one approved conference annually in 2nd and 3rd years of fellowship if a fellow's poster or presentation has been accepted. Consideration for payment to conferences at which the fellow presents additional original work may be possible.

Parking

All fellows will have parking contract in the Purple Ramp on the West Bank, Riverside Campus.

Parking on the East Bank of Campus is paid by the fellow if they desire parking on the East Bank. More information on obtaining a University Parking Contract can be found on the Parking & Transportation Website here: <http://www1.umn.edu/pts/park/contract/index.html>

Photocopying Privileges

Fellows are allowed photocopying privileges in the Pediatric Critical Care Medicine Office. 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, Lab coats, and ID Badges

Hospital badges must be worn for clear identification and for access to secure patient care areas. Lost/broken badges are replaced by the institution (i.e. contact UMMC/UMACH security desk for Fairview badges). Fellows will be provided badges when they begin fellowship during orientation.

Professional attire is expected for clinical care and is the responsibility of the fellow. Lab coats are not required for routine clinical care. Scrub suits are provided on-site and are not to be worn except for patient care. For fellows pursuing basic research, the laboratory in which the research is performed will be responsible for providing appropriate safety wear, including a lab coat.

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.

SECTION 3 – INSTITUTION RESPONSIBILITIES

Please refer to Institution Policy Manual at:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

SECTION 4 – DISCIPLINARY/GRIEVANCE PROCEDURES

Please refer to Institution Policy Manual at:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Resident Review Committee

The Fellowship Program Director may involve the Resident Review Committee (RRC) for guidance on potential disciplinary situations for academic or non-academic reasons. 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 Division or Department of Pediatrics who may suspend the fellow from patient care responsibilities.

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.

Grievance Procedure and Due Process

Refer to the department policy at:

<http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

Substance Use/Abuse

Refer to the department policy at:

<http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

SECTION 5 - GENERAL POLICIES AND PROCEDURES

Institution Manual Policies

Please refer to Institution Policy Manual at:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Department 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 (including eventual generation of an acceptable work product), development of an individualized learning plan (ILP), scheduling Scholarship Oversight Committee meetings, identification of an academic mentor, completion of Core Curriculum series, attendance and presentation of scholarly work at the annual Pediatric Research, Education, and Scholarship Symposium (PRESS).

Department of Pediatrics Academic Expectations for Fellows is located at:

<http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm>

(5th link under programmatic information)

Clinical Competency Committee

The role of the Clinical Competency Committee (CCC) is to track each fellow's progress along the ACGME Milestones for Pediatric Subspecialties.

The Committee is comprised of faculty members who interact with the fellows in clinical settings. The Fellowship Program Director will be a member of the CCC, but cannot serve as the chair.

The Committee will meet twice a year to assess each fellow's progress in the clinical domains. The data available to the Committee will include the evaluations described elsewhere in the Program Information Form, including procedure logs and SITE scores. All information will be provided to committee members by the Program Coordinator. The Committee members are expected to incorporate their own personal experience

with the fellow's clinical performance into the tracking of Competencies, based on the specific Milestones described by the ABP/ACGME. This committee must assure the reporting of Milestones evaluations of each fellow semiannually to the ACGME.

After each meeting, the CCC chair will be responsible for summarizing the committee opinion on each fellow - offering suggestions for improvement, or remediation, if necessary – and making a final designation with respect to the fellow's milestone progression, overall clinical competence and whether or not the fellow is making appropriate progress toward becoming an independent neonatologist. The chair will be responsible for transmitting the final report to the Program Director, who will be responsible for reviewing the report with each fellow as part of the semi-annual review process and for reporting on milestones progression to the ACGME. If the committee has raised concerns, the CCC chair may be invited to also participate in the semiannual review. If remediation is recommended, both the CCC chair (or their designee) and the PD must meet together with the fellow to review and address the concerns raised.

Program Evaluation Committee

- I. PEC Members are appointed by the Program Director.
- II. PEC membership will be composed of at three additional program faculty and at least one trainee.
- III. The Responsibilities of the PEC include the following:
 - a. Participate in planning, implementing, and evaluating educational activities of the Program.
 - b. Review and make recommendations for revision of competency-based curriculum goals and objectives.
 - c. Identify and address areas of non-compliance with ACGME standards.
 - d. Review the program annually using evaluations of faculty, trainees, and others to make concrete recommendations for program improvement.
 - e. Render a written Annual Program Evaluation (APE) to be submitted to the University of Minnesota Associate Dean for Graduate Medical Education addressing the following areas:
 - i. Trainee performance
 - ii. Faculty development
 - iii. Graduate performance, including performance on certification examination (boards)
 - iv. Program quality, based on the following measures:
 1. Trainee and faculty confidential written evaluations of the program, at least annually (this should include use of the annual ACGME fellow and resident surveys, along with national benchmarks)
 2. Other trainee and faculty assessments and any additional data or program evaluations available.
 - v. Recommendations for program improvements based on trainee and faculty evaluations
 - vi. Progress on the previous year's action plan(s)
 - f. Prepare a written action plan to document initiatives to improve performance in one of more of the areas listed above (E.1-6), including delineation of how the initiatives will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. And further assist the Program Director in addressing concerns and responding to any special reviews by the University GMEC or the ACGME.

