UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2015-2016
Hospice and Palliative Medicine Fellowship Program

Fellowship Policy Manual

Department of
Family Medicine and Community Health
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INTRODUCTION AND WELCOME TO NEW FELLOWS

On behalf of the faculty and staff, welcome to the Department of Family Medicine and Community Health’s Hospice and Palliative Medicine Fellowship Program at the University of Minnesota. We hope that the time you spend with us will be both educational and enjoyable.

This program manual is specific to the Department of Family Medicine and Community Health University of Minnesota Medical School fellowship programs, and policies are written in accordance with the Accreditation Council for Graduate Medical Education (ACGME). Policies apply to all educational experiences within the program and are subject to periodic review and change by the faculty, fellowship director and department chair. Fellows are responsible for knowing and adhering to the policies and guidelines contained in this handbook. Contact the fellowship director, Dr. Drew Rosielle, or fellowship coordinator, Sheila McGinley with any questions regarding the content of this manual.

DEPARTMENT MISSION STATEMENT
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 STATEMENT / PHILOSOPHY
The University of Minnesota Medical School Hospice & Palliative Medicine Fellowship strives to be nationally recognized as a center of excellence for training the next generation of specialist hospice and palliative medicine physicians to promote quality and life and to alleviate suffering for patients with serious illnesses, and their families.

I. STUDENT SERVICES

PAGERS
Each fellow will be assigned a pager to be carried throughout the training. Fellows will not have to switch beepers when they switch sites. Pagers have an 80-mile radius. Batteries for Adult focused pagers are available at the department office, 5-255 PWB. Fellows should turn in their pagers to the Information desk at UMMC if their pager needs repair, and a temporary pager will be assigned. Batteries are not provided at the Fairview Information Desk. Fellows must turn their pagers in to Sheila McGinley in room 5-255 PWB at the end of training.

Pediatric focused fellows will be assigned a pager by Children’s Hospitals and Clinics of Minnesota and should contact Cheryl Puumala at (612) 813-7526 or cheryl.puumala@childrensmn.org for further information.
E-MAIL ADDRESS AND INTERNET ACCESS

Fellows are assigned an e-mail account at the beginning of their fellowship. If you are coming from another program, you will need to initiate your new U of M account. Go to http://www.mail.umn.edu. Under Helpful Links, click “Initialize my e-mail account” and enter the requested information. Sheila McGinley will provide you with your student ID number if needed. This information was also provided to you through the RMS Onboarding Steps.

Fellows may consult Sheila McGinley for addresses. E-mail addresses can also be found by searching through the University of Minnesota web site at http://www1.umn.edu/tc/lookup.cgi. Important information relating to fellowship is sent to fellows via their UofM email account, therefore fellows will be held responsible for reading this email communication.

The Department and University use the UMN email as the official means of communicating to residents. Residents are responsible for reading and responding to their UMN email. Fellows should not auto-forward their UMN email to any other email account.

Call (612) 301-4357 for computer support for the University of Minnesota e-mail or internet services.

University of Minnesota
www.umn.edu

University of Minnesota Department of Family Medicine and Community Health
http://www.famailymedicine.umn.edu/

University of Minnesota Medical School
www.med.umn.edu

University of Graduate Medical School (GME)
www.med.umn.edu/gme

Call (612) 672-6805 for 24 hour computer support for UMMC, UMMC portal access and training resources.

Call UMPhysicians helpdesk at 612-884-0884 or send email requests to HelpDesk@UMPhysicians.umn.edu for technology support for medical records in the UMP Clinic 1-C on the first floor of the Phillips Wangensteen Building (PWB).

For technology support at Children’s Hospitals and Clinics of Minnesota, contact Cheryl Puumala at (612) 813-7526 or cheryl.puumala@childrensminn.org for further information.

For technology support at Abbott Northwestern, contact Anne Klinkhammer at 612-863-6766.

MAIL

Mailboxes for fellows are located in the DFMCH Education Office at 5-255 PWB. The mailbox address is MMC 381. Any mail sent for the pediatric-focused fellows will be forwarded to Minneapolis Children’s. Mailings from the program may also be mailed to fellows’ homes, so it
is important that you update your address and phone number with the DFMCH fellowship office. If you move, please contact Sheila McGinley for notification. To update your address with UMN, please log into www.myu.umn.edu and choose the “My Info” tab to edit your information.

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

**TUITION AND FEES**
All fellows (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 your student classification appointment.

Fellow Tuition Policy
All residents/fellows must maintain a current or unencumbered status with the University of Minnesota to remain in good standing and progress with our programs. If a resident/fellow has a loan hold or other encumbrance on his/her record which prevents registration for any term, (s)he will be billed and held personally responsible for tuition and fees. Any outstanding balances must be paid before the fellow can graduate.

**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

**NAME CHANGES**
Notify Sheila McGinley of any expected name change. In order to process your name change for University of Minnesota payroll services, and to update other databases, you must provide one of us with a copy of the Social Security card with your new name.

II. PAYROLL AND BENEFITS

**SALARY FOR 2015-2016**
Fourth Year  $56,892
EMPLOYEE SELF SERVICE
Many payroll services are available online through the University of Minnesota Office of Human Resources http://hrss.umn.edu/. Use your University of Minnesota X500 username and password to access this Web site. If you forgot either your X500 or password, contact University of Minnesota 1 Help Technology Helpline at 612-301-4357. They will ask you for your University of Minnesota Student/Employee ID number. If you don’t know your Student/Employee ID number, contact your clinic coordinator for assistance.

Direct Deposit
Set up direct-deposit with your checking account information.

Paycheck Calculator
Find out how much take-home pay you will receive after deductions.

Pay Periods & Pay Statement
View your pay statement. Verify your health benefits and other deductions are made to your paycheck appropriately.

Update Your W-4 Tax Information
Make changes to your withholdings; see instructions and calculators to determine how many deductions to claim.

Request a Reissued W-2
If you didn’t receive your W-2 due to changing residence or lost W-2, print an extra copy online.

Training Registration/History
Print a report verifying completion of your University of Minnesota HIPAA and Security Training. Report and track other training history. To obtain a transcript of your training, contact Laura Pham, residency recruitment coordinator, at 612-626-0194 or the Health Information and Security Office at the following link: http://www.privacysecurity.umn.edu/training/instructions/home.html

This information was also provided to fellows through the RMS Onboarding Steps.

HOLIDAYS
The University holidays applicable to residents and fellows are listed below.

Fellows are expected to work up to two holidays per year. See On Call Policy. Holidays are determined by each hospital’s clinical teams. In general, these holidays will include:

2015-2016 UMN Holidays
Friday, July 3, 2015 Independence Day
Monday, September 7, 2015  Labor Day
Thursday, November 26, 2015  Thanksgiving Holiday
Friday, November 27, 2015  Floating Holiday
Thursday, December 24, 2015  Floating Holiday
Friday, December 25, 2015  Christmas Day
Friday, January 1, 2016  New Year’s Day
Monday, January 18, 2016  Martin Luther King Day
Monday, May 30, 2016  Memorial Day

VACATION/SICK LEAVE POLICY
Fifteen (15) paid working days are granted for vacation in the G4 year.
Vacation procedure:
1. Annual vacations must be taken in the year of service for which the vacation is granted and may not be accumulated. Any vacation time that is not used at the end of each year will be lost and will not be paid out.
2. No more than two (2) consecutive weeks of vacation.
3. Scheduling vacation at the beginning of the fellow year is strongly encouraged.
4. Application for all vacations must be made in writing to the program director thirty (30) days in advance of the requested time.
5. Local program rules will apply for regulations pertaining to rotations where no vacation is allowed.
6. A fellow does not have the option of reducing the total time required for the residency by foregoing vacation time.
7. Fellow’s vacation must be approved in advance by the program director and Sheila McGinley must be notified of planned vacation in writing and in advance.

LEAVE OF ABSENCE
All fellows must meet the training requirements established by the American Board of Medical Specialties (ABMS). The ABMS requirements state that the maximum, cumulative amount of time a fellow may be away from the program for personal absences including vacation, sick and miscellaneous leave without making up time must not exceed one month per PGY year. One month is equal to 30 calendar days. Time in excess of one month away each academic year must be made up, and time must be added the projected date of completion of the required 12 months of training.

Any request for a leave of absence should be considered carefully. A requested leave of absence must be discussed with the Fellowship Program Director. The Fellowship Program Director must approve your request at least three months prior to the requested leave of absence start date. Exceptions may be made if the request falls under the definition of the Family Medical Leave Act (FMLA). Do not assume that a leave of absence will be granted automatically. Obtain approval before making plans.
All leaves must be approved by the Program Director and submitted to Sheila McGinley at the DFMCH prior to all fellow leaves. If you are on an unpaid leave of absence and you want your benefits to continue, you must contact Sheila McGinley at (612) 625-0646 immediately. If you fail to notify Sheila McGinley about continuing your benefits, your benefits will be discontinued.

Refer to the GME Policy for all other types of leave not included in this manual.

