# TABLE OF CONTENTS

INTRODUCTION/EXPLANATION OF MANUAL ........................................................................................................... 4
DEPARTMENT MISSION STATEMENT ......................................................................................................................... 4
PROGRAM MISSION & VISION STATEMENT ............................................................................................................. 4

I. STUDENT SERVICES........................................................................................................................................ 4-7
   PAGERS ......................................................................................................................................................... 4-5
   E-MAIL AND INTERNET ACCESS ....................................................................................................................... 5
   MAILING, PHONE, & ADDRESS INFORMATION ............................................................................................... 6
   HIPAA AND SECURITY TRAINING .................................................................................................................... 6
   IMMUNIZATIONS AND VACCINATIONS ............................................................................................................. 6-7
   NAME CHANGES ........................................................................................................................................... 7
   TUITION AND FEES ........................................................................................................................................ 7

II. BENEFITS......................................................................................................................................................... 7-13
   STIPENDS ....................................................................................................................................................... 7
   ADDITIONAL EMPLOYMENT BENEFITS ............................................................................................................. 7-8
   INSURANCE ....................................................................................................................................................... 8
   ACADEMIC BUSINESS EXPENSE FUND ............................................................................................................ 8
   MEDICAL SOCIETY MEMBERSHIPS .................................................................................................................. 8
   LIBRARIES ...................................................................................................................................................... 9
   RESEARCH RESOURCES ................................................................................................................................. 9
   MOVING EXPENSE REIMBURSEMENT – PGY-1 ................................................................................................. 9
   MEAL ALLOWANCE ....................................................................................................................................... 9-10
   LAUNDRY SERVICE ....................................................................................................................................... 10
   PARKING ....................................................................................................................................................... 10
   HOLIDAYS ...................................................................................................................................................... 10
   PAID TIME AWAY .......................................................................................................................................... 10-12
   LEAVES OF ABSENCE ................................................................................................................................... 12-13

III. INSTITUTION RESPONSIBILITIES .................................................................................................................... 13

IV. DISCIPLINARY AND GRIEVANCE PROCEDURES ..................................................................................... 13-17
   SCHOLASTIC STANDING COMMITTEE ........................................................................................................... 13-15
   PROGRAM LEVEL DISCIPLINARY PROCEDURES ........................................................................................ 16-17

V. GENERAL POLICIES AND PROCEDURES ..................................................................................................... 17-17
   NEW INNOVATIONS ..................................................................................................................................... 17-18
   PROGRAM CURRICULUM ............................................................................................................................... 18-19
   PROGRAM GOALS AND OBJECTIVES ............................................................................................................. 19
   CONFERENCES AND DIDACTICS .................................................................................................................... 19
   TEACHING MEDICAL STUDENTS ................................................................................................................... 20
   TRAINING/ADVANCEMENT/GRADUATION REQUIREMENTS ....................................................................... 20-21
   ACGME CORE COMPETENCIES ..................................................................................................................... 21-22
   SUPERVISION .............................................................................................................................................. 22-23
   MEDICAL RECORD DOCUMENTATION ....................................................................................................... 23-25
   PROCEDURE DOCUMENTATION ................................................................................................................... 26
   DUTY HOURS ................................................................................................................................................ 26

Updated 5/27/15 KD
ON CALL SCHEDULES AND RESPONSIBILITIES ................................................................. 26-27
ON CALL ROOMS ........................................................................................................... 27
CONTINUITY CLINIC ...................................................................................................... 27-28
LABORATORY/PATHOLOGY/RADIOLOGY SERVICES .................................................. 28
SUPPORT SERVICES ...................................................................................................... 28
EVALUATIONS ................................................................................................................ 28
ADVISING AND FEEDBACK .......................................................................................... 28
SAFETY AND SECURITY ............................................................................................... 29
MOONLIGHTING ............................................................................................................. 29
MONITORING OF RESIDENT WELL-BEING .................................................................. 30
PROFESSIONAL DRESS CODE ..................................................................................... 31
ID/ACCESS BADGES ..................................................................................................... 31
SMARTPHONES ............................................................................................................. 31
SOCIAL NETWORKING GUIDELINES ............................................................................. 31
VI. ADMINISTRATIVE ...................................................................................................... 32-35
VISA SPONSORSHIP ..................................................................................................... 32
CONDITIONS OF EMPLOYMENT ................................................................................. 32
RESIDENCY EXAMINATIONS ......................................................................................... 32-33
POLICIES AND REFERENCES ....................................................................................... 33-34
DIRECTORY OF CONTACTS ......................................................................................... 35
INTRODUCTION/EXPLANATION OF MANUAL
Welcome to the Duluth Family Medicine Residency Program! This Program Policy and Procedure Manual is designed to provide residents, program directors, faculty, and administrators with information on student services, benefits, disciplinary procedures, policies and procedures, and contact information. The information contained in this program manual pertains to all residents in the UMN Duluth Family Medicine Residency Program unless otherwise noted.

The University of Minnesota is the academic sponsor of our program. The University of Minnesota’s 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.

DEPARTMENT MISSION
To connect the University of Minnesota mission of discovery, learning, and public service with our communities—through the teaching, research and practice of family medicine and community health.

PROGRAM MISSION
The Duluth Family Medicine Residency Program is dedicated to educating compassionate, empowered and skilled Family Medicine specialists who are prepared to be the foundation of healthy communities.

PROGRAM VISION
Our physicians will be leaders and innovators. They will focus on service to rural and underserved communities and be fully prepared to provide high quality care in all settings.

SECTION 1- STUDENT SERVICES
The following are student services policies and procedure specific to the UMN-Duluth Family Medicine Residency Program.

PAGERS
All residents are issued a pager from Essentia Health to be used during residency training. Residents are required to have their pagers on from 7:00 am until 5:00 pm, or as required by rotational responsibilities. Residents who have continuity obstetric patients greater than 36 weeks gestation are required to leave their pager on 24/7 unless appropriate patient care transition has been completed with the backup provider and Family Medicine Service.

If a pager is not working properly, residents must notify the residency office immediately. Upon graduation from the program or termination of employment, the pager must be returned.

Family Medicine Service Pager
All patient calls outside regular office hours will go to the Family Medicine Service resident on call. This may include calls for the admission of Essentia Health Lakewalk and Essentia Health Proctor patients.

Adult Medicine Service Pager
Residents on Adult Medicine Service at St. Mary’s Medical Center are responsible for carrying the Clear
Team Pager and responding to Code Blue, Stroke Code, Rapid Response, change of status and adverse events. The Adult Medicine Service pager does not leave the hospital. It is transitioned between shifts. When there is no one to transition to, return pager to the Residency Office.

**NICU Pager**
Residents on Pediatrics at St. Mary’s Medical Center are responsible for carrying the NICU pager to respond to neonatal procedures and circumcisions. The NICU pager does not leave the hospital. It is transitioned between shifts. When there is no one to transition to, return pager to the Residency Office.

**C-Section Pager**
Residents participating in advanced obstetrics are responsible for carrying the C-section pager to respond to obstetrical procedures and Cesarean sections. The C-section pager is transitioned between shifts.

**E-MAIL, INTERNET AND REMOTE ACCESS**
Each resident is given two email accounts – one from the University of Minnesota and one at the program through Essentia Health. Residents are required to check both accounts daily and will be held accountable for the information communicated to them in e-mails. **Residents should not auto-forward their UMN or Essentia Health email to any other email account.**

As employees of Essentia Health, all residents are given access to the internet. Employees are expected to use discretion and comply with Essentia Health internet usage policies at all times. Residents are also given remote access to the Duluth Family Medicine Clinic, Essentia Health and St. Luke’s Hospital electronic medical record (EMR) systems.

**IT Support**
- For IT support of your University of Minnesota email or internet services, call 612-301-4357.
- For IT support of your Essentia Health email, internet, or remote access services at Essentia or the Duluth Family Medicine Clinic, call 218-786-3788.
- For IT support of your St. Luke’s remote access services, call 218-249-4357.

**Web Page Resources**
- University of Minnesota
  [www.umn.edu](http://www.umn.edu)
- University of Minnesota Department of Family Medicine and Community Health
  [http://www.familymedicine.umn.edu/](http://www.familymedicine.umn.edu/)
- Duluth Family Medicine Residency Program
  [www.dfmrp.org](http://www.dfmrp.org)
- University of Minnesota Medical School
  [www.med.umn.edu](http://www.med.umn.edu)
- University of Minnesota Medical School Duluth
  [www.d.umn.edu](http://www.d.umn.edu)
- University of Graduate Medical School (GME)
  [www.med.umn.edu/gme](http://www.med.umn.edu/gme)
- Email and Library Access for Graduates
  [http://www.gme.umn.edu/residents/GradEmailLibAccess/index.htm](http://www.gme.umn.edu/residents/GradEmailLibAccess/index.htm)
Mail
Incoming Mail
Residents are responsible for picking up mail from their assigned mailbox located in the resident
lounge/work area (3rd Floor) of the Duluth Family Medicine Clinic. Residents are required to read and
respond to mail, including program and patient paperwork, in a timely fashion.