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/fellowship-programs/fellowship-administration/index.htm>.

Training/Graduation Requirements

Upon successful completion of all program requirements, the Program 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.

Conferences

The table provides a listing of the major conferences offered and the frequency at which they occur

Conference	Optional/Required	Frequency	Attendance required of the fellow (%)	Purpose/Content
Pediatric Grand Rounds	Optional	1/week Wed 1215-1315 Wilf Aud		Varies
Pediatric Department Morbidity, Mortality, Management (3M)	Optional	1/week Thurs 1215-1315 Wilf Aud		In depth review of a single case
Department of Pediatrics Fellows' Research Symposium (P.R.E.S.S.)	Required	1/year Fri TBA	100%; present min of once	Research presentation by Department trainees
Pediatric Fellows' Core Curriculum	Required	~17/year TBA	100% over 3 yrs	Attend lectures on core issues, QA
New Resident and Fellow Orientation	Required	1/year TBA	100%	Orientation
Monday Critical Care Division Conference	Required	1/week Mon 1215-1315 5 th floor conf	80% when on-site	Presents 3-4x annually, participates in discussion
PICU Didactic/Pt discussion/Board Review	Required	1/Week Tues 1100-1230 Small PICU conf rm	80% over 3 yrs	Review chapter, discuss case, review questions
Thursday ICU Inpatient Care Conference	Required	1/Week Th 1130-1215 Small PICU conf rm	80% when on-site	Info gathering, participates in discussion. Present patients if on service
Pediatric Cardiology Monday Morning Journal	Optional	3 rd Mon 730-830		Review articles, participate in discussion,

Conference	Optional/Required	Frequency	Attendance required of the fellow (%)	Purpose/Content
Club/QA		Amplatz Conf Room		QA when on service
Pediatric Cardiology Journal Club/Research	Optional	2nd/4th Mon 730-830 Amplatz Conf Room		Review articles, participate in discussion
CVTS Case Discussion/Pre-Op Conference	Optional; suggested if on service	1/Week 7:00-9:00 Wilf Aud		Participate in discussion, may present when on service
Peds Didactic Cardiology Lecture	Optional; suggested if on service	1/Week Tues 12:30-1:30 PICU conf rooms or Amplatz Conf Room		
Ped Cardiology Inpatient/Consult Service Discussion Conference	Optional; suggested if on CVICU service	1/Week Fri 7:30-8:15 Amplatz Conf Room		Participation limited to Q/A encouraged when on service
Department Research Conference	Optional	Quarterly TBA		Suggested; should participate in QA project.

Required/optional (in compliance with duty hours)
If off-site, every effort should be made to attend conferences.

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/fellowship-programs/current-fellows/core-curriculum/index.htm>

Scholarly Activities

In addition to participating in a core curriculum in scholarly activities, all fellows are 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 Program 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 Program 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 from the Department Education Office. Fellows are encouraged to recruit their own SOC members with guidance from their Program Director.

The expectation of the PICU faculty is for the fellow to participate in more than the single scholarly product that satisfies Board Eligibility requirements. The fellow's CV should demonstrate competitive productivity to enhance career opportunities available at the end of fellowship. Case reports, small case series, invited reviews, posters and/or participation in clinical studies are activities expected during the 3 year fellowship. Please track these for the SOC documents.

External Oversight

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

- For ACGME-accredited programs, 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' Associate Head for Education 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 personal statement: a comprehensive document written by the fellow, describing the scholarly activity. It should include a description of his/her role in each aspect of research and how the scholarly activity relates to the trainee's own career development plan
- The actual "work product" 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.

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.

Evaluation and Advancement

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.

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, 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. The Program Director will provide other medical team members with evaluation forms 2x per year (may include nursing, CVICU APP, Resp Therapy, Pharmacy, etc.)

