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INTRODUCTION/EXPLANATION OF MANUAL
Welcome to the Mankato Family Medicine Residency Program! The Mankato Family Medicine Residency Program is sponsored by the University of Minnesota Department of Family Medicine and Community Health (DFMCH). This manual provides policies and procedures for the Mankato Family Medicine Residency Program and the DFMCH. Contact John McCabe, MD, residency program director, or Wendy Nowak, residency program coordinator, with questions regarding the content of this manual. The information contained in this program manual pertains to all residents in the UMN Mankato Family Medicine Residency Program except as otherwise identified.

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
- Our program educates residents to be fully competent Family Medicine Physicians who provide high quality, collaborative, patient and family-centered care.
- We promote a culture of lifelong learning and a balance of personal and professional responsibilities.

I. STUDENT SERVICES

CELL PHONES/PAGER
Cell phones issued through Verizon or Sprint (only) are used as pagers within the Mayo Clinic Health System Mankato Facilities. As physicians responsible for patient care, unless you are on vacation, you are expected to have your cell phone on and available to respond 24 hours a day. The only exception to this rule applies to the afternoon and night when post call and one day each week averaged monthly.

From January 1, 2015 to December 31, 2015, Residents are compensated $50 each month per year by the U of MN for the use of their personal cell phone for patient care. (The monthly compensation is commensurate with the MCHS Mankato Provider policy which is determined January 1 of each year.) If your cell phone patient care expense is more than what you are compensated, you can consider submitting it to your personal income tax.

Most non-urgent contact is made through “SmartWeb” text messages, these messages do NOT use cell phone minutes.

E-MAIL AND INTERNET ACCESS
Residents will receive two e-mail accounts, one from the University of Minnesota and referred to as the X500 account, and the other through Mayo Outlook. The X500 account is used to access personal information such as paycheck information, benefits, HIPAA, and immunizations. Both e-mail accounts should be checked daily and are web accessible.
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. **Residents 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.

**Web Page Resources:**
- University of Minnesota  
  [www.umn.edu](http://www.umn.edu)
- University of Minnesota Department of Family Medicine and Community Health  
  [http://www.famcmedicine.umn.edu/](http://www.famcmedicine.umn.edu/)
- Mankato Family Medicine Residency Program  
  [http://www.familymedicine.umn.edu/education-training/residency-programs/mankato](http://www.familymedicine.umn.edu/education-training/residency-programs/mankato)
- University of Minnesota Medical School  
  [www.med.umn.edu](http://www.med.umn.edu)
- University of Graduate Medical School (GME)  
  [www.med.umn.edu/gme](http://www.med.umn.edu/gme)

**CAMPUS MAIL**

Campus mail is gathered weekly by the University of Minnesota Department of Family Medicine and Community Health staff and mailed to the residency program as the U of M courier “inter office” service does not extend to Mankato.

Resident mail is distributed Monday through Friday by administrative staff to your clinic in-box. Outgoing patient correspondence can be left in the appropriate box at Eastridge Health Information pick up area. Resident mail received at the Mankato hospital will be forwarded to the Eastridge Clinic Resident’s inbox.

Outgoing personal mail is not to be mailed from the clinic or hospital, please mail from home or drop box. Incoming resident personal mail should NOT be sent to the medical facilities. Occasionally, it is necessary to send important information to your home for your immediate attention. It is critical that we have your **current home address and phone number** at all times. If you move, please contact Wendy Nowak. She will e-mail Laura Pham, residency programs coordinator, at the DFMCH to update your address and phone number. **To update your address with UMN**, please log into [www.myu.umn.edu](http://www.myu.umn.edu) and choose the “My Info” tab to edit your information.

The addresses, main phone and fax numbers for the U of M Department of Family Medicine & Community Health Graduate Medical Education are as follows:

Phone: 612-624-2622  
Fax: 612-626-2694

**Mailing:**
HIPAA 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.

Mankato Residents are required to complete the University of Minnesota Medical School’s online HIPAA and Security training program as well as the Mayo Clinic Health System’s online HIPAA training session and quarterly Web Inservice assignments.

Mayo Clinic Health System computer access log in and HIPAA instruction will be received during orientation. Residents will be required to complete quarterly Mayo Clinic Health System assigned My Learning webinars through SuccessFactors. Non-compliance notices are sent to the individual as well as the Program Director.