Outgoing Mail
Outgoing mail can be placed in the outgoing mail bins in the residency office or 1st floor registration
area.

Important Mailing Information
Duluth Family Medicine Residency Program
330 North 8th Avenue East
Duluth, MN 55805
Phone: 218-529-9122 (Residency Office)
Phone: 218-723-1112 (Front Desk/Clinic)
Physician Hotline: 218-726-5400
Fax: 218-529-9120

University of Minnesota
Dept. of Family Medicine and Community Health
420 Delaware Street SE, MMC 381
Minneapolis, MN 55455
Phone: (612) 624-2622 - Fax: (612) 626-2694

HIPAA AND SECURITY TRAINING
University of Minnesota Requirements
All HIPAA training is managed through the Graduate Medical Office at the University of Minnesota and
is administered through an onboarding checklist.

Essentia Health St. Mary’s Medical Center
Residents are required to participate and complete HIPAA and Security training during orientation and
as assigned annually through online modules.

St. Luke’s Hospital
Residents are required to participate and complete HIPAA and Security training during orientation
and/or as assigned.

IMMUNIZATIONS AND VACCINATIONS
The University’s requirement for immunizations and vaccinations for residents is consistent with those
of the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/vaccines. Occupational
Safety and Health Administration (OSHA), and Minnesota state law for health care workers. Residents
cannot be in patient care settings without the required immunization. To help ensure you have the
required immunizations, a listing of the required immunizations and vaccinations and related
information can be accessed by going to http://www.bhs.umn.edu/immunization-requirements.htm and
clicking on “Academic Health Center Student.”

To print out a personalized immunization report and immunization form to update your immunizations,
visit www.bhs.umn.edu/myboynton
Residents are required to meet immunization and screening requirements for the University of Minnesota, Essentia Health St. Mary’s Medical Center and its affiliates, and St. Luke’s Hospital of Duluth.

NAME AND ADDRESS CHANGES
Notify the residency office immediately of any expected name change. In order to process your name change for Essentia Health you must provide the residency office a copy of the Social Security card with your new name. In order to process your name change for University of Minnesota payroll services, and to update other databases, you must provide Laura Pham, residency programs coordinator, somm0104@umn.edu, (612) 626-0194 in the Department of Family Medicine and Community Health with a copy of a legal document from the state or federal government (e.g. driver's license, social security card, passport) with your new name.

It is important the program has your current home address and phone number. Please notify the residency office of any changes.

TUITION AND FEES
All residents (trainees) are registered as students at the University of Minnesota. Currently tuition and student services fees are being waived for trainees enrolled in Graduate Medical Education programs. Your access to student services will vary dependent on the student classification you are appointed.

SECTION 2 - BENEFITS

STIPENDS for 2015-2016
First Year $51,517
Second Year $53,102
Third Year $54,929

Residents are employees of Essentia Health and receive their rate of pay based on the PGY stipend set by the University of Minnesota. The payroll cycle is 26 periods annually, paid every other Friday.

ADDITIONAL EMPLOYMENT BENEFITS
Other Essentia Health employment benefits include:
- Flex Spending Account
- Health Savings Account
- 401(k) Retirement Plan
- 529 College Savings Plan
- Tuition Reimbursement
- Adoption Expense Reimbursement
- Home Ownership Program
- Employee Assistance Program
- Health Fitness and Therapy Center Membership
- Employee Discounts in Eye Clinic and Skin Renewal Clinic
INSURANCE
Residents, as employees of Essentia Health, are eligible upon hire for:
- Health Insurance
- Dental Insurance
- Long-Term Disability Insurance
- Short-Term Disability Insurance

Residents must meet deadlines for open-enrollment to these benefits. For more details see visit the “My HR” tab on “The Source”, Essentia’s intranet home page.

Professional Liability Insurance is provided by Essentia Health to all residents, including tail insurance, for residency related events. The Insurance coverage territory includes the United States, Puerto Rico, Sweden and Canada. However, policy territory does not include Wisconsin. For residency rotations in Wisconsin, a supplemental coverage policy will be purchased by the program.

Worker’s Compensation insurance is provided to residents by Essentia Health. Worker’s Compensation Insurance is for expenses and loss of earnings due to work-related accidents, injuries or illnesses compensable under the State Worker’s Compensation Law.

ACADEMIC BUSINESS EXPENSE FUND
Residents are eligible for reimbursement of up to $1,000 per residency year for academic business expenses related to the purchase of: smart phone, computer, educational materials, conference expenses, educational testing, medical society membership dues, physician white coats and stethoscopes. Mobile device fees are not eligible for reimbursement. Residents must provide receipts for all expenses to be reimbursed to the residency office. The IRS considers this reimbursement taxable income. Please note personal electronic devices will not receive IT support from the program or Essentia Health IT staff.

MEDICAL SOCIETY MEMBERSHIPS
The Program pays the following membership dues for all residents as applicable:

- Minnesota Medical Association  www.mmaonline.net
- Lake Superior Medical Society  www.lsmedsoc.org
- American Academy of Family Physicians  www.aafp.org
- Minnesota Academy of Family Physicians  www.mafp.org
- American Osteopathic Association*  www.osteopathic.org
- Minnesota Osteopathic Medical Society  www.mndo.org

* Osteopathic residents may choose to belong to the AOA or the MMA. If a resident chooses membership in both organizations, then the resident’s Academic Business Expense funds must be used for the membership dues in the second organization.

LIBRARIES
- Essentia Health St. Mary’s Medical Center Medical Library is located on 2 East. Your photo ID/access badge will open the doors after hours. The Essentia Health Library Services home page  https://thesource.essentialhealth.org/our-learning/library-services  offers access to databases, electronic journals, electronic books, service request forms, and information regarding library resources and services. The library staff can assist you with computerized literature searches for

Updated 5/27/15 KD
residency related projects. The library provides access to information from the databases of the National Library of Medicine (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and many others. When requests for information cannot be filled from the library’s own collection, materials can be borrowed from other libraries for Essentia Health related projects. Resources are often obtained within a few business days, but some requests may take one to two weeks to fill.

- St. Luke’s Hospital Medical Library is located across from the physicians’ entrance on 2nd floor. Your photo ID/access badge will open doors at any time.
- The University of Minnesota Bio-Medical Library can be accessed at [https://hsl.lib.umn.edu/biomed](https://hsl.lib.umn.edu/biomed)

**RESEARCH RESOURCES**
The University of Minnesota believes that applied research is very important to the growth of individuals and the evolution of family medicine as a specialty. Residents are encouraged to take interest in research and do research with a faculty mentor. The following department resources are available:

- Advice on experimental design and financial sources
- Research assistant services
- Computer services including statistical analysis and interpretation
- Assistance with grant preparation
- Periodic writing workshops

For additional research resources visit [http://www.familymedicine.umn.edu/research](http://www.familymedicine.umn.edu/research)
Contact Angela Buffington, PhD, at 507-385-6500 or buffi021@umn.edu, or Carol Lange, MPH, Research Program Coordinator, 612-624-3125 or lange076@umn.edu with any questions.

**MOVING EXPENSE REIMBURSEMENT – PGY-1**
Moving expense reimbursement is available for PGY-1 residents with a one-time maximum of up to $1000. The resident will pay for the move and apply for reimbursement after the move. Receipts for all expenses requested for reimbursement must be submitted no later than August 31.

Essentia Health follows Internal Revenue Service criteria for qualified moving expenses. Qualified moving expenses include, but are not limited to, reasonable cost of services for packing, hauling, delivery, storage and unpacking, as well as transportation and lodging during the move.

**MEAL ALLOWANCE**
**St. Luke’s Hospital**
Residents are required to show their ID badge when going through cafeteria lines at St. Luke’s Hospital to receive a complimentary meal. Vending machines are available at the resident’s expense when the cafeteria is closed.
Essentia Health - St. Mary’s Medical Center
A $3500 allowance is provided annually for resident meals. Residents swipe ID badges at the St. Mary’s cafeteria. If you encounter any errors with your meal allowance, notify the residency office and retain your cafeteria receipt for reimbursement. Vending machines are available when the cafeteria is closed.

LAUNDRY SERVICE
PGY-1 residents will be given two physician white coats. If additional coats are desired residents may use their Academic Business Expense funds to purchase. Complimentary laundry service is provided. Hampers are located on both clinic floors and the 3rd floor resident lounge/work area.

COMPLIMENTARY PARKING
Essentia Health St. Mary's Medical Center
The physician lot is 1/2 block east of hospital with access through alley between 5th and 6th Avenues East. There is additional parking available in all ramps; Essentia Health ID Badge will lift the gates. Essential Health Parking Stickers are required and must be displayed on the outside of the rear window of the vehicle.

Essentia Health Medical Center (Miller-Dwan Building)
Physician parking is available in the ramp behind Polinsky. There is additional parking available in all ramps; Essentia Health ID Badge will lift the gates. Essential Health Parking Stickers are required and must be displayed on the outside of the rear window of the vehicle.