**SICK LEAVE**
Short periods of sick leave that would not compromise the total time allowed away from the program can be handled at the discretion of the program director. However, sick time, when added to vacation time and any other personal time away, resulting in more than 30 days away from the program will be considered a medical leave (see Medical Leave Policy), and the days in excess of 30 days must be made up before the fellow is allowed to graduate. This will extend your fellowship, and is a non-negotiable requirement. A fellow leave for any reason must be discussed with and approved by the program director. Please notify Sheila McGinley regarding unplanned absences.

Approved leaves must be submitted to Sheila McGinley at the DFMCH prior to all fellow leaves. If you are in an unpaid leave of absence and you want your medical benefits to continue, you must contact Sheila McGinley at (612) 625-0646 immediately. If you fail to notify Sheila about continuing your medical benefits, they will be discontinued.

**PARENTAL LEAVE**
Every effort should be made to schedule the most demanding rotations earlier in pregnancy and the least strenuous around the time of the fellow’s expected date of delivery. The rotation performed around the time of the expected date of delivery should be one in which the fellow is not essential to the service. The fellow call schedule should be arranged to have no call around the expected time of delivery and while on leave. However, the fellow is expected to make up call before or after the time, so as not to disadvantage the other fellows.

A Leave of Absence Request Form must be approved by the Program Director and submitted to Sheila McGinley prior to maternity/paternity leaves. A fellow birth partner shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave must commence no sooner than two weeks prior to the anticipated delivery date and no later than six weeks after the delivery. The leave must be consecutive and without interruption. Any leave that when added to vacation time and any other personal time away results in more than one month away from the program in a PGY year must be made up. This will extend fellowship, and is non-negotiable. (see Leave of Absence).

To add a baby to your health insurance policy, contact the Office of Student Health Benefits at (612) 624-0627 or umshbo@umn.edu to obtain an insurance coverage change form.

**MEDICAL LEAVE**
Any sick time that when added to vacation time and other personal time away results in more than one month away from the program in a PGY year must be processed as a formal leave of
absence. A Leave of Absence Request Form must be approved by the program director and submitted to Sheila McGinley prior to a fellow going on leave.

To request a short-term disability claim form or if you have questions regarding your coverage or a claim, call Sheila McGinley at 612-625-0646 or mcgin006@umn.edu.

**BEREAVEMENT LEAVE**
Fellows shall be granted, upon request to the program director, up to 5 days off to attend the funeral of an immediate family member. Sick or vacation time must be used. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

**FAMILY MEDICAL LEAVE ACT (FMLA)**
Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees must check with their department/program to determine if they qualify.

Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). The trainee may qualify for Short Term and Long Term Disability benefits.

Please refer to the Office of Human Resources website for further information.

**WITNESS AND JURY DUTY**
**Witness Duty:** Upon request to the program director, leave is provided to fellows who are subpoenaed to testify before a court or legislative committee concerning the University or the federal or state government.

**Jury Duty:** Upon request to the program director, leave is provided to fellows who are called to serve on a jury. Trainees do not lose pay when serving on a jury or testifying as described above. The training program and the fellow may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the fellow and the program. The decision for deferment is made by the court.

**PROFESSIONAL AND ACADEMIC LEAVE (INCLUDES CONFERENCES AND CME)**
Time away for academic leave and conferences other than those that are part of the curriculum may be granted in addition to regular vacation time. Requests must be received in writing by the fellowship office, and approved by the fellowship director, 3 weeks in advance of the planned absence. No more than 10 days per academic year will be allowed; time beyond this limit must be taken as regular vacation time.

It is the policy of the Hospice and Palliative Medicine Fellowship Program to encourage fellows to attend one national conference (usually the American Academy of Hospice and Palliative Medicine (AAHPCM annual meeting) per academic year. In addition, fellows may wish to attend
other out-of-town conferences for educational or research purposes. The specific policies and processes regarding fellowship-related travel and reimbursement are detailed below.

UNAUTHORIZED LEAVE
Unexcused or unsupported absences or unauthorized leave and/or significant tardiness from any mandatory clinical or educational activity constitute unprofessional conduct. Under your signed employment contracts, unprofessional conduct is one behavior which will subject the fellow to discipline for non-academic reasons. Such discipline may be in the form of a written warning, probation, suspension or termination.

OFFICE OF STUDENT HEALTH BENEFITS
The fellow benefits listed below are administered through the Office of Student Health Benefits. Contact:
University of Office of Student Health Benefits
410 Church Street SE
Minneapolis, MN  55455
Phone: 612-626-5211 / Fax: 612-625-1434
www.shb.umn.edu

1. Health and Life Insurance Coverage
2. Dental Insurance Coverage
3. Short and Long-term Disability Insurance
4. Life Insurance
5. Voluntary Life Insurance
6. Flexible Spending Account

MALPRACTICE LIABILITY INSURANCE
CARRIER: RUMINCO LIMITED
POLICY #: RUM-1005-14
CLAIMS MADE COVERAGE
LIMITS: 1,000,000/3,000,000
DEPARTMENT CONTACT PERSON: Melissa Stevens, Education Manager, 612-626-4490

The Regents of the University of Minnesota have provided a policy of insurance, including insurance against potential professional liability claims, which covers you under specific circumstances. This professional liability coverage is provided to students of the health professions. The coverage applies to postgraduate physicians in advanced educational programs.

This insurance coverage does not apply in settings where a student is not acting in his student capacity (“moonlighting,” for example). The coverage extends to students only when they are engaged in assignments within their course and scope of duties, as such. This includes activities with patients in clinical settings, as well as activities in other affiliated hospitals, clinics, and clinical teaching settings. If another policy or policies, agreement or agreements, is available to
cover a claim or claims arising out of these activities, the University’s policy will be excess over
such other policy’s or policies’, agreement’s or agreements’, exhausted limits.

The nature of the professional liability coverage is such that claims arising out of qualified
activities in the course of a health professional student’s training will be covered, irrespective of
when such a claim is made, without the necessity of the student’s purchasing separate insurance
coverage upon leaving the University of Minnesota. Under the University’s present insurance
program, the purchase of a reporting endorsement or “tail” professional liability insurance
coverage by health professions students leaving the University upon completion of training will
not be necessary. Although the University’s professional liability coverage is intended to run
perpetually, it should be emphasized that this insurance covers only those incidents which occur
during the student’s period of training under University supervision.

**POLICY AND PROCEDURE FOR REPORTING FACULTY/FELLOW WORKERS’ COMPENSATION INJURIES**

Residents should report workplace injuries to the site where the injury occurred AND to the
University of Minnesota. Please follow rotation site policies and the following UMN policies:

Policy/Forms can be found at:

**Reporting Workers Compensation Related Injuries**
http://policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html

**Reporting and Managing a Workers Compensation Claim**
http://policy.umn.edu/hr/workerscomp-proc01

**Reporting Workers Compensation Related Injuries FAQ**
http://policy.umn.edu/hr/workerscomp-faq

Wage information can be obtained by contacting Melissa Stevens, Education Manager, at
612-626-4490 or steve139@umn.edu

**MOVING EXPENSE REIMBURSEMENT POLICY**

Fellows may qualify for reimbursement of up to $1,000 for moving expenses for your initial
move for fellowship if your move meets the following criteria:

1) your new fellowship program continuity clinic is at least 50 miles from your current
   residence, and

2) the move results in a decreased commute (based on mileage).

Reimbursement will be processed after fellows start orientation.

Moving expenses can include packing, shipping and mileage at cents per mile.

1) Copy receipt(s) onto a standard 8.5x11 piece of paper.

2) Complete an Employee Expense Worksheet online, print, sign and date it. Adjust the mileage
   rate on this form to be 19 cents per mile. You must complete the 'Justification' field by
explaining who, what, when, where and why the expense occurred. If the 'Justification' field is not completed, the reimbursement will not be processed. Have your program director sign the form where it says 'Optional Authorized Signature and Date'.

3) Complete the Moving Expense Reimbursement Form online, print, sign and date it. You may leave fields blank and the department accountant, Erik Hamilton, will complete it properly if you are not sure what to enter on the form.

4) If a receipt is not available, you may submit a signed Statement in Lieu of Receipt. Fill in your name where it asks for Employee Name. Skip Employee ID and the Document number fields. Sign and date it at the bottom of the form. If a friend or spouse paid for your moving expenses, please include a note about how they are related to you and why they paid for the moving expenses.

5) Attach all forms together with a letter on top that includes your name, current address, phone number and e-mail. We may need to contact you while processing your reimbursement.

MAIL YOUR FORMS TO:
University of Minnesota
Hospice and Palliative Medicine Fellowship Program
Attn: Sheila McGinley
MMC 381
420 Delaware St. SE
Minneapolis, MN 55455
If you have any questions, contact Sheila at (612) 625-0646 or mailto:mcgin006@umn.edu

ACADEMIC BUSINESS EXPENSE REIMBURSEMENT POLICY

The purpose of the Resident Academic Business Expense Fund is to provide new and continuing Department of Family Medicine and Community Health residents (excluding Methodist, St. Cloud, and Duluth) with continuing medical education resources to facilitate ongoing clinical and academic training through an annual reimbursement for each year of residency.