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](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](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](http://www.bhs.umn.edu/myboynton)

Mayo Clinic Health System no longer requires all employees to receive annual mantoux however as a University of MN Dept of FMCH employee, **annual mantoux IS required**. Your annual mantoux are placed during your birth month and should be placed by Clinic Residency Nurse staff. When the results are read, please request that they be sent to Wendy and remind her to fax them to Boynton to keep your immunization record in compliance.
NAME CHANGES
If you have legally changed your name, notify Wendy Nowak. In order to process your name change for University of Minnesota payroll services, and to update other databases, you must provide Laura Pham, residency programs coordinator, somm0104@umn.edu, (612) 626-0194 in the Department of Family Medicine and Community Health with a copy of a legal document from the state or federal government (e.g. driver's license, social security card, passport) with your new name.

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

SALARY FOR 2015-2016
First Year $51,517
Second Year $53,102
Third Year $54,929

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
See when to expect your first paycheck:
http://www1.umn.edu/ohr/pay/statement/paydays/

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.

HOLIDAYS
The University holidays applicable to residents are listed below. Residents may be expected to participate in holiday call and clinic coverage at rotation sites or Family Medicine clinic following specific program guidelines. If you work in the clinic on a University holiday, please contact your residency coordinator to see if you are eligible for alternate days off according to program guidelines.

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

If the Mayo Clinic Health System’s Eastridge Clinic is open on any of the following holidays, G2 or G3 residents will be asked to volunteer to cover the Residency patients. If a resident works in the clinic or the FM inpatient service on a UMN observed holiday, they will be granted a “floating holiday” off at another time; this policy is for the day shift only and does not apply to evening call. All other residents will be off their rotation duties for these holidays.

LEAVE OF ABSENCE

All leaves must be approved by the Program Director and submitted to Melissa Stevens, Education Manager, at the DFMCH prior to all resident leaves. If you are on an unpaid leave of absence and you want your benefits to continue, you must contact Melissa Stevens at (612) 626-2312 immediately. If you fail to notify Melissa Stevens about continuing your benefits, they will be discontinued. Refer to the GME Policy for all other types of leave not included in this manual.

Please remember the continuity of care requirement when planning for a leave. The ABFM has a three-month continuity of care requirement. Should a leave exceed that time limit, the following ABFM criteria apply in determining resident status:

1. The resident may not be readmitted to the program at a level beyond that attained at the time of departure.
2. Prior to reentry, approval of the ABFM is to be obtained (similar to that for any admission at an advanced level).
3. Requests to the ABFM for authorization for readmission must provide a detailed description of the evaluation used to determine the level at which the resident is to be readmitted.

Vacation, sick leave, CME attendance and reimbursement will be prorated for residents with advanced standing.

VACATION

Fifteen (15) paid working days are granted for vacation each G1-G3 years.

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 vacation is granted in the last two weeks of the third year.
3. No two vacation periods may be consecutive (e.g., last month of G-2 year and first month of G-3 year in sequence).
4. No more than two (2) consecutive weeks of vacation.
5. Scheduling vacation at the beginning of the resident year is strongly encouraged.
6. Application for all vacations must be made in writing to the program director ninety (90) days in advance of the requested time.
7. Local program rules will apply for regulations pertaining to rotations where no vacation is allowed.
8. A resident does not have the option of reducing the total time required for the residency by foregoing vacation time.

SICK LEAVE
Short periods of sick leave that would not compromise the total one-month 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 20 working days away (see American Board of Family Medicine requirements) from the program in a PGY year will be considered a medical leave (see Medical Leave Policy), and the days in excess of 20 working days must be made up before the resident progresses to the next PGY level. This will extend your residency, and is a non-negotiable ABFM and AOA requirement (see ABFM requirements or AOA Basic Standards). A resident leave for any reason must be discussed with and approved by the program director.

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 resident’s expected date of delivery. The rotation performed around the time of the expected date of delivery should be one in which the resident is not essential to the service. The resident call schedule should be arranged to have no call around the expected time of delivery and while on leave. However, the resident is expected to make up call before or after the time, so as not to disadvantage the other residents.

A Leave of Absence Request Form must be approved by the program director and submitted to Melissa Stevens, Education Manager, prior to maternity/paternity leaves. A resident 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 20 working days away from the program in a PGY year must be made up before the resident progresses to the next PGY level. This will extend residency, and is a non-negotiable ABFM and AOA requirement (see Leave of Absence).