St. Luke's Hospital
Physician parking is available in the lot located on the corner of 9th Avenue East and Second Street, with the entrance off of 9th Avenue East. St. Luke’s Parking Pass must be displayed on the rearview mirror.

Duluth Family Medicine Clinic
Parking is available in the clinic lot (leaving first two rows for patients), as well as the lower lot on the corner of Third Street and 8th Avenue East. Residents and staff are encouraged to utilize this lower lot.

2015-2016 HOLIDAYS
The following are observed Program holidays for the 2015-2016 academic year. On these days the Duluth Family Medicine Clinic (DFMC) will be closed and most residents will be off their rotation duties. Residents on service rotations will be scheduled to provide services on these days. The Residency Office will make every effort to ensure the obligation to cover holidays is equitable.

Friday, July 3, 2015  Independence Day Observed (DFMC)
Saturday, July 4, 2015  Independence Day
Monday, September 7, 2015  Labor Day
Thursday, November 26, 2015  Thanksgiving Holiday
Friday, December 25, 2015  Christmas Day
Friday, January 1, 2016  New Year’s Day
Monday, May 30, 2016  Memorial Day

PAID TIME AWAY
All stipulations regarding paid time away follow residency and/or employment policies of the Accreditation Council for Graduate Medical Education (ACGME), American Board of Family Medicine.
(ABFM), University of Minnesota, and Essentia Health. Per ABFM regulations, the maximum cumulative amount of time a resident may be away from the program for personal absences including vacation, sick and miscellaneous leave, must not exceed one month per residency year. One month is equal to 21 weekdays. Residents who exceed that limit will need to extend their residency training. A resident does not have the option of reducing the total time required for the residency by foregoing vacation time.

**Paid Time Off (PTO)**

Residents earn 21 week days of paid time off each academic year used for vacation days, sick time and other miscellaneous time away needs. The following apply to the use of PTO time:

- PTO time cannot be carried over from year to year. It must be used during the academic year in which it is earned.
- PTO cannot be concurrent (e.g. last part of PGY-2 continuing to first month of PGY-3).
- PGY-3 residents are not permitted to use PTO during the last two business days of their residency training.
- Residents may have to cancel scheduled PTO days if unscheduled PTO days are added to guarantee they do not exceed the cumulative maximum of 1 month (21 week days) away from the program due to personal absence each residency year.

Scheduled PTO (vacation, practice site visits, personal business): All requests for scheduled PTO are subject to approval. Up to 2 residents per PGY may be granted scheduled PTO at a time. It may not be possible to grant all scheduled PTO requests as the program reserves the right to limit the number of residents to ensure quality patient care and protect the workload of other residents. See *Standard Operating Procedure: Resident Time Away in New Innovations*

Unscheduled PTO (Illness, Family Emergencies): Residents must notify the Chief Resident or the faculty on call when unscheduled events such as illness or family emergencies do not allow for reporting to assigned duties. The Residency Office will adjust schedules as needed to guarantee adequate coverage.

**Professional and Academic Time Away**

Residents are encouraged to participate in continuing professional and medical education activities. Residents are eligible for up to 5 CME days annually, at the discretion and approval of the program director. Time away for CME is not categorized as personal time away and is not included in the cumulative personal time away total. It may not be possible to grant all requests. The program reserves the right to limit the number of residents away to ensure quality patient care and protect the workload of other residents.

**Other Paid Time Away Events**

**Bereavement (Funeral) Leave:** Per Essentia Health employment policy, residents are provided with up to 3 consecutive days of bereavement leave, including the date of the funeral, for immediate family members. Bereavement leave counts toward the maximum cumulative amount of personal time away per academic year.

**Jury Duty:** If you are contacted for Jury Duty, please submit the summons letter to the residency office. We will submit a request to postpone your Jury Duty due to your residency obligations.
Witness Duty: If you are summoned as a witness related to your residency, notify the residency office. The Residency office will ensure you are able to attend. This does not count as time away from the Program.

Parental Leave: Essentia Health provides two weeks paid maternal or paternal parental leave for the birth or adoption of a child. Parental Leave counts toward the maximum cumulative amount of personal time away per academic year.

REQUIRED EVENTS
Residents are required to attend PGY-specific events such as retreats and testing days as scheduled. Time away will not be granted on required event days.

LEAVES OF ABSENCE
American Board of Family Medicine Requirements Effect of Leave for Satisfying Completion of Program
The maximum cumulative amount of time a resident may be away from the program for personal absences including vacation, sick and miscellaneous leave, without making up the time, must not exceed one month per PGY year. One month is equal to 30 days (including weekends) or 21 workdays. Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. Absence from the residency, exclusive of the one-month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the PGY-2 and PGY-3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.

Following a leave of absence of less than three months the resident is expected to return to the program and maintain care of his or her panel of patients for a minimum of two months before any subsequent leave. Leave time must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training. Residents will be permitted to take vacation time immediately prior to or subsequent to a leave of absence.

In cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury, the Program Director is expected to inform the Board promptly by electronic mail of the date of departure and expected return date. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure. All time away from training in excess of the allocated time for vacation and illness, should be recorded in the Resident Training Management (RTM) system.

Leaves of absence in excess of three months are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.
Leave Of Absence: Program Level Guidelines
A leave of absence will be granted at the discretion of the program director, or as required by law, for leave requests including, but not limited to: Medical Leave, Family Medical Leave, Military Exigency, Military Caregiver Leave, Crisis Leave, and Advanced Educational Opportunity Leave. A Leave of Absence Request Form must be submitted to the residency office prior to the beginning of the leave.

Crisis Leave: In rare circumstances residents may need to consider a crisis leave when personal issues interfere with performance of residency duties. When crisis leave is approved it will be as part of an integrated intervention that includes access to medical, financial and counseling resources through the Residency Assistance Program (RAP), Employee Assistance Program (EAP) or other professional resources deemed appropriate. The Program requires periodic meetings with the faculty advisor and/or Program Director during a crisis leave.

Advanced Educational Opportunity: A leave of absence for advanced educational opportunities or certification will be considered on a case-by-case basis at the discretion of the Program Director.

SECTION 3 - INSTITUTION RESPONSIBILITIES

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

SCHOLASTIC STANDING COMMITTEE FOR REVIEW OF RESIDENT AND FELLOW PERFORMANCE
I. This committee will be composed of 16 voting members: 10 program faculty, two residents, one fellow, three at-large faculty members, and the Director of Medical Education (as an ex-officio non-voting member) – all appointed by the department head.
   A. There shall be one faculty member and one alternate from each of the ten following post-graduate training programs:
      Mankato Residency Program        Smiley’s Residency Program
      Methodist Residency Program      St. John’s Residency Program
      North Memorial Residency Program St. Joseph’s Residency Program
      St. Cloud Residency Program      Duluth Residency Program
      Hospice and Palliative Care Fellowship Program
      Sports Medicine Fellowship Program
   B. Three additional at-large faculty members shall be appointed by the department head.
   C. A representative from Human Resources in the department of Family Medicine and Community Health will serve on the committee as a non-voting ex-officio member.
   D. The chair of the committee shall be appointed by the department head from the three at-large faculty committee members.
   E. Two residents and one fellow, who will be alternated every other year between the two fellowship programs, shall attend the meetings and be voting members of the committee. The residents shall be from different training programs and should have completed at least one year of post-graduate training in Family Medicine, and be in current good standing.
F. One resident or fellow alternate shall be appointed from each program where there is a resident representative. The term of the appointment shall be for two years for residents, and one year for fellows.

G. Additional faculty, staff, and/or residents and fellows may be used as consultants to the committee.

II. The committee will meet on a regular basis at three-month intervals.
   A. The dates of the meetings will be on the fourth Thursday of February, May and August, and the fifth Thursday of November, or the first Thursday of December.
   B. Additional meetings will be called on an ad hoc basis when specific issues are to be presented.

III. The purpose of this committee will be to review the performance of residents and fellows on at least a quarterly basis, and more frequently when required. This review shall include all aspects of resident and fellow performance including, but not limited to, the following: academic, clinical, professional, and personal issues related to performance. The committee will review low ITE scores as established each year by the CEC and support the Program Directors in implementing study plans as needed. The committee will make appropriate recommendations to the respective program director based upon its review.
   A. The committee shall review data from the reports of program directors or their program representative regarding resident and fellow performance.
   B. The committee shall serve as an appeal body to residents and fellows for local decisions regarding their performance. Final decisions by the committee may be challenged outside the Department of Family Medicine Department and Community Health as outlined under Protocol for Scholastic Standing Committee Review of Unsatisfactory Performance of Residents and Fellows, Sections III and IV.
   C. The committee may serve as a consultant to program faculty in determining local decisions regarding resident and fellow status and remedial actions.
   D. The committee will be responsible for providing recommendations to program directors or their program representative concerning any perceived resident or fellow deficiencies.
      1. These deficiencies may be brought to the attention of the committee by the program directors or their program representative asking for advice and /or recommendations relative to performance deficits noted by program directors.
      2. Program directors or their program representatives may remove from clinical service a resident or fellow whose performance poses a risk to patient safety or is deemed too deficient to continue responsibly in the rotation. This action shall be reviewed by the committee within 30 days.