Academic Business Expense Fund Eligible Expenses

Each incoming and continuing resident is eligible to receive reimbursement for up to $1,000 per PG Year. You must obtain pre-approval from your program director before making purchases. Examples of potential educational and technology items are listed below. Please consult your program director and/or Melissa Stevens, Education Manager, 612-626-4490 or steve139@umn.edu, for items not listed below.

Taxable Items include smart phone or mobile devices, computer hardware or accessories (laptop, desktop, tablets, e-book readers, monitors, flash drives, storage devices), or stethoscopes (processed through payroll and will appear on paycheck).
Items taxable to the individual are the property of the individual residents and do not need to be returned to the department either at the completion of residency or prior to completion if on leave or as part of termination from the residency program.

Non-Taxable Items include clinical or educational conference expenses, including web-based CME courses based on DFMCH travel policies, clinical textbooks, medical or professional journals, professional membership dues, ABFM certification exam fees, educational or clinical software/apps (paid as processed through direct deposit or check; non-payroll payment).

Non-Reimbursable Items include sales tax, monthly access and internet service charges, software and hardware updating and maintenance, including warranties. These items are the responsibility of the resident.

Parameters and Process for Academic Business Expense Reimbursement:

1. All purchases must be made after your first day of employment to qualify for reimbursement.
2. Obtain pre-approval on your purchase from your program director. All purchases must be compliant with this policy.
3. Consult with your hospital and/or clinic IT department prior to new technology purchases to ensure purchases are compatible and meet local network and resource configurations and requirements.
4. All technology purchases must be made by January 1st of the PG-2 year and must be used in support of patient care.
5. Funds of $1,000 will be available for each resident year for up to $3,000 over three years for purchase of academic, clinical, or technology items. Unspent funds from each PG year are carried over and are available to be spent during the next PG year. Borrowing from future year funds is not permitted.
   a. If you receive any discount, gift card, voucher, etc., with your purchase, that amount will be deducted from the reimbursement amount.
6. All reimbursement requests must be submitted at least 30 days prior to completing residency.
7. Residents must submit a copy of all receipts for purchase with a signed University of Minnesota Employee Expense Worksheet (UM1612) within 60 days of the purchase (including ABFM exam fee).
   a. Employee Expense Worksheets must include a proper justification including who initiated the purchase, why the item is being purchased, what it will be used for, when it will be used, and how the purchase will help you in your role as a resident or benefit the University goals. If this information is not included the request will be held until the department receives an updated response.
   b. Your program director must sign the Employee Expense Worksheet.
8. The University of Minnesota sales tax exemption CANNOT be used when an employee pays for items with their own funds (cash, check, or credit card) EVEN IF they will be reimbursed by the University later. Penalty for improper use of the University's tax exemption may be a fine to the user in the amount of $100 per transaction. Please go to the following website for further information about the University of Minnesota sales tax exemption: http://tax.umn.edu/sales_tax.html.

9. Visit the following webpages for more information:
   b. Traveling on University Business: http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html

Questions on aspects of this policy or whether an item is considered taxable can be directed Melissa Stevens, Education Manager, at 612-626-4490 or steve139@umn.edu in the Department of Family Medicine and Community Health.

Responsibility for Administering Policy

The interpretation, administration, and monitoring for compliance of this policy is the responsibility of the DFMCH Program Directors’ Educational Development Committee (PD-ED) in compliance with University policy. Residents are required to follow all federal, as well as local clinic and hospital requirements for protection of patient records and protected health information (such as HIPAA among others).

Conference and Travel Expense

All fellow conference registration must be pre-approved by the program director. Submit your request in writing, via email, to your program director and copy the fellowship coordinator. The program director must agree that the conference fits with fellowship goals and does not detract from clinical learning.

Travel Expense Tips Procedures

Airfare
- Make reservations as early as possible.
- Accept lowest fare offered within 2 hours of desired departure time.
- First class travel and aisle seat fees will not be reimbursed
- Consider the lowest fares which usually require staying over a Saturday night and/or making stops or connections.

Meals
- Meal rate is per diem based on the city you are traveling to. Before traveling, know your daily per diem rate. See fellowship coordinator to obtain that information.
- Alcoholic beverages will not be reimbursed
Car Rental

Vehicles should be rented only when absolutely necessary, or when doing so reduces overall transportation charges to the University. Consider all costs of the rental including gas, and parking fees when determining if rental is cost-efficient. The University recommends the use of compact cars, except in cases where the number of passengers or the amount of baggage precludes such use.

- Airport parking fees should not exceed round trip taxi fare from the traveler’s home
- Taxi fare should not exceed the cost of a rental car.

PALLITALK CONFERENCE

Fellows are requested to attend a 2 day educational, intensive, communication skills workshop in Madison, Wisconsin called PalliTALK. This year, this will occur on October 19-21, 2015.

This will be an intensive, skills-based, communication workshop with other HPM fellows from the upper Midwest, run by nationally recognized palliative medicine educators (Dr. Toby Campbell – UW Madison, Dr. Elise Carey – Mayo Rochester, & Dr. Rosielle). It will involve a standardized curriculum including trained actors/standardized patients, and is based on the internationally praised communication skills training model of Oncotalk, which was developed by Drs. Bob Arnold, Jim Tulsky, & Tony Back. It will also give you an opportunity to meet and network with other HPM fellows.

Your travel expenses and room and board should be paid from your Academic Business Expense (ABE) account. Sheila will provide you with a brochure containing a full description of the workshop, including learning objectives and a curriculum outline.

CME COURSES

Continuing Medical Education (CME) courses at the University of Minnesota are open to all fellows. There are fees for most courses; reimbursement for attendance is at the program director’s discretion. Pre-registration is required. Time off for CME course attendance must be arranged with the program director prior to submitting an application form. The program director must agree that conferences fit with fellowship goals and do not detract from clinical learning. Upon approval, these forms may be sent directly to: Continuing Medical Education Office, Registrar, University of Minnesota, and 200 Oak Street SE Suite #190, Minneapolis, MN 55455. If you have any questions regarding a CME course, or would like to request a brochure, please contact the Continuing Medical Education Office at (612) 626-7600.

GRAND ROUNDS

The purpose of Grand Rounds is to allow faculty, residents, fellows, students on rotation, and staff the opportunity to:

- Learn original research findings applied to a clinical scenario
- Problem solve clinical vignettes with evidence-based findings
- Consider topics of relevance to Family Medicine or Internal Medicine in an academic context.

Format - 50 minutes-one hour with lunch.
To view the Grand Rounds calendar for Family Medicine or to view web-streaming and past session archives go to the following link:
http://www.familymedicine.umn.edu/education-training/grand-rounds

To view the Grand Rounds calendar for Department of Medicine go to the following link:
http://www.dom.umn.edu/wcs/home.html

To view the Grand Rounds calendar for the Department of Pediatrics go to the following link:
http://www.peds.umn.edu/education/grandrounds/

**MEAL ALLOTMENT**

**UMMC**
There is no allotment for meals.

**HCMC**
Meal cards are distributed on first day of rotation.

**ANW**
There is no allotment for meals.

**VAHCS**
There is no allotment for meals.

**Children’s Hospital and Clinics**
There is not allotment for meals.

**Gillette**
A meal allotment is provided to fellows while on rotation.

**LAB COATS**
Two embroidered white coats are provided for each fellow at the beginning of fellowship, at the fellow request, at the University of Minnesota Health Sciences Bookstore. White coats are not required attire. Replacement white coats can be purchased for $25.00. White coats are self-laundered. Please see Sheila McGinley for further information about the process for ordering lab coats.

**MEMBERSHIP IN MEDICAL SOCIETIES**
Hospice and Palliative Medicine Fellows are encouraged to join the American Academy of Hospice & Palliative Medicine, the primary professional group for HPM physicians. AAHPM has discounted membership for fellows.

For membership reimbursement, please submit an original receipt with your name on it and the dollar amount along with a completed Employee Expense Worksheet to Sheila McGinley.
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE (AAHPM) CONFERENCE

Next Conference: March 9-12, 2016
Description: Chicago, IL

AAHPM, together with the Hospice and Palliative Nurses Association (HPNA), sponsors an educational conference each year. The AAHPM/HPNA Annual Assembly is the premier educational event for healthcare providers who care for patients with serious or life-threatening conditions. Learn the latest in hospice and palliative care from leading experts in the field. Each year offers exciting and new features including programs on pediatric palliative and hospice care, working with and within the new Hospice Medicare Conditions of Participation, and the latest advances in clinical research, cultural, ethical and legal, psychological, social, and spiritual aspects of care. This conference brings together more than 2100 physicians, nurses, social workers, pharmacists, and others who practice hospice and palliative care. The program offers paper presentations, plenary sessions, educational sessions and opportunities for personal and professional growth, and networking.

More information can be found on the AAHPM website www.aahpm.org.