Please contact your health insurance carrier prior to the birth of your child to ensure you are aware of your obligations to enroll your new child on the insurance plan. Prompt enrollment of your new child will avoid claim service problems. If you will be enrolling your child on the University of Minnesota health insurance policy, you can contact the Office of Student Health Benefits at 612-624-0627 or 1-800-232-9017 or via email at umshbo@umn.edu.
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 Melissa Stevens, Education Manager, prior to a resident going on leave.

To request a short-term disability claim form or if you have questions regarding your coverage or a claim, call Melissa Stevens in the Graduate Education Office at 612-626-4490 or Steve139@umn.edu.

PERSONAL LEAVE

Days away from the program may be granted at the discretion of the program director, for not more than three (3) days at a time. If this leave, when added to vacation time and sick leave, results in more than one month away from the program in a PGY year, the days in excess of one month must be made up before the resident progresses to the next PGY year. Please note that this MAY extend your residency.

Effect of Leave for Satisfying Completion of Program

American Board of Family Medicine (ABFM) requirements state that the maximum, cumulative amount of time a resident may be away from the program for personal absences including vacation, sick and miscellaneous leave without making up the time must not exceed one month per PGY year. One month is equal to 30 calendar days or 21 working days. Time in excess of one month in each PGY year must be made up before the resident advances to the next PGY level, and the time must be added to the projected date of completion of the required 36 months of training.

PROFESSIONAL AND ACADEMIC LEAVE

CME time will be granted at the discretion of and under the direction of the program director.

American Academy of Family Physicians Annual Scientific Assembly
http://www.aafp.org/events/fmx.html
September 29 – October 3, 2015. The convention provides a unique opportunity for family physicians to work and socialize with other family physicians, residents, and medical students. The convention also offers you an opportunity to participate in the Academy’s policy making process. When the Congress of Delegates convenes before the convention, your testimony is welcome at the reference hearings. If you are interested in attending the meeting, please contact your Program Director.

AAFP National Conference for Family Medicine Residents and Students
http://www.aafp.org/events/national-conference.html
July 30 – August 1, 2015. Family Medicine leaders and educators conduct special lectures, workshops, procedures courses, and clinics. More than 300 Family Medicine Residency Programs are represented in the Exposition Hall. The National Congress of Family Medicine Residents and the National Congress of Student Members hold their annual meetings during the conference.

If a resident attends, part of the resident’s responsibility is to recruit applicants at our residency exhibit booth. If you are interested in attending this conference, contact your Program Director.
For travel information and conference information, contact Laura Pham, residency programs coordinator, at (612) 626-0194 or somm0104@umn.edu.

CME Courses
Continuing Medical Education (CME) courses at the University of Minnesota are open to all residents. There are fees for most courses. Pre-registration is required. Time off for CME course attendance must be arranged with Kelly Schmidt, for scheduling and the program director prior to submitting a registration form. 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.

CME attendance and reimbursement will be prorated for Residents with advanced standing. For additional information about CME request, attendance and/or reimbursement, please see the “Policies” section of the Mankato Handbook received at orientation.

Minnesota Academy of Family Physicians Spring Refresher (Annually in April)
Residents are allowed to consider attending all or part of this conference depending upon their current rotation, schedule restrictions and patient care responsibilities. All residents must obtain approval from the Program Director prior to registering for the Spring Refresher. As an elective CME, residents are able to use their ABE or IT/CME funds for expense reimbursement including mileage, parking, meals or accommodations. For further information, visit www.mafp.org.

U of M Department of Family Medicine and Community Health Grand Rounds
The purpose of the U of M Department of Family Medicine and Community Health 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 in an academic context.

The schedule of Grand Rounds presentations will be made by the Directors of Education and Research with input from the Research Advisory Committee and Residency Program Directors.

To view the Grand Rounds calendar or to view web-streaming and past session archives go to the following link: http://www.familymedicine.umn.edu/education-training/grand-rounds

Since it is rare that Mankato Residents or Faculty are able to attend these Grand Rounds; when the opportunity present itself, we will access these sessions when time is available during our noon lecture sessions.