IV. The committee will uphold confidentiality of all student records and information and will not disseminate meeting materials, including agendas, review letters, or minutes, to anyone outside of the committee.

PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF RESIDENT AND FELLOW PERFORMANCE

I. Problems identified by the program directors will be reviewed by the committee and action will be recommended and or approved as needed. Program Director should provide documented evidence of academic deficiencies along with other appropriate evidence of deficiencies.
   A. If a reasonable action plan is given, no presentation to the committee is necessary.
   B. If no action plan is given, or the plan is deemed inadequate by the chair of the Scholastic Standing Committee, the case will be presented to the committee for action.

II. Problems previously identified will be reviewed again by the committee at the discretion of the program director.
III. Program director will be notified regarding the committee’s discussion and recommendations.
IV. The involved resident or fellow will also be notified of the committee’s recommendations.

PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF UNSATISFACTORY PERFORMANCE OF RESIDENTS AND FELLOWS

I. Any resident or fellow who fails a program requirement shall be considered by the committee for recommendation of probation to the program director, unless there are extenuating circumstances.

II. Any resident or fellow who fails more than one program requirement shall be considered by the committee for recommendation of dismissal to the program director unless there are extenuating circumstances.

III. When adverse action is proposed for academic reasons, the process shall be governed by the procedures outlined in the first section of the GME Policy Discipline/Dismissal/Non-Renewal of Residents/Fellows set forth in the Institution Policy Manual at:
http://www.gme.umn.edu/prod/groups/med/@pub/@med/@gme/documents/content/med_content_432305.pdf
These decisions may be contested under University policy and procedures on Conflict Resolution Process for Student Academic Complaints outlined in the University Policy Library at:
http://www.policy.umn.edu/Policies/Education/Student/STUDENTCOMPLAINTS_PROC01.html

IV. When adverse action is proposed for nonacademic reasons, the protocol outlined in the second section of the GME Policy on Discipline/Dismissal/Non-Renewal of Residents/Fellows set forth in the Institution Policy Manual shall be followed. See:
http://www.gme.umn.edu/prod/groups/med/@pub/@med/@gme/documents/content/med_content_432305.pdf
This protocol calls for notice before the action is taken, an opportunity for the resident to appear, and an appeals mechanism.

V. The committee will provide the opportunity for individual residents or fellows whose performance is in question to review the evidence relative to their performance and respond to those observations in person at a later meeting of the committee.

VI. The following fundamental requirements of the program must be demonstrated by the resident or fellow to remain in the program.
A. Display adequate achievement of the ACGME and/or AOA General Competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, and system-based practice) as commensurate with the postgraduate level of training.
B. Ability to integrate academic knowledge, clinical skills, judgment, and interpersonal skills into a behavior commensurate with the usual and customary standards of the medical profession, and as appropriate for the associated postgraduate level of training.
C. In addition to those policies listed in resident and fellow manuals, compliance with all ACGME, Medical School (GME Office) and Department of Family Medicine institutional, departmental, and programmatic policies and procedures that are in effect for residents and fellows is expected.
D. Maintenance of all credentialing and licensure requirements as outlined by the office of Graduate Medical Education and the Department of Family Medicine and Community Health.
PROGRAM LEVEL DISCIPLINARY PROCEDURES

These procedures are specific to the Duluth program and follow and comply with the University of Minnesota policy described at http://www.gme.umn.edu/InstitutionPolicyManual2015/index.htm. Should these procedures conflict with the Scholastic Standing Committee policy, the Scholastic Standing Committee policy takes precedence.

Academic Performance that is unsatisfactory is grounds for discipline and/or dismissal. Unsatisfactory academic performance is defined as failed rotation(s); exam scores (ITE, USMLE, COMLEX) below program requirements; and/or marginal or unsatisfactory performance as evidenced by faculty/attending evaluations in the areas of clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professionalism, motivation or initiative, medical records, and/or conference attendance.

Non-Academic Performance that is unsatisfactory is grounds for discipline and/or dismissal. Examples may include impairment, medical issues, and/or personal issues making the trainee unfit or unable to meet the requirements of the program. Failure or inability to satisfy licensure, registration, immunization status, or other program-specific eligibility requirements is grounds for discipline.

Disciplinary Process

Forms of discipline include, but are not limited to: written warning, probation, contract non-renewal, and immediate dismissal. Before dismissing a resident, the program must provide and document:

1. Notice of performance deficiencies, which may include counseling from the advisor
2. Written warning of unsatisfactory performance
3. An opportunity to remedy the deficiencies (probation period)
4. Notice of the possibility of dismissal or contract non-renewal if the deficiencies are not corrected

Written Warning

A written warning will be issued if, after counseling, there is a continuation of unsatisfactory performance. The resident will be scheduled with his/her advisor to review and receive the written warning. The advisor will present the concerns and make a plan for remediation. This meeting will be documented and kept in the resident’s academic file.

Probation

Any resident who demonstrates a pattern of unsatisfactory performance, or fails a program requirement, will undergo a probationary period. The purpose of probation is to give the resident specific notice of performance deficiencies and an opportunity to correct those deficiencies. The length of the probationary period may vary, but it must be specified at the outset to be of sufficient duration to give the resident a meaningful opportunity to remedy the identified performance problems, typically 2-4 weeks. This will be clearly outlined in an Individual Educational Plan (IEP) prepared by the faculty advisor. The resident and the IEP will be presented to the Scholastic Standing Committee by the Program Director. 

Any discipline involving the Scholastic Standing Committee becomes a permanent part of the resident’s academic record.

The resident will be scheduled with his/her advisor and the Program Director at the completion of the initial probationary period for review. The advisor and Program Director will meet jointly with the resident if a probationary period extension is required. Outcomes of the probationary period include:

- Removal from probation with a return to good academic standing
• Continued probation with ongoing deficiencies cited and modification of the IEP
• Non-promotion to the next training level with further probation required
• Contract non-renewal
• Immediate dismissal

Contract Non-Renewal
If a resident’s agreement is not going to be renewed, the University of Minnesota Medical School (UMMS) will provide the resident with a written notice of intent not to renew the resident’s agreement no later than four months prior to the end of the resident’s current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the UMMS will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement. The decision may be contested as described in the following University of Minnesota policies: http://www.policy.umn.edu/Policies/Education/Student/STUDENTCOMPLAINTS_PROC01.html and http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm.

PROGRAM LEVEL GRIEVANCE PROCEDURE
This protocol outlines how you can address or raise concerns regarding your experiences as a resident.

• We encourage you to first attempt to resolve any concerns that you might have by discussions with your peers or the relevant parties.
• Address your concerns with your faculty advisor.
• If you continue to have concerns that have not been addressed, you may bring your concern to the program director.
• Residency leadership will take prompt action to answer your questions and/or resolve your complaint.
• If your grievance cannot be resolved at the program level, it should be referred to the University of Minnesota. Grievance Procedures are outlined in the University of Minnesota Institutional Manual.

Throughout this grievance process, every effort will be made to resolve complaints in the most prompt and confidential manner possible. The length of time may vary depending on the scope of the concern. Retaliation against individuals who bring forward concerns or assist in investigating concerns will not be tolerated.

SECTION 5 – GENERAL POLICIES AND PROCEDURES

NEW INNOVATIONS
The Program utilizes New Innovations, a web-based Residency Management System (RMS) to track, report and maintain all residency education activities and information including: assignment scheduling, call schedules, duty hour entry and reports, evaluations, procedure logging and reports, curriculum management and conference management. It is a program requirement for all residents to access and utilize New Innovations. The full New Innovations application may be accessed at http://www.new-innov.com. You can select the optimized version for your mobile device called New Innovations Mobile from your home login page. The mobile app NI GME can be used for the specific tasks of syncing duty hours and entering procedures in procedure logger.
PROGRAM CURRICULUM
Program curriculum includes rotational requirements, as well as longitudinal learning experiences. Rotations are based on 13 four-week cycles. Residents work with their advisor to select elective rotations to meet his/her educational goals. The Goals and Objectives for each rotation are available in New Innovations, and must be read and signed off by the resident prior to the start of each rotation.