PARKING
University of Minnesota Medical Center, Fairview
http://www1.umn.edu/pts/

Contract parking for Adult Fellows is provided in the University of Minnesota East River Road Garage and Oak Street Ramp. Please return your parking card to Sheila McGinley in room 5-255 PWB upon completion of the fellowship program. Parking vouchers will be provided to Pediatric Fellows while at UMMC.

Children’s Hospitals and Clinics of Minnesota
Contract parking for Pediatric Fellows is provided at Children’s Hospital at 2525 Chicago Avenue South, Minneapolis, MN 55405 in the employee ramp. Parking is also provided for Adult Fellows completing a rotation at Children’s Hospital. A $20 cash deposit, refundable at the completion of fellowship is required. On the first day, fellows should park in the visitor’s ramp located at 26th and Elliott and parking will be validated.

For parking information:
Corinne Wilcox-Schowalter
Medical Education Site Coordinator
Children's Hospitals and Clinics of Minnesota Minneapolis Campus: Rm 32-B170 Direct (612) 813-6206 Fax (612) 813-6371 corinne.wilcox-schowalter@childrensmn.org

There are also bicycle parking cages available in the parking ramps. A $20 cash deposit is also required, payable at the cashier’s office on the 2nd floor of main hospital (2525 Chicago).
Hennepin County Medical Center
Park in the Allied Parking Ramp on the corner of 8th Street and Chicago Avenue. Parking is free with a $50 deposit that will be refunded at the end of your fellowship.

Abbott Northwestern
Park in the general ramp the first day, and parking, ID Badge will be provided by Anne Klinkhammer, anne.m.klinkhammer@allina.com, or 612-863-4649

VA Health Care System
There is designated surface lot parking for employees, but fellows are free to park wherever there is parking available. The parking garage can be used by fellows after 12:00 noon daily.

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

IV. DISCIPLINARY AND GRIEVANCE PROCEDURES
Please refer to the Institution Policy Manual for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.

HPM FELLOWSHIP – FELLOW COMPLAINT/GRIEVANCE GUIDELINES
Our fellowship follows the UMN GME Office Disciplinary/Grievance procedures. In general, if a fellow has a concern/complaint/or grievance about a program faculty member or other aspect of the program, the fellow should bring that concern directly to the Program Director who will help find an acceptable solution to her or his concern. If the grievance involves the Program Director directly, or a fellow otherwise feels uncomfortable bringing the concern to the PD, or the fellow is dissatisfied with the PD’s response, the fellow should contact Dr Joseph Brocato, head of graduate medical education for the Department of Family Medicine & Community Health (612-624-4464, broca003@umn.edu).

Concerns the program has with fellow academic/professional performance are addressed via the Department’s Scholastic Standing Committee. The SCC’s policies allow fellows to dispute any academic disciplinary action the program brings to the fellow. Please refer to the subsequent section of the Orientation Manual about the SCC.

Retaliation of any form against a fellow who brings forward, in good faith, a concern about the program, will not be tolerated by the fellowship program. Fellows should bring any concerns about retaliation to the UMN GME Resident/Fellow Ombudsman, Scott Slattery, PhD (612-626-7196, slatt008@umn.edu).
The UMN GME Office has many support services for housestaff dispute resolution that fellows must familiarize themselves with, including a confidential email address to report concerns to the Medical School’s Associate Vice Dean for GME. If a fellow has concerns that the program is in violation of ACGME program requirements (such as duty hour violations), especially if a fellow is not satisfied with response by the fellowship program or GME office, he or she can report a concern or make a formal complaint about the program directly to the ACGME.

SCHOLASTIC STANDING COMMITTEE FOR REVIEW OF RESIDENT AND FELLOW PERFORMANCE 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.polic y.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 post-graduate 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 post-graduate 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.

V. GENERAL POLICIES AND PROCEDURES

Please refer to the Institution Policy Manual for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.

FELLOWSHIP PROGRAM CURRICULUM

Required Rotations

Adult-focused curriculum (numbers of months are estimates and may vary modestly from fellow to fellow)

Adult inpatient palliative consult service
- University of Minnesota Medical Center: 2 months
- Hennepin County Medical Center: 2 months
- Abbott Northwestern Hospital: 1 month (integrated with Allina Hospice)

Home care and hospice
- Fairview Home Care and Hospice: 1-2 months
- Allina Health: 2 months (integrated with inpatient ANW rotation)

Integrative Palliative Care Unit – Unit-based palliative and hospice care
- Minneapolis VA Health Care System: 3-4 months (including some inpatient consults)

Pediatric palliative care
- Children's Hospitals and Clinics of Minnesota: 1 month

Elective
- One month
Continuity Requirements

- Palliative care continuity clinic: 11 months (1/2 day per week)
- Research: as arranged

Required Rotations

- Pediatric focused curriculum (numbers of months are estimates and may vary modestly fellow to fellow)

Home care and hospice

- Fairview Home Care and Hospice: 2 months

Integrative Palliative Care Unit – unit based palliative & hospice care

- Minneapolis VA Health Care System: 1 months (some inpatient consults too)

Pediatric Palliative Care Inpatient Consults

- Children's Hospitals and Clinics of Minnesota: 7 mo
  - Includes home palliative and hospice visits; clinic visits

Elective

- One month

Pediatric Neuropalliative Care

- Gillette Specialty Hospital

Continuity Requirements

- Palliative care continuity clinic: 11 months (1/2 day per week)
- Research: as arranged

Additional Training

Faculty development course
Covers curriculum design and evaluation and teaching skills

Palliative Care Leadership Center
Training in how to start, organize, measure, and grow palliative care programs

PalliTALK
A two-day, regional, communication skills training workshop

OVERALL GOALS OF THE PALLIATIVE CARE FELLOWSHIP PROGRAM

Our mission statement: The University of Minnesota Medical School Hospice & Palliative Medicine Fellowship strives to be nationally recognized as a center of excellence for training the
next generation of specialist hospice and palliative medicine physicians to promote quality of life and to alleviate suffering for patients with serious illnesses, and their families.

It is the overall goal of the University of Minnesota Medical School’s Hospice and Palliative Medicine fellowship program to train fellows to assume clinical and/or academic positions as specialist hospice and palliative care physicians, and in some cases, leadership roles as preceptors or faculty members, researchers, and administrators in the burgeoning field of Hospice and Palliative Care.

As such, the program has adopted a set of program goals for its graduates to master that are adapted from the foundational document for the field, called the Companion Document: Core Competencies for Hospice and Palliative Medicine Fellowship Training, developed by the American Academy of Hospice and Palliative Medicine (2008).

As such, our overall program goals are to develop graduates who have become competent Hospice and Palliative Medicine specialists, ready for unsupervised practice, and able to:

- Provide state-of-the-art and evidence-based pain and symptom control, relief of psychosocial distress, attention to spiritual issues, and attend to the practical needs of patients and families with serious illness throughout the continuum of care.
- Assist patients and families in obtaining the information needed in order to understand their condition and treatment options.
- Develop a trusting and respectful physician-patient relationship rooted in care in the highest ethical and professional levels of care.
- Coordinate care across settings through regular and high-quality communication among providers at times of transition or changing needs, and through effective continuity of care.
- Prepare both dying patients and their families for death, when it is anticipated, insofar as they desire to be prepared.
- Provide supportive opportunities for personal growth for patients and compassionate bereavement care for families.
- Examine and improve their own clinical practice and local systems of care, through collection and examination of practice data and a commitment to life-long learning and improvement.
- Serve as an educational and professional resource to other healthcare professionals regarding pain and symptom management, prognostication, patient-centered communication, hospice care, and ethically sound medical decision making for patients with advanced illness and at life’s end.

Goals and objectives can also be found on the Hospice and Palliative Medicine Moodle Site www.moodle.umn.edu. You must login to the site using your x.500 internet ID.

**TRAINING/GRADUATION REQUIREMENTS**
Successful completion of 12 months of Fellowship Program Curriculum.
ACGME COMPETENCIES

Fellows are provided with multiple opportunities for training in the six core competencies, as outlined by the ACGME. See Survival Guide for rotation-specific learning objectives and competencies.