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

	<u>PATIENT CARE</u>	<u>MEDICAL KNOWLEDGE</u>	<u>INTERPERSONAL/ COMMUNICATION SKILLS</u>	<u>PROFESSIONALISM</u>	<u>PRACTICE-BASED LEARNING</u>	<u>SYSTEMS-BASED PRACTICE</u>
<u>Global performance assessment</u>	X	X	X	X	X	X
<u>In-training examinations or medical knowledge exams</u>		X				
<u>Multiple rater assessments (aka 360o's)</u>	X	X	X	X		
<u>Oral examinations</u>						
<u>Assessment of resident/fellow presentations (documented)</u>	X	X	X	X		
<u>Objective, structured clinical examinations (OSCE)</u>						
<u>Chart audits by faculty (documented)</u>						
<u>Documentation review (H & P, DC summaries, operative reports)</u>	X	X		X		X
<u>Procedure assessments (documented using OSATS or other procedural skill assessment form)</u>	X	X	X			X
<u>Focused assessment of performance (live or videotaped) (documented using mini-CEX or other type of tool)</u>						
<u>Essays or reflective pieces</u>						
<u>Individual learning plans or portfolios</u>	X	X	X	X	X	X
<u>Acting Attending</u>	X	X	X	X	X	X

<u>Other</u>	<u>Fellow preparation and presentation of M & M Rotation of Divisional conference topics</u>					
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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)

Every fellow is required to be assessed annually through their SITE. Fellows will be notified by email when SITE registration opens in the fall. Follow up with your fellowship coordinator to complete the 2 step process to register and reserve a seat at the desired testing site. The exam cost is paid by the Division.

The results are discussed between the Program Director and fellow at their semi-annual review.

ACLS/BLS/PALS/NRP Certification

Individual hospitals will provide training for required certifications. The policy for certification requirements at UMACH is outlined at: <http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html>.

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 distribute 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).

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. 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.

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.
- Attending physicians 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 education office as a contact number for patient-related issues. Pharmacy refills and other patient-related requests that are faxed to the 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 fellowship 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. Fellows may also choose to consult with Scott Slattery if they feel they would like language assistance. Contact: Scott Slattery, PhD, LP, B-609 Mayo, slatt008@umn.edu, (612) 626-7196

Medical Licensure

You are **not required** to have a state license to participate in University of Minnesota Pediatric fellowship programs. State law does mandate that each fellow have a **residency permit**. This is a one-time application and is valid throughout your fellowship.

Your fellowship coordinator will contact you directly with instructions on how to obtain your Residency Permit or MN Medical License prior to beginning training.

If you choose to obtain a MN Medical License you MUST send a copy of your license to your fellowship coordinator. 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)

Medical Records/Dictation Completion

All UMACH and UMP clinic patient records can be accessed either via EPIC, or by calling the Health Information Management (HIM) offices at 612-626-3535. For instructions on medical record retrieval at additional sites, 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.

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 in the Institution Manual for instruction on what to do if a fellow is fatigued or stressed, especially if unable to provide safe patient care.

Educational resources on Fatigue, Stress and Deprivation, Burnout, and other well-being topics are available at: <http://www.med.umn.edu/gme/educresources/competteachres/home.html>.

Moonlighting Policy

Moonlighting activities are not included in fellowship programs. Trainees are not required to engage in moonlighting activities. **Those who elect to participate in moonlighting activities must assure they do 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 logged in RMS and will be counted towards the trainees' weekly 80 hour duty limit in accordance with the revised ACGME Duty Hour Requirements.

Written Permission Required

Trainees who wish to moonlight are required to obtain **prospective permission, in writing**, from their Program Director. All parties must additionally **complete the Moonlighting Form** found in RMS on the Welcome Screen. Failure to provide this information is grounds for discipline under Section VII of the Residency/Fellowship Agreement.

Program Directors must approve in writing a trainee's moonlighting schedule. This information will be kept in their training file. Program Directors may withdraw permission to moonlight for any trainee if those activities have been shown to interfere with their performance or violate duty hours.

Visa 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.

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.

On Call Rooms, Support Services, Laboratory/Pathology/Radiology Services

On-Call Rooms

Medical students, residents and fellows that must remain at UMMC/UMACH on call overnight are guaranteed a room. For access to a room at UMACH contact the nursing supervisor: 612-613-8497

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 laboratory technicians 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.

Professional Dress Guidelines

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

Residency Management Suite (RMS)

All residency and fellowship programs in the University of Minnesota Medical School utilize a web-based system called New Innovations' Residency Management Suite (RMS) to manage training programs. All accredited training programs in Pediatrics use RMS for evaluations and Medicare reporting/duty hour reporting. **PICU fellows must also use RMS for logging procedures – 100% compliance is expected.** For RMS questions, contact your fellowship coordinator. Our department RMS website with helpful information is located at <http://www.med.umn.edu/peds/education/fellowship-programs/current-fellows/RMS/index.htm>.