PGY-1 Curriculum
- Orientation (1/2 block in June)
- PGY1 Boot Camp – Block 1
- Adult Medicine
- Emergency Medicine
- Family Medicine Service
- General Surgery & Anesthesia
- Geriatrics
- Interdisciplinary Medicine*
- Obstetrics
- Pediatrics
- Sub-Specialties**

PGY-2 Curriculum
- Acute Care
- Adult Medicine
- Ambulatory Pediatrics
- Critical Care
- Family Medicine Service
- Gynecology
- Interdisciplinary Medicine*
- Obstetrics
- Orthopedics
- Pediatrics
- Electives (1 block)

PGY-3 Curriculum
- Adult Medicine
- Ambulatory Pediatrics/ER
- Chief Resident
- Dermatology
- Emergency Medicine
- Family Medicine Service
- Gynecology
- Interdisciplinary Medicine*
- Musculoskeletal/Sports Medicine
- Neurology
- Electives (2-2/12 blocks)

*Includes Dermatology, ENT, Ophthalmology, Radiology, Rheumatology and Urology
**Includes Scholarly Activity, Local Community Services and Projects

Longitudinal Curriculum
- Continuity Clinic
- Geriatrics
- Integrated Behavioral Medicine
- Professionalism
- Practice Management
- Research
- Systems-Based Practice
- Scholarly Activity
- Quality Improvement

Electives:
- Advanced Obstetrics (Cesarean Training)
- Billing/Coding
- Cardiology
- Continuity Clinic
- Critical Care
- Endocrinology
- Gastroenterology
- Gynecology
- Hematology/Oncology
- Hospice & Palliative Care
- Infectious Disease
- Nephrology
- Parent & Child*
- Physical Medicine & Rehabilitation
- Podiatry
- Pulmonary Medicine
- Rheumatology
- Rural Emergency Medicine – Deer River
- Rural Family Medicine – Ashland/Deer River
* Parent & Child Elective: The parent and child elective may be taken by residents (male or female) who have a child born to them (or newly adopted) during their residency training, and must be completed within one (1) year of the baby’s birth. The purpose of this elective experience is to augment the practical education one naturally receives in giving birth and caring for a newborn, with a more structured academic experience.

**Selectives:** These rotations have minimal established structure and require resident pre-rotation planning with advisor a minimum of 3 months in advance. The program supports expanding educational opportunities outside of the Duluth medical community and will consider resident requests for these experiences. All selectives will be approved at the Program Director’s discretion after review of educational merit and resident progress to fulfilling graduation requirements, including continuity clinic visits.

- Acute/Urgent Care
- Anesthesia
- Diabetes Education
- Emergency Radiology
- General Surgery
- Geriatrics Care Facility Medicine
- Global Medicine*
- Health Systems Management
- Laboratory Medicine
- Neurosurgery
- NICU/Advanced Pediatrics
- Plastic Surgery
- Rural Emergency Medicine
- Rural Family Medicine

*Global Medicine: This elective is open to all University of Minnesota family medicine residents with an interest in international health. Residents can formally enroll in the pathway, work with a faculty mentor and complete a structured track of activities, including an international elective rotation. More details can be found at: [http://www.familymedicine.umn.edu/education-training/residency-programs/global-family-medicine-pathway](http://www.familymedicine.umn.edu/education-training/residency-programs/global-family-medicine-pathway)

**PROGRAM GOALS & OBJECTIVES**
Faculty and rotation preceptors have developed Goals & Objectives for each rotation offered to residents. Goals & Objectives are available in New Innovations [www.new-innov.com](http://www.new-innov.com) and are emailed 7 days prior to rotation start date. Residents are required to confirm receipt of curriculum (ACGME requirement) in New Innovations.

**CONFERENCES & DIDACTICS**
Residents are expected to attend scheduled conferences and didactic sessions unless rotation/patient care obligations prevent them from attending. The conference schedule can be accessed in New Innovations. Attendance is taken at each conference and becomes a part of overall resident performance evaluation. Residents are expected to maintain a minimum of 70% attendance rate. Residents who are on PTO, CME, off-site rotations, leave of absence, or have scheduled assignments that conflict with duty hours, are excused from conference attendance. Residents will complete conference evaluations in New Innovations.

**Didactics**
Each PGY has class-specific required didactic sessions. They address a variety of core Family Medicine topics and procedural skill workshops. Residents are excused from program responsibilities during their scheduled didactic session. Residents are required to attend their scheduled PGY-specific didactics:

- PGY-1 – 2nd Thursday of the block, 1:30-5:00 pm
- PGY-2/3 – every other 4th Thursday, 1:30-5:00 pm (PGY 2 and PGY 3 alternate)

**TEACHING MEDICAL STUDENTS**
Residents are an essential part of the teaching of medical students. The Program has both required, and optional opportunities for teaching medical students. It is critical that any resident who supervises or
teaches medical students be familiar with the educational objectives of the course or clerkship, and is prepared for their roles in teaching and evaluation. The Residency Office will provide medical student course goals and objectives when distributing the student’s schedule.

Medical Student Teaching Opportunities
- Residents will provide instruction to Medical Students who join them on their hospital rotations. Most commonly, residents will encounter medical students in obstetrics, pediatrics and adult medicine.
- Residents may be assigned as a preceptor for 3rd and 4th year medical student clerkships. The goals and objectives of the clerkship are to identify, model, and teach the various elements of Family Medicine in an outpatient setting. Clerkship students will work with the resident both in the clinic, as well as the hospital setting.
- Residents may present lectures at the University of Minnesota School of Medicine – Duluth.
- Residents may serve as preceptors for University of Minnesota School of Medicine – Duluth 1st and 2nd year medical students.

TRAINING/ADVANCEMENT/GRADUATION REQUIREMENTS
Faculty review resident educational progress at faculty meetings, formative evaluations, and the Clinical Competency Committee meetings. The following programmatic requirements need to be met for advancement and graduation:

Required for Advancement to PGY-2
- Certification on BLS, ACLS, ATLS, PALS, ALSO and NRP
- Achieve advancement from direct to indirect supervision as determined by faculty
- Complete 13 blocks of satisfactory performance at the PGY1 level and achievement of all outlined goals and objectives for the PGY1 year
- Complete 1 journal club presentation
- Complete 1 American Board of Family Medicine Self-Assessment Module (SAM)
- Register for USMLE Step 3 or COMLEX-USA Level 3 and take test by March 31
- Apply for and obtain an unrestricted license to practice medicine from the Minnesota Board of Medical Practice within three (3) months of passing USMLE Step 3 or COMLEX-USA Level 3
- Apply for and obtain an unrestricted Drug Enforcement Administration (DEA) certificate within three (3) months of obtaining medical license

Required for Advancement to PGY-3
- Pass USMLE Step 3 or COMLEX-USA Level 3 by January 1 of PGY 2
- Apply for and obtain an unrestricted license to practice medicine from the Minnesota Board of Medical Practice within three (3) months of passing USMLE Step 3 or COMLEX-USA Level 3
- Apply for and obtain an unrestricted Drug Enforcement Administration (DEA) certificate within three (3) months of obtaining medical license
- Maintain unrestricted license to practice medicine in Minnesota
- Maintain unrestricted DEA certification
- Achieve re-certification in BLS, ACLS, PALS, and NRP in PGY2/3 (as scheduled)
- Participate in 1 scholarly activity quality improvement project
- Complete 1 American Board of Family Medicine Self-Assessment Module (SAM)

Requirements for Graduation
ACGME and ABFM Requirements

- Successful completion of 36 months of accredited Family Medicine Residency curriculum
- Appropriate demonstration of ACGME Core Competencies
- 1650 continuity patient encounters (minimum of 165 encounters under age 10 and 165 encounters over age 60)
- 750 encounters of the hospitalized adult
- 15 encounters with an ICU patient
- 250 encounters with a child (minimum 75 inpatient and 75 emergency room)
- 40 newborn encounters
- Long-term care experience over a minimum of 24 months
- 2 scholarly activities completed (minimum 1 quality improvement activity)
- Completion of 50 MC-FP points with the ABFM (minimum of 1 SAM module; minimum of 1 Part IV Module with Patient Population)

Program Requirements

- 3 home visits (minimum 1 visit with geriatric patient)
- 5 community and continuity obstetric deliveries
- Participation in 3 community events
- Minimum of 1 Essentia Health Friday Noon Grand Rounds presentation

ACGME CORE COMPETENCIES

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

**Patient Care:** Residents 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:** Residents 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:** Residents 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. Residents 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;
- Participate in the education of patients, families, students, residents and other health professionals.
Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents 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;
- Maintain comprehensive, timely and legible medical records, if applicable

Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents 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;
- 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: Residents 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. Residents 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;
- Participate in identifying system errors and implementing potential systems solutions

SUPERVISION
All patient care must be supervised by qualified faculty. The Program Director will ensure adequate supervision of residents at all times. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

- Residents will be provided with rapid, reliable systems for communicating with supervising faculty.
- Residents must be supervised by teaching staff in a way that allows the resident to assume progressively increasing responsibility according to their level of education, ability and experience.
- The Program Director, with the assistance of teaching faculty, will determine the level of responsibility given to each resident as they progress through the program.

Definitions
Direct Supervision: The supervising physician is physically present with the resident and patient.
Indirect Supervision:
- With direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- With direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of technology, and is available to provide direct supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision for PGY-1 Residents
PGY-1 residents require direct supervision, or indirect with direct supervision immediately available. PGY-1 residents should not provide procedures or make therapeutic decisions without the supervision of a faculty member, attending, and/or upper level resident. The program director and/or faculty will review each PGY-1 resident individually to identify when a resident has demonstrated they have achieved the competencies to progress from direct supervision, to indirect supervision with direct supervision available.