DUTY HOURS, MOONLIGHTING, FATIGUE POLICIES & PROCEDURES

I. Duty Hours
   a. Our duty hour policy is the same as the UMN GME Office Policy.
   b. You are expected to be familiar with Duty Hour Resources webpage. Please note the expectation that you record duty hours daily in RMS, as well as report duty hour violations immediately to me and/or the GME Office (go to them if you are uncomfortable letting the program director know, gmedhv@umn.edu).
   c. The Duty Hour Policy is here, in full:
      i. http://www.gme.umn.edu/prod/groups/med/@pub/@med/@gme/documents /content/med_content_452868.pdf Key elements of the Policy are highlighted below.
   d. Realistically for the HPM fellowship, because there is no in-house call, and because at home ‘pager’ call is generally light, fatigue from excessive duty hours is not a particular problem, with the exception of fatigue related to moonlighting and fatigue unrelated to excessive duty hours. Fellows are expected to contact the program director immediately with any concerns for fatigue, related to duty hours or not. Moonlighting does count towards duty hours (e.g. 80 hour work week, 10 hours between duty periods).
   e. As mature learners, HPM fellows can, on rare occasion, and for voluntary extraordinary/unique educational or humanistic patient care purposes, remain on duty beyond standard stipulated time (>24h, less than 10h between duty periods). E.g. unusually complicated palliative sedation or challenging, active management of uncontrolled symptoms in a dying patient. If a fellow is in such a situation and wishes to remain at the bedside for their own education or humanistic reasons they should immediately call/page the fellowship director. If the fellowship director agrees this is an exceptional experience and the fellow is not sufficiently fatigued to cause harm to themselves or the patient, the fellow may remain on duty >24h, or have <8h between duty periods. If that occurs, the fellow will be relieved of any other patient care duties; the fellow will need to continue to be supervised as with all other patient care activities; and once the exceptional nature of the learning opportunity passes or the fellowship director/attending physician identifies significant fatigue, the fellow will be asked to leave. Fellows, as always when fatigued, are encouraged to arrange safe transport home including use of the UMN GME cab voucher program.
      i. The fellow will document her/his hours in RMS accurately, as always.
      ii. The program director will contact GME office in writing about the rationale for the duty hour violation.
f. Program faculty are expected to **recognize signs of fatigue** in fellows and other housestaff, to immediately address such concerns with the housestaff and arrange appropriate help (e.g. strategic napping, help arrange a ride home) immediately. Faculty are to let the program director know of any such concerns about fellow fatigue when they arise. Signs of fatigue and impairment include: napping while on duty, irritability, yawning, obvious tiredness, unexpected lack of organization, forgetting to perform patient care tasks, not responding to pages, chronic tardiness, not coming to fellowship teaching conferences. Faculty are reminded that being fit for duty is a form of professionalism – fellows who do not feel fit to perform patient care are expected to communicate that with the program director or attending physician. Other behaviors faculty should watch closely as signs of fatigue/leading to fatigue include: regularly arriving on duty well before other team members, regularly remaining in hospital/clinic longer than other team members, completing patient notes late at night or the next day, moonlighting, chronic lateness in chart completion, challenges in fellows’ personal lives (e.g. child care). Annually, the Program has a didactic on housestaff sleep, fatigue, and impairment, and faculty are requested to attend this each year.

II. **Moonlighting**

Fellows are expected to be aware of our moonlighting policy, which is the UMN GME policy. Fellows moonlighting will need to be in compliance with the [institutional GME moonlighting policy](#).

a. Key elements of the policy are:
   i. Fellows must have all moonlighting approved by the program director. Download the required moonlight form from the Palliative Medicine homepage in RMS, or contact Sheila to obtain the form, have the form signed by the program director and return the signed form to Sheila for uploading to RMS.
   ii. All moonlighting, internal and external, counts towards duty hours and **must be logged in RMS accurately**.

b. The fellow must let the program director know of all moonlighting activity **in advance** (internal and external). Failure to have internal or external moonlighting approved by the fellowship director is unprofessional and grounds for discipline.

c. Fellows must never moonlight when on duty, including weekend call. If the moonlighting duties are ‘pager call’ only and do not require face to face patient care, the fellowship director may make an exception on a case by case basis. The program director will approve moonlighting when on weeknight ‘pager call’ on a case by case basis.

d. Regardless of duty hour violations, the Program Director will only approve moonlighting if it does not interfere with the fellows’ education and clinical performance, including participation in non-clinical fellowship activities such as teaching, didactics, and scholarly activities.

**Duty Hours (UMN GME Policy)**

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

- **Max Hours per Week**
  - Duty hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities
  - Trainees in their final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80 hour max.

- **Continuous Duty Hours**
  - PGY-1 trainees must not exceed 16 hours
  - PGY-2 trainees and above: must not exceed 24 hours. Trainees may spend an additional 4 hours to complete transitions in care. Residents may not attend continuity clinics after 24 hours of continuous in-house duty. Trainees must have at least 14 hours free after 24 hours of in-house duty

- **Duty Hour Exceptions**
  - Duty hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible. Program must obtain permission from the Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.

- **Mandatory Time Free of Duty:**
  - Trainees must have a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned during this time.
  - PGY-1 residents should have 10 hours and must have eight hours free between duty periods.
  - Intermediate-level residents should have 10 hours and must have eight hours free between duty periods. There must be at least 14 hours free of duty after 24 hours of in-house duty.

**Call:**

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

- **At-Home Call**
  - Time spent in the hospital must count towards the 80 hour week limit. At home call is not subject to the every third night limitation however trainees must receive one-in-seven free of duty when averaged over a four week period.
  - At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident
  - Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum will not initiate a new off-duty period
PGY-1 residents are limited to 16 hour shifts and are not allowed to take at home call

ON CALL SCHEDULES
Taking call provides the fellows with unique experience doing phone-triage for at-home patients, as well as in-hospital consultation for urgent weekend consults.

Fellows will be expected to take call approximately every 4 weeks or 12-13 times a year. Call will consist of either weekend service coverage at core training sites (UMMC, Children’s, HCMC, VAHCS, Hospice, and Abbott) and weeknight pager-call for many sites. During weeknight pager call the expectation is that the fellow will answer questions over the phone, but should also be available for patient visits on an emergency basis. In reality, returning to the hospital to see patients in the evening is exceedingly rare at all training sites.

At all times fellows will have an attending physician assigned to them and receive supervision for their call activities.

Fellows are not to moonlight when they are on-call. Fellows should immediately bring any concerns for duty-hour violations or excessive fatigue caused by on-call duties to the fellowship director. Fellows do not cover Southdale call, and if any Southdale calls accidentally get routed to the fellow they should be immediately sent to the attending.

Scheduling call: Sheila McGinley will help coordinate across sites.
Ms. Julie Robbins for UMMC – jrobbin1@fairview.org
Dr. Sandler for Fairview Hospice.
Dr. Rubins for HCMC
Ms. Cheryl Puumala for Children’s
Dr. Hartwig for VAHCS
Dr. Varns for Abbott Northwestern
Ms. Deborah Loesch for Gillette (no call required)

UMMC
Adult-track fellows will cover 1 weekend per UMMC-based rotation. They will be on-call Friday 4pm through Monday AM. Fellows will triage new consults which come in over the weekend and see new consults that are considered urgent. Fellows will round on established patients with active issues over the weekend, as determined by the weekday palliative team. Fellows will staff patient care activities with an attending who will be assigned to supervise the fellow the entire weekend. Fellows will take outpatient calls (for established palliative care clinic patients) for the entire call period. When adult-track fellows are on UMMC-based elective months they will also take call that rotation at UMMC (e.g. pain consults, any UMMC based elective). If fellows are off-site but covering UMMC, they will have to work out with their attending how to get the team consult pager. The attending may need to hold it until they physically meet the fellow during the weekend. When at CHCM, adult-track fellows will take call either at VAHCS or UMMC.

Children’s Hospital and Clinics Minnesota - Minneapolis
Peds-track fellows will take call approximately one week each month at Children’s, except when they have other call duties that month (i.e. Hospice).

**FV Hospice**
All fellows will take one weekend and one week of pager call, covering enrolled hospice patients. *This will occur during their scheduled hospice rotations, and they will not have any other call duties during this rotation.* Dr. Sandler coordinates which week that is, and he or another medical director provides attending supervision. Fellows must have their own transportation for home hospice visits.

**HCMC**
Fellows may participate in the Palliative physician nightly telephone on-call schedule and weekend-day, clinical care responsibilities for 1 week during each 4-week rotational block. Palliative physician faculty will provide back-up for all Fellow on-call responsibilities.

**VAHCS**
No call first month of fellowship year. Then fellows do one weekend per month, negotiated with Dr. Hartwig, who will be the backup. It is not general CLC call, rather rounding on the H/PC unit and the consult service.

**ANW**
On-call responsibilities for this rotation include participation in the Palliative physician nightly telephone on-call schedule and weekend-day, clinical care responsibilities for 1 week during each 4-week rotational block. Palliative physician faculty will provide back-up supervision for all Fellow on-call responsibilities, consistent with the fellowship supervision policy.

**Gillette**
Fellows do not take call overnight, however, there is a call room for fellows to use in the event that they are required to be there overnight.

**Holidays**
Fellows are expected to help provide clinical service coverage at a core training site (UMMC or CHCM) for up to 2 holidays during the fellowship year. UMMC and CHCM hospitals usually run on ‘holiday’ schedules for New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day. There may be some variation on this based on how the clinical teams and hospitals run their services around weekend holidays. Every reasonable accommodation will be made to allow fellows to not work on preferred holidays. **Fellows who celebrate holidays which are not the above ‘hospital holidays’ should talk with the program director early about taking those days off.**
RESIDENCY MANAGEMENT SUITE (RMS) BY NEW INNOVATIONS

Duty Hours are entered as daily activities into each fellow’s schedule on RMS. Fellows are responsible for accurately reviewing, editing, and approving their daily activities on RMS in a timely manner. Fellows are also responsible for monitoring their own schedules for potential duty hour violations and reporting them and any other scheduling issues to the Program Administrator.