Osteopathic Resident Conference Requirement:
Please see Dr. Westfall’s detailed “Osteopathic Requirements” summary located in the 3-ring Mankato Handbook; this summary differentiates the AOA approved Resident requirements vs the ACGME Osteopathic Resident requirements.
UNAUTHORIZED LEAVE
Unauthorized leave and unexcused absences is considered highly unprofessional and may be grounds for dismissal, probation, and at the very least will result in penalty which will count double toward use of vacation time as well as time away from the program.

OFFICE OF STUDENT HEALTH BENEFITS
The resident benefits listed below are administered through the Office of Student Health Benefits. Sheila McGinley is the department contact for general questions about student health benefits and can be reached at 612-625-0646. Depending on the nature of the question, you may be referred to the office of Student Health Benefits:

University of Office of Student Health Benefits
410 Church Street SE
Minneapolis, MN  55455
Susann Jackson, Director of Student Health Benefits
Phone: 612-626-5211
Fax: 612-625-1434
www.shb.umn.edu

1. Health and Life Insurance Coverage
2. Dental Insurance Coverage
3. Life Insurance
4. Voluntary Life Insurance
5. Short and Long-term Disability
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
612-626-4490 or Steve139@umn.edu

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.

MEALS
Residents are provided lunch free of charge for days that they are working. The mean allowance is capped at $10 limit per meal. Resident’s families or friends are not entitled to free meals. Breakfast and/or dinner are provided free of charge if the resident is on call in the hospital.

Please be courteous to your co-workers, if you bring a tray to the call room or office please return it to the Dietary Department.

Medical students are granted only ONE MEAL PER DAY, also capped at $10 which is for lunch to encourage them to join us for noon lecture.

Observers or Job Shadow participants are usually not invited to noon lectures thus are not offered meals free of charge.

LAUNDRY SERVICE
First-year residents receive two lab coats and two pair of scrubs which are their property. If replacement lab coats or scrubs are necessary, the resident is responsible for the price of replacement. Residents are responsible for laundering their scrubs and lab coats.

MEMBERSHIP IN MEDICAL SOCIETIES
AOA and ACOFP memberships are required for Osteopathic Residency thus are directly invoiced and paid by the Mankato Residency or personal payment will be reimbursed by the Mankato Residency.

MOMS (MN Osteopathic Medical Society) dues are also paid or reimbursed by the Residency Program
MAFP AND AAFP
The Minnesota Academy of Family Physicians (MAFP) and the American Academy of Family Physicians (AAFP) promote the interest and concerns of practicing family physicians and residents training in the specialty of family medicine. Resident participation is encouraged in Academy activities. An initial year of membership is offered free to first-year residents (paid for by MAFP); and the membership fee for residents in the second and third year is paid for by the program. Among the benefits of membership in the Minnesota Academy of Family Physicians are free membership in the American Academy of Family Physicians and subscriptions to the following publications: “American Family Physician,” “Minnesota Family Physician,” and “AAFP Reporter.”

PARENTAL-NEWBORN ELECTIVE
The parental-newborn elective may be taken by residents (male or female) who have a child born to them during their residency training, and must be completed within one year of the baby’s birth. The purpose of this elective experience is to augment the practical education one naturally receives in giving birth and caring for a newborn, with a more structured academic experience. A description of this elective follows:

1. The resident should discuss scheduling and other terms of the elective with the faculty advisor by at least 3 months prior to the resident’s estimated date of completion. A written proposal describing the elective and its academic content should be submitted to the program director and faculty advisor at least six weeks before the resident’s estimated date of completion. The proposal should specify the obstetric or neonatal topics(s) to be investigated by the resident, and a list of references that will be used.

2. The duration of the elective will be two to six weeks, and no more than six weeks of parental-newborn elective time will be allowed over the resident’s entire period of training. Because the first year of residency consists of required rotations, the elective will not be an option for that year. This elective experience, like other elective rotations, is part of the resident’s academic program, and therefore will not need to be made up at the end of residency.

3. The resident will be required to attend continuity clinic in the Family Medicine center for the duration of the elective; which would range from 2 - 4 half days per week, depending on the PGY year.

4. At the end of the elective period, the resident will be required to submit a written document to the program director and faculty advisor which details the academic content of the elective experience. A reference list should be included. In addition, for residents taking more than two weeks of parental newborn elective, a presentation of this information should be given to an appropriate group (e.g., residents, staff physicians, nurses, or parenting groups) within the time frame of the elective. Copies of your presentation handouts or lecture notes must be submitted for documentation of your elective’s educational merit. Completion of these requirements is necessary for the resident to receive a satisfactory evaluation of this elective, and residency certification.