Patient Visits at Duluth Family Medicine Clinic
The following rules are followed to ensure compliance with CMS regulations and Program Guidelines:

Medicare Patients:
- During the first year of residency, residents must precept all Medicare patient encounters prior to the patient’s departure from clinic. Preceptors are required to see the patient, perform and document critical or key portions of the exam.
- After the first year of residency, residents are required to precept all Medicare patient encounters that reach a visit complexity level of 4 or 5 (CPT 99214 or 99215) prior to the patient’s departure from the clinic. Preceptors are required to see the patient, perform and document critical or key portions of the exam.

Non-Medicare Patients:
- First year residents are required to precept all patient encounters.
- Second year residents are required to precept approximately 60% of their patient encounters.
- Third year residents are required to precept approximately 40% of their patient encounters.

MEDICAL RECORD DOCUMENTATION
In order to provide quality care to our patients within the clinic, and in the hospital setting, medical records must be thorough, accurate, and completed in a timely fashion per the program and hospital guidelines.

Essentia Health St. Mary’s Medical Center Medical Record
Essentia Health uses Epic as its electronic medical record (EMR) at St. Mary’s Medical Center, as well as all of its regional clinics and hospitals. Training is provided during orientation, and updates are provided via email as applicable. The EMR is available 24 hours/day both on location, as well as via a secure, web-based application accessible remotely.
Timely Documentation Requirements

- Routine consults must be completed within 24 hours.
- For urgent consults, the provider requesting the consult must discuss the case with the consultant to provide clinical background and justification for the urgency. Urgent consults must be completed and documented immediately.
- History and Physicals must be completed and documentation in the record within 24 hours of admission.
- Discharge summaries must be completed and sent with the patient when discharged to non-home settings such as a skilled nursing facility or rehabilitation facility.
- All other notes and documentation are required to be completed within 24 hours (operative notes, progress notes, etc.)

St. Luke’s Hospital Medical Record

St. Luke’s Hospital uses Meditech as its electronic medical record (EMR) at St. Luke’s Hospital. Training is provided during orientation, and throughout the year as needed. The EMR is available 24 hours/day in the hospital, as well as via a secure, web-based application accessible remotely.

Timely Documentation Requirements

- Routine consults must be completed within 24 hours.
- For urgent consults, the provider requesting the consult must discuss the case with the consultant to provide clinical background and justification for the urgency. Urgent consults must be completed and documented immediately.
- History and Physicals must be completed and documentation in the record within 24 hours of admission.
- Discharge summaries must be completed and sent with the patient when discharged to non-home settings such as a skilled nursing facility or rehabilitation facility.
- All other notes and documentation are required to be completed within 24 hours (operative notes, progress notes, etc.)

Delinquent Hospital Documentation

If delinquent hospital documentation results in suspension of the resident’s hospital privileges, the resident will be unable to perform program assigned duties. This will result in consequences including, presentation of the resident to the University of Minnesota Scholastic Standing Committee, required remediation, and any other intervention to be determined by the Program Director.

Duluth Family Medicine Clinic Medical Record

The Duluth Family Medicine Clinic uses Epic as its electronic medical record (EMR). Training is provided during orientation and throughout the year as needed. The EMR is available 24 hours/day both in the clinic, as well as through a secure web-based application accessible remotely.

Timely Documentation Requirements

Patient documentation is required to be completed within 2 business days (48 hours) of the visit, and absolutely no later than 5 business days (accommodating for vacations and to avoid duty hour violations). Pre-Operative H&Ps must be completed within 24 hours of the visit.
Delinquent Duluth Family Medicine Clinic Documentation
Residents are expected to complete records on time. Residents will be notified weekly if they have incomplete clinic records 2-6 days overdue.

- Incomplete records greater than 6 days: An email is sent to the resident and advisor notifying of the delinquent records. The advisor contacts the resident to discuss an action plan to complete records.
- Incomplete records greater than 10 days: An email is sent to the resident, advisor and Program Director notifying of the delinquent records. The resident will be scheduled to meet with the Program Director (or designee) to assign an administrative leave day (using resident’s PTO time) to complete the delinquent records. Resident will be penalized 1 PTO day for each subsequent day the documentation is delinquent, if not completed during the assigned administrative leave day. The resident will be presented to the University of Minnesota Scholastic Standing Committee. Other remediation and/or intervention may occur as determined by the Program Director.
- If a resident exceeds 1 occurrence of delinquent documentation (beyond 6 days) a written warning will be documented in the resident’s file.
- If there are subsequent occurrences, the resident will have further consequences which may include: presentation of the resident to the University of Minnesota Scholastic Standing Committee, required remediation, and any other intervention to be determined by the Program Director.

Epic In-Basket Responsibilities
The Epic in-basket is used by clinic staff to communicate about clinic patient medical needs and questions. It is expected that residents are checking their Epic in-basket at least once a day, even when not in clinic.

- RNs/Triage Messages: When a resident is in clinic, in-basket messages from RNs/Triage must be addressed within 4 hours from the time the message is entered.
- Rx Requests: Refill requests should be addressed (approved or refused) within 24 hours. It is recommended that you prioritize the view of your in-basket so Rx Requests is at the top.
- Results, Patient Call Back, Patient Call, Media Manager, Transcription: tasks in these folders should be completed, or a note made that it is in process, within 72 hours.
- If the resident is unavailable for greater than 3 days, a resident must attach his/her Epic in-basket to a resident team member who will be responsible for addressing patient care issues in the resident’s absence.

Other Medical Records
Duluth Family Medicine Residents will comply with the documentation requirements of all other sites they practice including, but not limited to, nursing homes, clinics and hospitals.

PROCEDURE DOCUMENTATION
Procedure tracking is a program requirement and a great benefit to residents as they begin to apply for hospital privileges. All procedures are documented in New Innovations in the Procedure Logger module. Residents will receive training on Procedure Logger during orientation and as needed.
DUTY HOURS

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

- Duty hours should not exceed 80 hours per week, averaged over a 4-week period, inclusive of all in-house call and moonlighting activities.
- PGY-1 residents must not exceed 16 hours per shift
- PGY-2/3 residents must not exceed 24 hours per shift
- PGY 2/3 residents are entitled to a 4-hour transition period after a 24-hour shift to ensure continuity of care, but must not provide care to new patients, participate in new procedures, or be assigned to outpatient clinics during this period.
- Call should not be more than every third night
- Residents should have 10 hours (and must have 8 hours) free of duty between scheduled duty periods
- Residents must have 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call
- Moonlighting must be counted toward the 80 hour weekly limit

Residents are responsible for accurately reporting their duty hours, including any time spent in internal or external moonlighting activities, making adjustments as needed to their assigned duty hours as they occur, and approving their duty hours in New Innovations. See Supervision & Duty Hours Policy in New Innovations

ON CALL SCHEDULES AND RESPONSIBILITIES

Call duties are based on service and float assignments as found in New Innovations.

Float Call
Provide 12-24 hour coverage of Obstetrics/Labor and Delivery floor. Float call is divided equally amount the residency classes, and residents.

Service Call
Residents on OB, Pediatrics and Adult Medicine rotations will be assigned service call. These in-house shifts are divided between service team members in 12 hour increments. PGY 2&3 team members act as team leads.

Family Medicine Call
Family medicine call is divided among PGY 2&3 team members. The shifts are 24 hours – 12 hours in house, 12 hours pager call – Monday through Friday. Team members alternate Saturday-Sunday 24-hour pager call. The Chief resident is on 24-hour pager call Monday-Friday.

Inpatient Admissions from Duluth Family Medicine Clinic, Essentia Health Lakewalk and Essentia Health Proctor
The resident on call for the Family Medicine Service will admit all Duluth Family Medicine Clinic patients, and those Essentia Health Lakewalk and Essentia Health Proctor patients as requested, at either
hospital. The patient’s primary resident physician will be notified to facilitate a continuity patient social visit.

Obstetric Patients
Continuity of prenatal care is defined as seeing a patient for the majority of their prenatal visits, being present for the delivery, and providing post-partum care. Every effort will be made to allow residents to attend the delivery of their continuity obstetric patients. Continuity patient deliveries are exempt from Duty Hours. If the primary resident is not available, the assigned backup resident will assist in the delivery.

It is the policy of this residency program that we will not accept women for prenatal care who plan on delivering at home. Patients will be advised of this policy on their first prenatal visit and should not be rescheduled for follow up visits. Please inform the assigned preceptor for that day and/or faculty to facilitate a referral to another provider and/or services that support home deliveries and prenatal care.

ON CALL ROOMS
Essentia Health St. Mary’s Medical Center
Residents on call in the hospital have rooms available on the 5th floor near the Birthing Center and NICU. Rooms have a keypad to secure the room and its contents. There are three sleeping rooms with bathroom facilities. Residents can report issues and concerns confidentially to Hugh Renier, M.D., Vice President for Medical Affairs (218-786-4492).

St. Luke’s Hospital
Residents on call in the hospital have rooms available on the 6th floor of the hospital near the Birthing Center. The main entrance is secured by keypad to secure the room and its contents. There are two sleeping rooms with bathroom facilities. Residents can report issues and concerns confidentially to Gary Peterson, M.D., Medical Director. (218-249-2475).