The program routinely reviews all fellow schedules on RMS to ensure duty hour and approval compliance. It is important that every fellow report their hours accurately. If a duty hour violation occurs, the fellow will be asked for a brief summary of the situation that caused the violation to help the program identify and address trends. As a program, we believe that the safety of the patient is best served by staying in compliance with the ACGME duty hour rules. However, we know at times situations occur beyond the control of the individuals involved. Most situations are isolated and do not require any additional follow up. The program is responsible for identifying any trends in violations and working with the site to resolve continued violations.

EVALUATIONS

- Fellows are given a user name and password to the New Innovations/RMS system during and trained on the use of RMS during orientation.
- Evaluations are distributed, completed, and collected via RMS. Fellows are responsible for completing rotation and faculty evaluations in RMS on a monthly basis as well as other assigned evaluations in a timely manner.
- To complete an evaluation, in the “Evaluations” box click on “complete them.” RMS will list the activities (rotations) for which you need to complete evaluations. You can complete evaluations in any order. Click on “Evaluate” to complete an evaluation of a rotation or faculty member. If you would like to provide comments or an evaluation for someone who is not listed as a choice, click on “Select a Person to Evaluate” in the “Evaluations” box on the Welcome Page.
- Answer an evaluation question by clicking on the response of your choice. You should see your choice highlighted. Scroll down to the next question.
- To save an evaluation to complete later, click on the “Save for Later” button at the bottom of the screen. Saved evaluations will continue to show up on your Pending Evaluations list until they have been formally submitted to RMS.
- To submit an evaluation once you have completed it, click on the “Submit Final” button at the bottom of the screen. Check the electronic signature box at the bottom of the evaluation prior to clicking on “Submit Final.” All questions must be answered to be considered complete. Once submitted, an evaluation can no longer be edited.
- If you have been assigned an inappropriate evaluation, click on "NET" (Not Enough Time) next to that evaluation’s name. An e-mail that includes your message will then be sent to the RMS Administrator who will resolve the issue.
• **To view evaluations you have submitted**, while in the Evaluations module click on “View” from the top menu, then choose “Completed Evaluations”. Next, click on the box next to the evaluation you wish to review, and then click “View Selected Evaluations”. Evaluations may be printed if the computer you are using is linked to a printer.
• **To review evaluations about yourself**, click on Reports in the menu selection.

**ON CALL ROOMS**
No overnight call. Call is taken from home. However, if call rooms are needed:

**UMMC**
UMMC call rooms are on the 4th floor of the Mayo Building and are available for checkout as needed. These daily rooms have punch code security access, changed every day, and a security monitor on duty daily from 2 p.m. to 7 a.m. Call 612-626-6330 to reserve a room.

Check-in can only occur during designated check-in hours: 2 p.m. to 7 a.m. Go to the check-in desk located in the Resident Lounge (Mayo C-496). The check-in desk is staffed by a security monitor (after 2:30 p.m.) during set hours seven days a week and will require you to present your ID badge. The security monitor will assign you a room, the room access code and the locker room and lounge access codes.

There is a fridge in the exercise room for fellow use, as well as tea, hot chocolate and coffee. In the resident lounge in the hospital there are sandwiches and salads that are brought up every night. Vending machines are on 3rd floor near main elevators of hospital, as well as on 2nd floor (main underground floor) of the Phillips Wangensteen Building.

**Children’s Hospital and Clinics Minnesota - Minneapolis**
Minneapolis Children’s Medical Education has an "overflow" call room that can be allocated to the Pediatric or Adult fellow when necessary. It is located in the bank of call rooms in the basement of the hospital. Contact Corinne Wilcox-Schowalter, phone # 612-655-6480. You will need to use your Minneapolis Children’s ID badge to access the bank of rooms.

There are also vending machines available at several locations around the hospital, including by the emergency department, that have hot food, beverages and snacks. Shower facilities are also available in the new Children's Specialty Center building, attached to the hospital by skyway and tunnel access.

**HCMC**
Call Rooms are located at G6.240 (access with ID badge). Please sign up in the designated fellow’s room upon arrival. If all fellow rooms are full, you can use any of the student-assigned
rooms. You’re also given $50/month on your ID badge, which can be used at the cafeteria on Orange 3.

**VAHCS**
No call rooms are available.

**ANW**
No call rooms are available.

**Gillette**
Call rooms are provided for emergency use if needed.

**PATIENT SUPPORT SERVICES**
Patient support services such as intravenous services, phlebotomy, and laboratory are provided by UMMC, Fairview, HCMC, VAHCS, ANW, and Children’s Hospitals and Clinics on a regular and timely basis.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**
Laboratory, pathology, and radiology services are provided by UMMC, Fairview, HCMC, VAHCS, ANW, and Children’s Hospitals and Clinics in a timely manner.

**MEDICAL RECORDS**

**UMMC**
Fellows use the Epic Medical Records system for both inpatient and outpatient rotations. Fellows can use the system via the Citrix Secure Gateway. This will allow you access to the Epic, Epic Web and Epic Care. If you need assistance with accessing information through the secure gateway, call AHC IT at 612-625-5100, or the UMMC Technology Services Center at 612-672-6805 24 hours.

**Children’s Hospital and Clinics Minnesota - Minneapolis**
Children’s uses Cerner (EMR) inpt and clinic, and Care Facts in home based. They are both accessed through hospital computers and the fellows can apply for remote access, and then access Cerner via their laptops. Care Facts is available only through Children’s office computers or licensed laptops, not through the fellow’s computer.

**HCMC**
Fellows use Epic Electronic Health Records system. On the first day of the rotation, fellows attend training for EPIC (electronic health record) for two hours.
- **Fellows** receive an at home web-based training attachment with suggested modules before beginning your rotation.
- **Remote Access to Epic:** is available. *HCMC has Wi-Fi connection available throughout the hospital.*

**VAHCS**
Fellows use Vista and CPRS electronic medical records. There is a desk with computer access on the Palliative Care Unit and there are computer terminals in each exam room. Fellows can request remote access which must be approved by VAHCS security officer personnel.

ANW
Fellows use Excellian Epic Electronic Medical Records system. On the first day of the rotation, fellows attend Epic training for two hours.

Gillette
Fellows are required to do computer training and provide documentation and dictation on patients. They are required to sign off on all orders that they initiate.

SECURITY/SAFETY

UMMC
Fellows receive identification badges which are programmed to allow access to certain secure areas. Twenty-four hour security service is provided at UMMC, Fairview campuses including 24 hour rounds by security personnel, cameras in stairwells, parking areas and other select areas of the campus, 24-hour patrol, and 24-hour escort service.

Children’s Hospital and Clinics Minnesota – Minneapolis
Fellows receive identification badges which are programmed to allow access to certain secure areas. Security service is provided at Children’s Hospital and Clinics of Minnesota campuses including 24 hour rounds by security personnel, cameras in stairwells, parking areas and other select areas of the campus.

HCMC
ID badge & Lost/Found (Security) is located in the security office. New/updated badges are at no cost. Replacement badges cost $25. All employees must wear a badge above the waist at all times & should scan in when attending Thursdays Grand Rounds conference.

VAHCS
ID badges are assigned to fellows during the onboarding process. There is a security desk staffed 24 hours per day. There are cameras and phone boxes located throughout the parking lot.

ANW
ID badges are provided on the first day of rotation at no cost to the fellow. All employees must wear a badge and scan in to allow access to hospital areas as needed.

Gillette
Identification badges are provided that allow fellows access to hospital areas as needed.

SUPERVISION
Supervision is an intervention provided by a supervising practitioner to a fellow. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the
professional functioning of the resident (fellow) while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the resident (fellow), and role modeling.

All patient care will be supervised by qualified faculty. The program director will ensure adequate supervision of fellows at all times. All fellow patient interactions, documentation, and medical decision-making will be supervised by appropriate faculty, however the nature of that supervision will vary based on clinical situation.

HPM Fellows are considered advanced learners, who are ready to practice without direct supervision in their primary specialty (e.g. internal medicine, family medicine, pediatrics).

Levels of Supervision:
- **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.
- **Indirect 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 telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Oversight**—The supervising physician is available to provide review of encounters with feedback provided after care is delivered.

General Policies and Principles:
- Beyond minimal expectations as described below, level of supervision is at the discretion of the attending physician and/or fellowship program director, based on assessment of fellow competence and experience. E.g. after a month of continuity clinic, the supervising faculty may decide fellows are competent to have sequential but not ‘at-elbow’ supervision of patient communication. However if that same fellow rotated at the neuromuscular clinic at Gillette, faculty may decide closer supervision is required.
- Even at the end of the year, faculty are encouraged to see patients with fellows Directly, ‘at elbow,’ frequently in order to give direct feedback on fellow communication skills and physical examination skills.
- Fellows and palliative consult teams identify attending physicians responsible to ‘staff’ a patient’s care each day in the morning interdisciplinary team huddles.
- On call schedules are distributed electronically to fellows, which identify the attending physician who is responsible for supervision of the on-call fellow.
- Fellows are provided with contact information for faculty and other team members in the Survival Guide.
- ACGME guidelines for HPM allow, at times, fellows medical decision making to be ‘supervised’ by an advanced practice nurse.
- Fellows are instructed to alert the fellowship program director immediately if they ever experience a situation in which they are caring for a patient and cannot identify the attending physician responsible to supervise their work, or if the attending physician
unavailable/does not respond to pages, or if the fellow assesses that the attending physician is asking the fellow to practice without adequate supervision in the opinion of the fellow.