5. The program director or assigned faculty will complete the evaluation of the resident’s performance on this elective and attach a copy of the written document that details the academic content of the elective experience.
RESEARCH RESOURCES/ SCHOLARLY ACTIVITY
The Department believes that applied research is very important to the growth of individuals and the evolution of family medicine as a specialty. Residents are encouraged to take interest in research and do research with a faculty mentor. Angela Buffington, PhD is the Mankato Faculty Lead and Resource for Mankato Residents and Medical Student Scholarly Activity.

The following department resources are available:
- Advice on experimental design and financial sources
- Research assistant services
- Computer services including statistical analysis and interpretation
- Assistance with grant preparation
- Periodic writing workshops

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

GLOBAL FAMILY MEDICINE PATHWAY
The pathway is open to all family medicine residents with an interest in international health. Residents can formally enroll in the pathway, work with a faculty mentor and complete a structured track of activities, including an international elective rotation; or participate in activities at their discretion. Details at: http://www.familymedicine.umn.edu/education-training/residency-programs/global-family-medicine-pathway

GPS ALLIANCE
GPS Alliance is a central office and resource for faculty, staff, and students traveling abroad. Register travel--required for all UMN Residents doing International Electives, whether enrolled or not enrolled in the GFM Pathway--and purchase required travel insurance. Details at: http://global.umn.edu/travel/insurance/outgoing.html

MOVING EXPENSE REIMBURSEMENT POLICY
You may qualify for reimbursement of up to $1,000 for moving expenses if your move meets the following criteria:
1) your new residency program Family Medicine Clinic is at least 50 miles from your current residence, and
2) the move results in a decreased commute (based on mileage).
Moving expenses may be reimbursed within the first two years of residency training.
Visit the following Web pages for procedures on how to obtain reimbursement for your moving expenses and frequently asked questions:
http://www.policy.umn.edu/Policies/Finance/Travel/EMPLOYEERELOCATION.html

Reimbursement will be processed after residents start orientation. Contact Laura Pham at (612)
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.
   c. Submit your completed Employee Expense Worksheet to fmfinanc@umn.edu or follow the process designated by your program for submission.
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).

MANKATO ONLY:
- Vacation, sick leave, CME attendance and reimbursement will be prorated for Residents who receive advanced standing.
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

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.

I. 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.

II. 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.

III. 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:
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.

POLICY AND PROCEDURE FOR REPORTING FACULTY/RESIDENT/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:

Institution Policy Manual:
http://www.med.umn.edu/gme/prod/groups/med/@pub/@med/@gme/documents/content/med_content_428167.pdf

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

V. GENERAL POLICIES AND PROCEDURES

UMP Policies
Please visit the following website for relevant University of Minnesota Physicians (UMP) Policy that may apply to UMP sites: https://resource.umphysicians.com/default.cfm?PID=1.37

PROGRAM GOALS AND OBJECTIVES
For complete rotations, curriculum details, and program goals/objective, please see the 2015-2016 Mankato Handbook here.

Hard copies of the 3-ring binder 2015-2016 Mankato Handbook are given to each new PGY1 and are also placed in the Eastridge Clinic Resident Office Library, in the Eastridge Administrative Support Staff office as well as the Mayo Clinic Health System – Mankato Hospital Residency office as per Resident request. Individual hard copies are not distributed to every Resident and Faculty but made available through the link noted above as well as in RMS or upon request.

TEACHING MEDICAL STUDENTS

The University of MN Mankato Family Medicine Residency and the Mayo Clinic Health System Mankato has an affiliation agreement with Des Moines University of Osteopathic Medicine and is a CORE site for DMU MSIII; at this time we have agreed to accept 2 MSIII to allow educational rotations for as many of their required rotations as possible.
DES MOINES UNIVERSITY MEDICAL STUDENT ROTATION OBJECTIVES:

Objectives

We recognize that four to eight weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic material to assist the student in preparing for Board examinations and other evaluations.

Objectives have been formulated with the goal of incorporating the seven Core Competencies of the Osteopathic Profession. It is assumed that appropriate increases in knowledge, skills and attitude/awareness will take place to improve mastery of these competencies. By the end of the Family Medicine clerkship, students will be able to meet the following objectives:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   • Perform an appropriate structural evaluation.
   • Outline a plan of treatment utilizing the appropriate modality (HI/HA, muscle energy, facilitated release, Still techniques, etc).
   • Carry out the treatment under supervision.