Duluth Family Medicine Clinic
There is a private room with recliner available for resident use on the 3rd floor of the clinic near the Resident Lounge.

CONTINUITY CLINIC
The Duluth Family Medicine Clinic (DFMC) is the residency program’s Family Medicine Clinic. The Time in your continuity clinic is protected from the demands of the residency training in order to provide the care that is expected of Family Physicians. To ensure this goal, the following policies have been enacted:

- Morning clinic hours start at 8:00 a.m. and conclude at 12:00 noon. Mandatory Team Huddle is at 8:15 AM.
- Afternoon office hours begin at 1:00 p.m. and conclude at 5:00 p.m. Mandatory Team Huddle is at 1:15 PM.
- Residents are expected to be present in the clinic during clinic hours. If an illness or emergency prevents a timely arrival, residents must notify the residency office during regular office hours, or the faculty on call outside regular business hours.
- There will be no early dismissals from clinic. If you have seen the last clinic patient for the day, use the time to complete documentation, read medical literature, discuss cases with the preceptor, and/or see additional acute care patients.
At no time is a resident allowed to cancel a clinic or block off time from the clinic schedule without permission from the program director (or designee).

To ensure quality care, patient visit documentation is to be completed promptly after seeing the patients.

**Continuity Patient Management**

Residents and faculty members are assigned to one of two patient care teams (Team Bayfront and Team Skyline) at the Duluth Family Medicine Clinic. Teams are used to improve the coordination of care delivered to our patients by providing a defined point of contact for patient calls and appointments. Teams cover for their members while out of the office, on rotation or during absences from the residency.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**

Laboratory, pathology, and radiology services are provided by both St. Mary’s Medical Center and St. Luke’s Hospital. The Duluth Family Medicine Clinic has a moderate complexity laboratory, with pathology and reference laboratory services available by courier to Essentia Health. A radiology suite with digital radiography is also located at the Duluth Family Medicine Clinic and interpretation services are provided by Essentia Health radiologists. Other radiologic services are available at both Essentia Health St. Mary’s Medical Center and St. Luke’s Hospital.

**SUPPORT SERVICES**

Patient support services available at the Duluth Family Medicine Clinic include:

- Pharmacists for physician consultation and Medication Therapy Management appointments;
- Behavior Health Specialist and Social Worker for physician consultation and patient services;
- Registered Nurses that are Certified Diabetes Educators for physician consultation and patient services;
- Additional medical support staff include: RNs, LPNs, medical assistants, medical laboratory technicians, and registered radiological technologists
- Onsite non-medical support staff include: registration, scheduling, certified medical coding, billing and revenue cycle management staff

**EVALUATIONS**

Residents are required to use New Innovations for the tracking of rotation and preceptor evaluations. Evaluations must be filled out in a timely fashion.

**Incomplete (Delinquent) Rotation Evaluation Process**

- Incomplete evaluations greater than 7 days: A reminder email will be sent to the resident and advisor.
- Incomplete evaluations greater than 14 days: An email will be sent to the resident, advisor and program director. The resident will be scheduled to meet with the program director to assign an administrative leave day to complete the evaluations. Note: the resident will be penalized 1 PTO day for the administrative leave day, and an additional PTO day for each subsequent day the evaluations are delinquent. If no PTO is available, the resident will be required to extend residency in 2-week increments.

**ADVISING AND FEEDBACK**
The residency program assigns faculty advisors to incoming residents. Advisors counsel residents regarding educational evaluations, curriculum and elective planning, conference preparation, scholarly activities, quality improvement and community projects. Whether it is guidance in professional development, help with personal issues, or anything else, faculty advisors are advocates for their residents. Residents meet with advisors a minimum of 4 times each year. These meetings will be required and are an opportunity for feedback and evaluation. Advisors and residents will review progression toward advancement and graduation, as well as progression on the ACGME’s Family Medicine Milestones. Residents and advisors may also meet informally as desired.

**Video Recording Feedback Sessions**

The review of video recordings of patient encounters provides residents the opportunity to observe their skills without the real time demands of patient care.

Residents are scheduled for several live and recorded sessions each year. Behavioral medicine and core faculty review live sessions and recordings to provide feedback. Additional sessions may be included as a component of individual education plans.

**SAFETY AND SECURITY**

**Essentia Health St. Mary’s Medical Center and St. Luke’s Hospital**

Safety and security services are available through the security department at both Essentia Health St. Mary’s Medical Center and St. Luke’s Hospital. Escort services are available from all sites on campus, including off-site parking.

**Duluth Family Medicine Clinic**

There is a push button call system in each exam room, laboratory, and registration in case of an emergency and/or concern for safety. There is a team that will respond to issues of security within the clinic. Panic buttons are installed throughout the clinic. Essentia Health St. Mary’s Medical Center Security Office provides security and after-hours escort services for the Duluth Family Medicine Clinic. See DFMC Emergency Event Policy, and the Security and Violence Policy for more information.

**Inclement Weather**

All residents will assume the Duluth Family Medicine Clinic and scheduled preceptor offices are open during inclement weather unless otherwise notified. Do not rely on the media. If weather is severe enough to warrant closure of the clinic, a specific announcement will be made through paging and email to residents scheduled in clinic that day. Residents are required to call their preceptor offices to inquire as to closure.

In the event of inclement weather, the program must maintain adequate staffing to provide quality inpatient care, even if the Duluth Family Medicine Clinic has announced an official closing. Residents who are assigned to in-house assignments are expected to fulfill their responsibilities. In the event inclement weather makes travel unsafe, residents are required to notify the faculty on call or chief resident to discuss reallocation of responsibilities and patient care duties.

**MOONLIGHTING**

The option to moonlight is a privilege offered to qualified residents in their PGY-2/3 years.

- Moonlighting requests are submitted through New Innovations
- Moonlighting requires a written statement of permission from the program director prior to moonlighting activities, which becomes part of the resident’s academic file.
• Residents are not required to engage in moonlighting
• Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the educational program and its faculty
• Resident’s performance will be monitored for the effect of moonlighting upon performance. Adverse effects may lead to withdrawal of permission to moonlight
• All moonlighting must be counted toward the 80-hour weekly limit on duty hours.
• Residents moonlighting will need to be in compliance with the institutional GME moonlighting policy.

MONITORING OF RESIDENT WELL-BEING
Resident well-being and stress levels are actively monitored by the program director, faculty, fellow residents and staff. Work hours and moonlighting activities are kept in compliance with the ACGME institutional standard for resident duty hours. These are monitored monthly.

Stress is a normal part of the work-life of a resident physician. Incoming residents are required to complete online education on “Sleep Deprivation and Fatigue,” and “Alcohol and Drug Misuse,” as a component of the University of Minnesota’s GME Orientation Compliance. Topics regarding the impaired physician, stress management, sleep deprivation, napping strategies, fatigue management and mitigation are included in the Core Family Medicine Conference series. First-year residents are required to attend the monthly PGY1 Support Group July through December. This is a structured support session presented by behavioral medicine faculty. First-year residents have the option of holding support meetings January through June, with or without structure. Second and Third-year residents have optional support groups, as determined by the class. The residents get together daily for didactics, and have the option of holding Resident Only Forums.

Residents who are too fatigued or stressed to provide safe patient care must contact the chief resident or faculty on call. Both hospitals provide a secure environment for residents to rest. If a resident is too fatigued to provide his/herself with safe transport home, residents will be reimbursed by the program for cab expense for safe transport. See Fatigue Management & Mitigation Policy in New Innovations.

Resources
The University of Minnesota provides the Resident Assistance Program (RAP) for residents and their immediate family members who need help in dealing with resident-related concerns. RAP provides short-term counseling for help with program-related stressors, relationship concerns, financial worries, and mental health/chemical use issues. There is no charge associated to residents for this confidential service. Link to RAP website: http://www.gme.umn.edu/residents/rap/. Links to additional University resources: http://www.gme.umn.edu/residents/wellness/home.html

The Essentia Institute of Rural Health provides an Employee Assistance Program (EAP) through HealthPartners to residents. The EAP is a free and confidential resource that is staffed 24 hours a day, 7 days a week. They can provide information and support on a variety of issues such as financial concerns, grief and loss, personal legal concerns, relationship issues, work-related stress, emotional distress, etc.

PROFESSIONAL DRESS CODE
The Duluth Family Medicine Residency Program strives to maintain the high standards of patient service and medical care for which we are known. A professional appearance, including dress and personal hygiene, is required for all residents. Please refrain from wearing scented products. A resident’s dress and appearance should be appropriate for their care duty requirements (scrubs in the operating
room and labor and delivery; physician coats over office attire in the clinic and hospital floors). Dress guidelines should comply with applicable regulations by hospital, University, OSHA, The Joint Commission, CDC and other regulating agencies. Failure to comply with these dress and appearance requirements will result in the resident being asked to leave the clinical area.