- All fellow inpatient and clinic visits will be documented in writing, with the attending physician supervising the fellow noted in the chart note. The attending physician is responsible for all the recommendations made by the fellow.

Supervision on inpatient consultations: During work-week hours fellows will have Direct or Indirect Supervision, with Direct Supervision immediately available. A palliative attending will be in-hospital. Fellows will discuss patient assessments and medical decision making with the attending that will supervise and evaluate the fellows decision-making to ensure excellent patient care is being delivered. The responsible staff consultant must be notified verbally by the trainee doing the consult within an appropriate period of time as defined by the particular consulting service. Overnight or on weekends, a supervising physician is assigned to the fellow and must be available to provide direct supervision in a reasonable time-frame. Fellows will receive indirect supervision at all times.

Supervision in outpatient continuity clinics: Attending physicians will be present in the clinic area and will personally see/evaluate patients and directly confirm fellows’ findings and medical decision making for each patient. This can occur ‘at elbow’ with the fellow or sequentially (after the fellow has done her or his assessment alone).

Hospice patient visits: Fellows will have a responsible attending physician (usually a Hospice Medical Director) available for telephone supervision at all times. Due to the nature of home hospice work, in-person supervision by a medical director may not be available at all times on a same-day basis. Fellows must immediately contact via phone/pager the attending physician for any patient circumstance they lack confidence in addressing. Any fellow medical decision making not supervised in person or over phone will be done via oversight when patient status, orders, and interdisciplinary team assessments/interventions are being discussed at hospice IDT.

Supervision on the MVAHCS Palliative Care Unit: Fellows are on-service during ‘work hours’ Monday through Friday, and round in-person each morning with an attending physician and other members of the IDT, in which events and medical decision making of the past 24 hours are reviewed and the day’s plan of care is established. At other times during the day, fellows will have indirect supervision, with direct supervision available by phone, and in-person by attendings within 24 hours. Palliative advance practice nurses are responsible for some of the patient care in the PCU and can supervise fellows, however an attending physician will be available by phone at all times.

Situations in which fellows need to immediately involve the attending physician: In most rotations fellows are in consultant roles and are not on care teams primarily responsible for a patient’s care (eg not on admitting inpatient services, etc). Due to this, in general it is the primary team (e.g. medicine resident, oncology attending or PA, critical care fellow, etc) who are immediately responsible for patients when they become unstable, or are writing code status orders, or transferring patients to different levels of care. However, HPM fellows should be aware of and abide by institutional guidelines for notification of attending physicians. In
addition, regardless of institutional policy and fellow role as consultant, fellows are expected to ensure (via directly doing it themselves, working with the primary team housestaff to do so, or working with the palliative attending to do so) that the attending physician of record is notified when:

- There is a request for admission to hospital/outside facility, or other request for transfer of a patient’s care
- Transfer of a patient to a higher level of care
- Unanticipated intubation or need for ventilator support
- Development of a new, significant cardiac changes including a Code being called, hemodynamic instability requiring intravenous medication, arrhythmia requiring intravenous medication
- Development of a new neurologic change including stroke/stroke symptoms, TIA, seizure, acute decline in a patient’s level of consciousness, new paralysis
- Any medication or treatment error requiring clinical intervention (eg invasive procedure, increased monitoring, new medications)
- Patient, family, or staff request for attending notification
- Unable to contact a patient or unsure of how to manage ‘panic’ lab results
- Unanticipated change in code status
- Death
- Regardless of individual institution policies about who can write DNR/DNI orders, the fellowship considers it a standard of care that an attending physician co-signs a DNR/DNI order and documents medical decision making around code status within 24h of housestaff writing a DNR/DNI order.

Fellows must involve the palliative care attending immediately for the following situations, even if the palliative care team is not the primary team responsible for a patient:

- Use of deep, continuous sedation (‘palliative sedation to unconsciousness,’ ‘terminal sedation’) is being considered
- Before oral or IV ketamine, dexametomidine, or IV lidocaine is initiated for palliative purposes/by the direction of the palliative consultation team
- Any adverse event requiring intervention (naloxone, flumazenil), or escalation of level of care (ICU transfer), or other serious patient harm deemed to be related to interventions recommended by the palliative team
- Prior to withdrawal of ventilator support (either invasive or non-invasive), oxygen therapy, ventricular assist device therapy, vasopressors in dying patients who are transitioning to comfort care
- Transition of opioids/opioid rotation – either of route or of opioid drug – involving doses greater than a Morphine Equivalent Daily Dose of 100mg.
- Patient, family, or requesting team requests palliative attending involvement.

GRADED RESPONSIBILITY
This is a 1 year clinical fellowship so supervision expectations are not graded by year of service. The program director, faculty, and rotation preceptors provide fellows with directed experience with progressive responsibility for patient management through one on one precepting. The program director conducts formal written quarterly reviews of each fellow’s performance. The
program director expects fellows to show continuous improvement in their medical decision making throughout the year, such that by the end of the second quarter they require little ‘correction’ most of their medical decision making and communication. However fellows will have supervision for medical decision making at all times throughout the year. Fellows are evaluated based on accomplishment of rotation objectives, as well as in demonstrating the attainment of competence in patient management in inpatient and outpatient settings, as well as demonstrated mastery of each of the ACGME General Competencies.

PATIENT HAND-OFFS/TRANSFERS OF CARE

General: Except for the VA, fellows see inpatients as part of consultation teams and are not primarily responsible for inpatient admissions, transfers, and discharges, or shift transitions (ie to ‘cross-cover’). All inpatient sites have daily, morning interdisciplinary team meetings/huddles, which is the primary venue for ‘sign-outs’ & transfers of care between different palliative consultants. Usually, a palliative attending or advance practice nurse is seeing a fellow’s patient daily, so even when a fellow rotates off-assignment there is no primary need for a hand-off as the attending or APN will continue to follow the patient with or without new rotating learners. At the VA, patients are only admitted to/discharged from the PCU during workday daytime ‘work hours’ (ie 9a-5p), to minimize any need to transfer care to a new time for instance if the patient had been admitted by Internal Medicine overnight.

However, the palliative consult services may be actively managing important parts of patient care (ie sedation, comfort care, a PCA) in collaboration with the primary/admitting service, and notification of the overnight/weekend palliative on-call physician is important to ensure continuity of care. In addition, there will be times in which both the fellow and attending physician ‘rotate-off’ at the same time and a hand-off needs to occur. Handoffs can occur in person, orally while reviewing a census sheet, or via email (if secure). Handoffs should include the following information:

1. Patient name, MRN, Age, Unit/bed number, Primary team (e.g. Jane Doe, 1234567, 58y, 7C.7304, Gyn-Onc service)
2. Key inpatient diagnoses (e.g. ovarian cancer, malignant bowel obstruction, abd pain)
3. Key family contacts including legal decision maker (if relevant)
4. Reason for palliative team involvement (e.g. pain, goals, nausea)
5. Code status and care goals (e.g. full code/restorative, or DNR /comfort care, etc.)
6. Current Active Palliative Interventions and Plan of Care
   a) E.g. Morphine pca 2mg/hour, 2mg/15min/bolus – needs assessment Sunday for potential transition to orals
   b) E.g. Methadone 10mg tid started 10/5. Needs daily evaluation to ensure effectiveness over weekend.

Accountability
1. The faculty physician is responsible for ensuring effective handoff communications are developed, implemented and maintained.
2. The program director is responsible for ensuring that the fellows are in compliance with the handoff processes outlined in this policy, and for the education of the fellows concerning these policies.
3. Quality and timeliness of handoffs are evaluated monthly by rotation faculty via the RMS competency based evaluation.
MONITORING OF FELLOW WELL-BEING
Fellow well-being and stress levels are monitored on a regular basis through a number of ways. Work hours and any moonlighting activities are closely monitored and are kept in compliance with the ACGME institutional standard for fellow duty hours. These are monitored monthly and quarterly. Fellows meet with an assigned faculty advisor quarterly to discuss, among other issues, the fellows well-being and stress. Fellows meet with program faculty at least monthly to discuss fellowship issues and several times weekly for didactics. Fellows are allowed seven discretionary days each year for unexpected emergencies and illness. Maternity and paternity leaves are granted as needed.

All faculty and the program director, as well as the fellows themselves, are educated on how to recognize and cope with fatigue, and how to employ sound fatigue management strategies. Fellows who are fatigued (i.e., too fatigued or stressed to provide safe patient care) are advised to contact the program director, other faculty, or the fellowship coordinator in order to find appropriate alternate care and evaluation for the fellow’s patients. Fellows are also strongly encouraged to assist each other as well as program faculty as “peer clinicians” to identify fatigue in each other, and to provide coverage support for each other when fatigue becomes an issue for any clinician team member.