2. Medical Knowledge
   • Discuss the anatomic/physiologic natural history of the most common problems/illnesses seen in family medicine as outlined under core topics.
   • Reflect upon the complexity of providing longitudinal comprehensive and integrated care for patients with chronic medical problems.
   • Identify prevalent diseases, injuries and conditions in which prevention plays a role.
   • Define primary, secondary and tertiary prevention.
   • List characteristics of a good screening test.
   • Describe the principles of behavioral change strategies (e.g. smoking cessation).
   • Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level.
   • Recognize relevant laws relating to protection and promotion of public health.

3. Patient Care
   • Collaborate with other health care professionals to provide patient-centered care and preventive services across the lifespan.
   • Collect and incorporate appropriate psychological, cultural, and family data into a patient management plan.
   • Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment.
   • Develop and implement a management plan for common, acute illnesses using a focused, problem-oriented assessment.
   • Perform office-based procedures under supervision of a physician.
   • Apply screening protocols based on guidelines and recommendation schedules for children and adults.
   • Recite immunization schedules for children and adults.
   • Use appropriate technology to support patient education and disease prevention strategies.

4. Interpersonal and Communication Skills
   • Create and sustain therapeutic and ethical relationships with patients and families using a patient-centered approach.
   • Document appropriate information for acute and continuing care in the patient record.
   • Participate in consultations and referrals to other health care professionals.
   • Demonstrate effective, respectful communication with other health care providers and clinical staff.
   • Translate epidemiologic findings and guidelines into patient recommendations for a specific disease—prevention intervention.

5. Professionalism
   • Demonstrate respect for patients and families both inside and outside of the care facility.
   • Uphold regulations regarding patient confidentiality and privacy.
   • Conduct him/herself at all times in a manner consistent with a member of the medical community.

6. Practice-Based Learning and Improvement
   • Research current evidence and incorporate it into the plan of care for patients.
   • Consider the impact of ethnicity, socioeconomics, and environment on adherence to treatment plans and lifestyle changes.
   • Remain up-to-date with standard clinical guidelines/pathways.
Residents are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we’ve included in this manual the clerkship objectives for the Family Medicine Clerkships as well as the overall Educational Program Objectives.

Family Medicine 7600
This is a 4-week outpatient clinic-based experience in Family Medicine working with practicing family physicians, colleagues from other disciplines who are working in family medicine clinics, and at some sites, Family Medicine residents. The core of the rotation is the 14 days (four days per week excluding first Monday, final Friday and every Wednesday) spent in clinic. This is a very hands-on, active patient-contact clerkship. Students will spend their four weeks either at a residency clinic or at a community or private practice clinic. We strive to actively involve students in direct patient care with the expectation that a student is directly involved in over 50% of patient encounters in a given day. Students should write up 2-3 notes per half day. During the four weeks, students also attend weekly seminars and skills workshops on Wednesday mornings. There is a comprehensive online curriculum and a well evaluated clerkship textbook.

Competencies and Objectives
The goals of this course are to identify, model, and teach the various elements of Family Medicine in an outpatient setting. Family Medicine for many physicians includes inpatient care and obstetrical care, but in this course we focus predominantly on outpatient care. In some situations, this may include home, group or after hours visits. The emphasis is upon evidence-based clinical approaches to common medical problems, clinical problem-solving in a busy ambulatory setting, the refining of clinical skills, and experiencing the various roles of the primary care physician.

Additional information on the required course FMCH 7600: Family Medicine Clerkship can be found at: http://www.meded.umn.edu/clerkships/FMCH_7600.php. Visit https://www.meded.umn.edu/curriculum/competencies/ for Medical School Competencies, and find goals and objectives for medical student education here.