**ID/ACCESS BADGES**
Appropriate ID/access badges must be worn at all times when performing duties as a resident.

- Essentia Health Security will issue a photo identification badge during orientation. The badge is to be worn while on duty to identify you to staff and patients. The badge is used to access locked entrance doors and other areas of the hospital and the Duluth Family Medicine Clinic. Please contact the residency office or Essentia Health Security immediately in the event of a misplaced or stolen ID badge.

- St. Luke’s Hospital Security will issue a photo identification badge during orientation. The badge is to be worn while on duty to identify you to staff and patients. The badge is also used to access locked entrance doors and other areas of the hospital. Please contact the residency office or St. Luke’s Security immediately in the event of a misplaced or stolen ID badge.

**SMARTPHONES**
Residents are **required to have a smartphone** (iPhone or Android) during residency training. The residency program utilizes many mobile applications in New Innovations for scheduling, evaluations, tracking duty hours, conferences, and many other aspects of residency training. In addition, both hospital systems offer remote electronic health record access via mobile apps. Residents may use their CME/Technology funds to be reimbursed for a smartphone purchase. The resident is responsible for all other associated mobile device fees. Complimentary Wi-Fi is available in the Duluth Family Medicine Clinic and both hospitals.

**SOCIAL NETWORKING GUIDELINES**
The Duluth Family Medicine Residency Program recommends residents exercise caution using social networking sites. Items that represent unprofessional behavior posted by residents on such networking sites may result in disciplinary action up to and including termination. Residents are expected to exhibit a high degree of professionalism and personal integrity. They must avoid identifying their connection to the Program if their online activities are inconsistent with Program values, or could negatively impact the Program’s reputation.

Residents may not present themselves as representatives of the program, hospitals, or the University when posting information on personal social networking sites. Residents have an ethical and legal obligation to safeguard protected patient health information. Posting or emailing patient photographs is a violation of HIPAA. Confidential or proprietary information about the program, hospitals, or the University may not be shared online.

**SECTION 6 - ADMINISTRATIVE**

**VISA SPONSORSHIP**
The J-1 visa is sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the University of Minnesota will only sponsor J-1 visas for Duluth Family Medicine Residents. The University of Minnesota and the Program will not sponsor H-1B visas.

CONDITIONS OF EMPLOYMENT

Background Check and Disclosure Policy
Residents are responsible for notifying the Program Director of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. Residents must also report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident. Failure by a resident to disclose an arrest or a criminal conviction to the Program Director within 5 days may result in corrective action, up to and including immediate dismissal from the training program.

Residency Permit
All incoming residents must apply, obtain, and retain an unrestricted residency permit from the Minnesota Board of Medical Examiners http://mn.gov/health-licensing-boards/medical-practice/?agency=BMP. The resident will be unable to start training until the residency permit letter has been received.

National Provider Identification Number (NPI)
All incoming residents are required to obtain a National Provider Identification (NPI) number prior to beginning residency. This will be done processed through the Residency Clinic Business Office. https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do.

Minnesota Medical License
Residents must apply, obtain, and retain an unrestricted license to practice medicine from the Minnesota Board of Medical Examiners no later than April 1 of their PGY-2 year. The Program reimburses for licensing fees (http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP).

DEA
All residents are required to attain a Drug Enforcement Agency (DEA) certificate within 3 months of obtaining their medical license. The Program reimburses for DEA certificate fees.

RESIDENCY EXAMINATIONS

United States Medical Licensure (USMLE) and COMLEX Exams
All residents must take the USMLE Step 3 or COMLEX-USA Level 3 exam by March 31 of their PGY-1 year and report a passing score by January 1 of their PGY-2 year, to be eligible for advancement to PGY-3. Residents are encouraged to take the USMLE Step 3 or COMLEX-USA Level 3 exam early in their training to permit adequate time to re-take the exam if more than one attempt is needed.

- USMLE Application: In Minnesota the USMLE exams are administered through the National Federation of State Medical Boards (FSMB). Application materials, registration and testing dates are given to residents by the residency office. Fees for first attempt at this exam are paid by the Program.
- COMLEX-USA Application: Exams are administered through the National Board of Osteopathic Medical Examiners (NBOME). Application, registration and testing dates are only available through the NBOME’s online system http://www.nbome.org/. Fees for first attempt at this exam
are paid by the Program.

Non-Passing Scores
Residents who do not pass their first attempt at USMLE Step 3, or COMLEX-USA Level 3 are required to:
- Notify Program Director or Faculty Advisor of non-passing score immediately.
- Work with residency office to schedule a retake of the exam.
- Resident will be given time off to retake the exam (PTO is not used).
- Resident is responsible for registration fees of the exam after the first attempt.

Residents who do not have a passing score by January 1 of their PGY-2 year may be subject to a delayed advancement and/or contract non-renewal. If a resident is unable to pass the USMLE Step 3 in three attempts they will not be eligible for Minnesota Medical Licensure and will be terminated from the Program.

ABFM In-Training Examination
All residents will participate in the In-Training Examination given each year by the American Board of Family Medicine. This test is a required element of the program and no scheduled time away is allowed. It will be administered at the Duluth Family Medicine Clinic during the ITE availability dates at the end of October each year. The ITE is intended to provide some indication to individual residents of their level of performance compared with the total group in their own program and comparisons of their performance with that of the national group.

The examination will be used to aid in:
- Program curriculum development
- Curriculum and teaching planning
- Resident curriculum planning (electives)
- Resident individual study
- Practice for certification exam
- Evaluation of performance and cognitive knowledge

Residents who score at or below the level determined by the Scholastic Standing Committee for their year level will be asked to submit a plan for remediation. PLEASE NOTE: Residents may access their previous years’ ITE questions and answers in preparation for their board certification examination. They are available online at the ABFM website.

RECRUITMENT AND SELECTION OF RESIDENTS
Recruitment
All residents are expected to be active in recruiting future residents. This includes, but is not limited to, residency fairs and residency candidate interviews. Residents will be reimbursed for recruitment event expenses. No PTO time is required for these events.

Selection
All residents will be selected through the National Resident Matching Program (NRMP). IF the program does not fill through NRMP, then candidates may be selected through the Supplemental Offer and Acceptance Program (SOAP), administered by NRMP.
POLICIES AND REFERENCES
The following program level policies, procedures, standard operating procedures (SOPs) and important references – and any others added during the academic year - can be found in New Innovations:

- Academic Business Expense Fund Policy and Procedure
- Continuing Medical Education Activities Policy and Procedure
- Delinquent Evaluation Policy
- Documentation Policy
- Essentia Health Travel and Expense Reimbursement Policy
- Fatigue Management/Mitigation Policy
- Home Visits Policy and Procedure
- Impaired Resident Physician Policy and Procedure
- Inclement Weather Policy

- Induction of Labor Policy
- Moonlighting Policy and Procedure
- Morbidity and Mortality Review Policy
- Off-Site Elective and Selective Rotation Policy
- Paid Time Off Policy and Procedure
- Professionalism Policy
- Secure Door Codes
- Student Placement and Observation Policy
- Supervision and Duty Hours Policy
- Transition of Care Policy and Procedure
- 2015 Resident Benefit Summary
# DIRECTORY OF CONTACTS

## University of Minnesota Department of Family Medicine and Community Health

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Department Head</td>
<td>Macaran “Mac” Baird, MD, MS</td>
<td>612.624.0539</td>
</tr>
<tr>
<td>Director of Education</td>
<td>Joseph Brocato, PhD</td>
<td>612.624.4464</td>
</tr>
<tr>
<td>Senior Admin Director of Medical Education</td>
<td>Melissa Stevens, MA</td>
<td>612.626.4490</td>
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## Duluth Family Medicine Residency Program

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Heather Pett-Taylor, MD</td>
<td>218.529.9112</td>
</tr>
<tr>
<td>Associate Program Director</td>
<td>John Wood, MD</td>
<td>218.529.9106</td>
</tr>
<tr>
<td>Program Manager</td>
<td>Jackie Dolentz, MBA, MS</td>
<td>218.529.9105</td>
</tr>
<tr>
<td>Program Specialist</td>
<td>Dee Ann Witte</td>
<td>218.529.9102</td>
</tr>
<tr>
<td>Program Admin Assistant</td>
<td>Jane Seehus</td>
<td>218.529.9123</td>
</tr>
<tr>
<td>Program Admin Assistant</td>
<td>Julie Borgeson</td>
<td>218.529.9101</td>
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## Duluth Family Medicine Clinic

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<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Clinic Manager</td>
<td>Cynthia Nash, RN</td>
<td>218.529.9157</td>
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## Additional University of Minnesota Contacts

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<thead>
<tr>
<th>Service</th>
<th>Name</th>
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<tbody>
<tr>
<td>Biomedical Library</td>
<td></td>
<td>612.626.5653</td>
</tr>
<tr>
<td>Computer Services Help Line (UMN)</td>
<td></td>
<td>612.301.4357</td>
</tr>
<tr>
<td>Continuing Medical Education (UMN)</td>
<td></td>
<td>612.626.7600</td>
</tr>
<tr>
<td>Scholastic Standing Committee</td>
<td>Liz McElligott</td>
<td>612.625.0953</td>
</tr>
</tbody>
</table>