FEEDBACK TO FELLOWS
- Supervising rotational faculty members review written rotational objectives with each fellow at the start of each new rotational assignment. Based on the rotational objectives, the supervising rotational faculty members and the fellow then verbally agree on an educational plan, as well as operating procedures, for the month while on rotation.
- Formative (ongoing) feedback is verbally provided to fellows at regular intervals during each clinical rotation by the rotational faculty members(s) in person. Formative feedback should occur no later than the midpoint of each rotation and at minimum, occur at least once during the rotation, and ideally, no less than weekly.
- Formative (ongoing) feedback is verbally provided to fellows at least quarterly during a meeting with their assigned faculty advisor. Feedback is provided as a progress check on clinical and academic performance to-date, as well as to monitor fellow well-being (including duty hours, fellow fatigue, and general well-being).
- Summative Feedback is provided to fellows after each clinical rotation by the supervising rotational faculty members, both verbally in person at rotation end, and in written form via the electronic residency management system (RMS), also at rotation end.
- Summative Feedback is provided to fellows in written form in a scheduled semiannual meeting between the Program Director and Fellows. At the meetings, an assessment of clinical and academic performance is provided to each fellow with concrete recommendations for performance improvement.
- Fellows receive formative (ongoing) feedback from selected faculty members after each of their Clinical Conference presentations.
FEEDBACK FROM FELLOWS

- Fellows meet at least semi-annually, individually with the Program Director to discuss structural training issues that affect the clinical and research components of their training (as described above). Fellows are each encouraged to come to the meetings with concrete suggestions for curriculum and operational enhancements to strengthen the program on an ongoing basis.
- Suggestions for improvements identified by fellows during the semi-annual review and throughout the program year are formally reviewed at fellowship program education meetings that are held at least quarterly throughout the program year. Both Fellows and Faculty sit on the educational committee to review the curriculum and fellowship operations on an ongoing basis.
- Fellows formally evaluate their supervising rotational faculty after each rotation (via RMS).
- One fellow serves on the department-wide Curriculum and Evaluation Committee and provides input from the fellows' perspective on the curriculum and evaluation processes for the program.
- Fellows evaluate the fellowship in total at the end of the year.

QUARTERLY REVIEWS AND THE SCHOLASTIC STANDING COMMITTEE

Program Directors meet with fellows on a regular basis to review the fellow’s performance and develop goals and educational plans for the fellow. Any fellow performance problems will be documented and forwarded to the Scholastic Standing Committee which meets four times per year (August, November, February and May) and will make recommendations for resident and fellow remediation, probation, suspension or termination to the Program Director based on the fellow’s documented performance.

CONFIDENTIALITY

Fellows can see the names of faculty evaluating them but cannot see the names of nursing staff or resident peers evaluating them. Faculty CANNOT see the names of fellows evaluating them.

LICENSURE POLICY

All fellows are expected to obtain a Minnesota medical license. The program will reimburse fellows for the Minnesota medical license application and renewal fees until program completion.

DEA APPLICATION AND NUMBER

All fellows are required to attain a DEA number (certificate) within three months of obtaining their medical license. The program will reimburse fellows a pro-rated amount equivalent to one year.
MEDICAL KNOWLEDGE ASSESSMENT AND BOARD PREPARATION
Dr. Rosielle will do board review with fellows during fellows' rounds. There is no HPM shelf examination available yet. Available products for board review are from AAHPM: UNIPACs, HPM Fast, and HPM Pass; fellows can purchase these if they choose.

GRADUATES--EMAIL AND LIBRARY ACCESS
Graduating fellows can retain their U of M email account and x500 access.

1. E-mail Access: Students that earn a degree from the University will keep their email account indefinitely, but they MUST access it (http://mail.umn.edu) at least once every 180 days, or it will be de-activated, and they will potentially lose everything in the account. NOTE: they must access the account via the Gophermail website (http://mail.umn.edu) in order to keep it active; forwarding the umn.edu acct (i.e. to Gmail, Yahoo, etc.) does NOT access the email server.

2. X.500 for Library Access: Graduating Fellows can maintain their library access by joining the Alumni Association. Anyone is welcome to join, even if they have never been affiliated with the University of Minnesota, so this should be an option for your recent graduates. Alumni Association membership fees can be found at: http://www.minnesotaalumni.org/s/1118/content.aspx?sid=1118&gid=1&pgid=309

After becoming an Alumni Association member, members can register for online library access: http://www.minnesotaalumni.org/s/1118/magazine.aspx?sid=1118&gid=1&pgid=311

This takes approximately 6 days to process. There is no additional fee (on top of the alumni association membership fee). There are two access options, each with different journal availability. There are lists of journal/magazine and other source titles that also list their availability. This is not the same access granted to students and faculty and full text options may be more limited.

There is no other source of online library access or of more extensive library access, short of enrolling for a course or being faculty.

ACLS/BLS/PALS CERTIFICATION REQUIREMENTS
All fellows are required to have BLS certification. ACLS certification is not required. For BLS and ACLS recertification scheduling information, please visit http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummmcresources.html

Programs pay or reimburse fellows for required certification(s). Fellows interested in obtaining elective certifications, e.g. ATLS, may cover these expenses with their CME/technology funds.

Please see the Life Support Policy in the Institutional Policy manual for further information.
VISA POLICY
Visa Sponsorship: The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department Of Family Medicine and Community Health Hospice and Palliative Medicine Fellowship Program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.

RESOURCES
Program Website
Program Website contains information for fellows about fellowship program curriculum, rotations, practice sites, and program requirements.
http://www.familymedicine.umn.edu/education-training/fellowships/hospice-palliative-medicine

Survival Guide
A guide that provides information regarding orientation, curriculum, rotation sites, contact names, addresses, phone numbers and email addresses. The survival guide can be found can also be found on the Hospice and Palliative Medicine Moodle Site www.moodle.umn.edu. You must login to the site using your x.500 internet ID.

Web Links to additional resources
ACGME Institutional Requirements
http://www.acgme.org/acgmeweb/

AAHPM
http://www.aahpm.org/

ABMS
http://www.abms.org

Department of Family Medicine and Community Health
http://www.familymedicine.umn.edu/

Department of Medicine
http://www.dom.umn.edu/

Department of Pediatrics
http://www.peds.umn.edu/

DFMCH Grand Rounds
http://www.familymedicine.umn.edu/education-training/grand-rounds

Fairview Library
http://www.fairview-university.fairview.org/Library/index.asp

U of M Library
http://www.lib.umn.edu/
Other GME links
http://www.med.umn.edu/gme/links/home.html
VI. ADMINISTRATION

FELLOWSHIP PROGRAM PHONE DIRECTORY
Program Director ........................................ Drew Rosielle, MD .......................... 612-273-3671
Program Coordinator ................................. Sheila McGinley ......................... 612-625-0646

DEPARTMENT PHONE DIRECTORY
Department Head ................................. Macaran Baird, MD, MS .............. 612-624-0539
Director of Graduate Medical Education ........... Joseph Brocato, PhD .......... 612-624-4464
Senior Administrative Director of Medical Education ............................. Melissa Stevens, MA .......................... 612-626-4490

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...
Address Change ........................................ Sheila McGinley ......................... 612-626-0194
BioMedical Library ..................................... ................................. 612-626-5653
Computer Services Help Line ..................................... 612-301-4357
Continuing Medical Education ............................. 612-626-7600
Contracts ................................................ Sheila McGinley ......................... 612-625-0646
DEA ................................................... Sheila McGinley ......................... 612-625-0646
Graduation Certificates ................................ Sheila McGinley ......................... 612-626-0194
Insurance Questions (health, dental, life) ................. Office of Student Health Benefits ... 612-24-0627
Insurance Changes - requesting forms ................. Office of Student Health Benefits ... 612-24-0627
J-1 Visa Processing ..................................... Sheila McGinley ......................... 612-626-0194
Leaves of Absence ..................................... Sheila McGinley ......................... 612-625-0646
Long-Term Disability .................................. Sheila McGinley ......................... 612-625-0646
Malpractice Insurance, Claims, Reports ................. Melissa Stevens, MA .......................... 612-626-4490
Name Change .......................................... Sheila McGinley ......................... 612-626-0666
Payroll ................................................ Christina Steere .......................... 612-624-0117
Recreation Center, U of MN (Mpls. campus) (St. Paul Gym) ................. 612-625-6800 612-625-8283
Registration, U of MN Student ......................... Laura Pham .......................... 612-626-0194
Scholastic Standing Committee ...................... Liz McElligott ......................... 612-625-0953
Travel Reimbursement ................................ Sheila McGinley ......................... 612-625-0646
W2 and W4 Forms .................................... Christina Steere ....................... 612-624-0117
Workers’ Compensation ............................. Melissa Stevens, MA .......................... 612-626-4490