TRAINING/GRADUATION REQUIREMENTS
The following programmatic requirements need to be met prior to completion of the residency training program and in order to receive a graduation certificate:

Completion of the following required workshops in the specific years:

I. First-Year Workshops
   Advanced Life Support Obstetrics (ALSO®)
   Primary Care Psychiatry
   Sexual Medicine for Residents
   Sports Medicine: Basic Musculoskeletal Assessments

II. Second-Year Workshops
Practice Management/System-based Practice
Community Health

III. Completion of the Community Health Rotation and Scholarly Project

IV. Sitting for ABFM In-Training Examinations and
   ACOFP In-Service Examinations (for D.O. Resident)

V. Certification in ACLS, BLS, PALS, ATLS or CALS and NALS or NRP

VI. Complete all evaluations, submit procedures and patient logs in RMS.

RULES FOR ATTENDANCE AT PROGRAMMATIC COURSES
The programmatic courses help to fulfill a number of important areas of the family medicine curriculum and are required for residents. *Attendance at these courses in their entirety is mandatory for graduation and attendance will be closely monitored. Residents will be required to sign in at the beginning of the day and out at the end of the day.* Any absence will need to be made-up in order to receive full credit for the course. Program directors will be responsible for documenting and deciding how missed time will be made-up. Programs are asked to pay particular attention to scheduling so that call and duty hour restrictions do not conflict with programmatic courses.
## 2015-2016 PROGRAMMATIC COURSES

<table>
<thead>
<tr>
<th>Required Courses for G-1 Residents</th>
<th>G-2 Required Courses</th>
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</thead>
<tbody>
<tr>
<td><strong>Advanced Life Support Obstetrics (ALSO)</strong></td>
<td><strong>Community Health</strong></td>
</tr>
<tr>
<td>Directors: Manuel Idrogo, MD &amp; Tom Satre, MD</td>
<td>Director: Mark Yeazel, MD, MPH</td>
</tr>
<tr>
<td>Location: UMN St. Paul Conference Center</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, August 20, 2015 (8:00 - 4:30 pm)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, September 24, 2015 (8:00 - 4:30 pm)</td>
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<tr>
<td>Friday, August 21, 2015 (8:00 - 4:30 pm)</td>
<td>Friday, September 25, 2015 (8:00 - 12:00 noon)</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, February 4, 2016 (8:00 – 4:30 pm)</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, January 21, 2016 (8:00 – 4:30 pm)</td>
</tr>
<tr>
<td>Friday, February 5, 2016 (8:00 – 4:30 pm)</td>
<td>Friday, January 22, 2016 (8:00 – 12:00 noon)</td>
</tr>
<tr>
<td><strong>Primary Care Psychiatry</strong></td>
<td><strong>Practice Management / Systems-based Practice</strong></td>
</tr>
<tr>
<td>Director: Bob Levy, MD</td>
<td>Directors: Dave Hunter, MD / Kirby Clark, MD</td>
</tr>
<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, November 19, 2015 (8:00 - 4:45 pm)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, October 22, 2015 (8:00 - 4:30 pm)</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, April 21, 2016 (8:00 – 4:45 pm)</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, April 7, 2016 (8:00 – 4:30 pm)</td>
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<tr>
<td><strong>Sexual Medicine for Residents</strong></td>
<td><strong>Elective Courses for G-2 &amp; G-3 Residents</strong></td>
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<tr>
<td>Director: Jamie Feldman, MD, PhD</td>
<td><strong>Basic Colposcopy</strong></td>
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<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Director: Pita Adam, MD, MSPH</td>
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<tr>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, December 10, 2015</td>
<td>Thursday, May 5, 2016 (8:00 – 4:45 pm)</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, June 16, 2016</td>
<td><strong>Advanced Colposcopy</strong></td>
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<tr>
<td><strong>Sports Medicine I: Basic Musculoskeletal Assessments</strong></td>
<td>Director: Pita Adam, MD, MSPH</td>
</tr>
<tr>
<td>Director: Pat Morris, MD</td>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, January 7, 2016 - (8:00 - 4:30 pm)</td>
<td><strong>Sports Medicine II: Procedures in Sports Medicine</strong></td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, May 19, 2016 (8:00 – 4:30 pm)</td>
<td>Director: Pat Morris, MD</td>
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<tr>
<td><strong>Family Medicine Ultrasound</strong></td>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>Director: Tim Ramer, MD</td>
<td>Thursday, June 9, 2016 (8:00 - 4:45 pm)</td>
</tr>
<tr>
<td>Location: Broadvay Family Medicine Clinic</td>
<td><strong>Osteopathic Medicine (for D.O. residents)</strong></td>
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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, October 8, 2015 (8:00 – 4:30 pm)</td>
<td>Directors: Erin Westfall, DO / Andrew Slattengren, DO</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, March 3, 2016 (8:00 – 4:30 pm)</td>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td><strong>Dermatology Procedures</strong></td>
<td>Thursday, March 24, 2016 (8:00 - 4:45 pm)</td>
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<tr>
<td>Director: Neal Foman, MD, MS</td>
<td><strong>USA Soccer Cup</strong></td>
</tr>
<tr>
<td>Location: VA Simulation Center, Minneapolis</td>
<td>Director: Bill Knopp, MD</td>
</tr>
<tr>
<td>Friday, February 26, 2016 (1:00 – 5:00 pm)</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td><strong>USA Soccer Cup</strong></td>
<td>Lectures: Wed-Thu, July 8-9, 2015 (8:00 – 4:30 pm)</td>
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<tr>
<td>Director: Bill Knopp, MD</td>
<td>Friday, July 10, 2015 (8:00 – 12 noon)</td>
</tr>
<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Rotation: Friday - Saturday, July 10-18, 2015</td>
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<td><strong>Elective Courses for G-2 &amp; G-3 Residents</strong></td>
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<td>Friday, February 26, 2016 (1:00 – 5:00 pm)</td>
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<tr>
<td><strong>USA Soccer Cup</strong></td>
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<td>Director: Bill Knopp, MD</td>
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<tr>
<td>Location: UMN West Bank Office Building</td>
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<tr>
<td>Lectures: Wed-Thu, July 8-9, 2015 (8:00 – 4:30 pm)</td>
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<tr>
<td>Friday, July 10, 2015 (8:00 – 12 noon)</td>
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<tr>
<td>Rotation: Friday - Saturday, July 10-18, 2015</td>
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NOTE: Residents are strongly encouraged to enroll in the **required** ALSO, Primary Care Psychiatry, Sports Medicine Basic MSK, and Sexual Medicine courses during their first year, and the **required** Community Health and Practice Management courses during their second year.