Scheduling/Absence Coverage

Fellows will meet with the Fellowship Program Director in the spring of each year to discuss scheduling options based on educational considerations.

Fellows may request vacation time in the Spring; scheduling will be performed in the most fair configuration possible. **Requests must be in writing and approved by the PD.** No more than 2 fellows may be off-site or on vacation simultaneously except over major holidays. All major holidays can be expected to bridge 4 days/night call and 2 fellows will rotate through each 4 day holiday at the U and 1 fellow will cover the holiday at HCMC if on service there. Holidays covered will be tracked and rotated among fellows. Please do not make travel arrangements until holiday schedule is confirmed. Holiday preferences should also be specified when requesting vacation time.

Security/Safety

The Security Monitor Program, a branch of the UMPD, offers free walking and biking security escorts to and from University 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 security/safety policy and process. Contact the site coordinator for more information.

[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

Supervision of Fellows

All patient care must be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents and fellows at all times. Fellows are provided with rapid, reliable systems for communication with supervising faculty. On-call schedules for attending faculty are structured to ensure that supervision is readily available to residents and fellows on duty. The attending faculty must determine the level of responsibility given to each fellow, according to their level of training and experience. A fellow may request the physical presence of an attending at any time and is never to be refused. Faculty and fellows are educated to recognize the signs of fatigue and will apply institutional policies to prevent and counteract the potential negative effects.

The Institution Manual policy is located at [General Policies & Procedures: Supervision Policy](#)

Teaching Responsibilities

Teaching of Medical Students, Refer to Pediatric Residency Program Manual at:

<https://sites.google.com/a/umn.edu/university-of-minnesota-pediatrics-residency-program/resources/program-policy-manual>

Visa Sponsorship

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Pediatric Critical Care Medicine fellowship program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.

SECTION 6 - STUDENT SERVICES

Institution Manual Policies

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-level students in the Medical School of the University of Minnesota, and are automatically registered each semester for their Medical School training course by the Department Education Office. Trainees are not involved in registration for Medical School courses.

Fellows are registered for 6 credits in the Medical School course PED 7930 Pediatric Medical Fellowship each semester during their fellowship. 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 pursue disciplinary action until the hold is resolved. **Certificates of completion and training verifications will not be released until all holds are resolved on fellow student accounts.**

Tuition and Fees/Additional Courses

The tuition and ordinary fees for registration in the Medical School GME training, for fellowship training, are waived at this time. Although trainees are paid through UMN, their student classification as a professional-in-training disqualifies them from receiving employee tuition benefits for additional courses e.g. Regent's Scholarship.

Enrollment into other colleges (e.g. School of Public Health, Graduate School) may affect the trainee's student classification status. It is imperative that your program, Pediatric Education, and Payroll Office are aware of any courses you are taking or planning on taking, regardless if you are seeking an advanced degree. Permission in writing from the Fellowship Program Director is required to register for additional courses or seek an advanced degree.

When a fellow seeks an advanced degree, it is their responsibility to notify the Fellowship Coordinator at least THREE MONTHS PRIOR to the beginning of the semester. Any expenses incurred as a result of non-disclosure (late fees, etc.) are the responsibility of the trainee.

In order for nonresident fellows to receive in-state tuition rates, they must **complete the Verification of Appointment for Resident Tuition form**. To access this form, go to: <http://policy.umn.edu/forms> and search form #1502. This form must be completed and delivered to your program **coordinator two months prior** to the beginning of the academic semester.

Course enrollment outside of medical fellowship training, including graduate programs, will incur tuition and fees. Your Program Director will determine whether or not the Division will financially support your course work .

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.

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 East Building, 5th Floor, Room MB532.

Career Search Resources

To assist fellows with their post-fellowship career search, Pediatric Faculty are available for questions and advice. Several job list servers are sent to faculty and can be made available to the fellows. Individual job opportunities will be posted by the PD. Your faculty will need to write recommendation letters, which should be solicited before offering their contact information as a possible reference.

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 program requires the use of your UMN e-mail, as it is our primary method of communication.

Privacy and Data Security Training

You are required to be HIPAA compliant in order to participate in program rotations and activities. The Department of Pediatrics' Privacy 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 privacy and data security training is available at: <http://www.privacysecurity.umn.edu/training/home.html>.

Each hospital has its own data security policy and process. Contact the GME education coordinator on site if you have questions.

University of Minnesota:

UMACH/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

Children's Hospitals and Clinics – St. Paul and Minneapolis – GME Site Coordinator

<http://www.childrensmn.org/web/meded/geninfo/065872.asp>

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. 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.

Confirmation of Receipt of your Fellowship Addendum for Academic Year 2015-2016

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 _____