*Elective courses should be taken during resident’s second or third year, with the exception of Derm Procedures, which is oriented towards G-1/G-2s. All required courses are offered twice during the academic year. Please have your program’s residency administrator register you for courses. For further information, call Erik Solberg at (612) 626-3124 or e-mail at esolberg@umn.edu*

Rev 10-18-14
ACGME COMPETENCIES
All University of Minnesota Medical School Residency/Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following through the Family Medicine Milestones:

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

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

Practice-based Learning and Improvement - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- identify strengths, deficiencies, and limits in one’s knowledge and expertise;
- set learning and improvement goals;
- identify and perform appropriate learning activities;
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, residents and other health professionals.

Interpersonal and Communication Skills - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

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

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

For more information on Institutional Requirements (ACGME), visit www.acgme.org.

Additional AOA competency: See http://www.osteopathic.org/Pages/default.aspx or Dr. Westfall’s summary of the “Osteopathic Requirements” located in the Mankato Handbook for additional information.

DUTY HOURS

Duty Hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading, travel time and preparation time spent away from the duty site. Duty hours should not exceed 80 hours per week*

- Duty hours for PGY1 must not exceed 16 hours per shift.
- Duty hours for Pgy2 & 3 must not exceed 24 hours per shift.
- PGY2 & 3 are entitled to a 4 hour transitions period after a 24 hour shift to ensure continuity of care but must not provide care to new patients, participate in new procedures or be assigned to outpatient clinic during this period.
- Call should not occur more than every third night.
- Residents must not be scheduled for more than six consecutive nights of night float.
- PGY1 should have 10 hours and must have 8 hours free of duty between scheduled duty periods.
- Residents must have 1 full day off out of every 7 days *
- Internal and external moonlighting must be counted toward the 80 hours weekly limit.
- Residents are required to document and approved their Duty Hours on RMS daily.

* averaged over 4 weeks.
EVALUATIONS

Documentation of Procedures

Procedures documentation in RMS is required by all Residents. Properly completed over the three-year residency program, this log can be your “ticket” for privileges in the hospital where you choose to practice. They do not guarantee that you will be granted the privileges you request, but will greatly enhance the probability. Also, with such documentation, there is a much greater chance that you would be able to appeal if privileges are initially denied. In addition to your privileges, the faculty can use this information to keep track of many aspects of the program. We can see which physicians admit to our teaching floors, what diagnoses are being admitted, what procedures are being performed by residents, etc.

Residents will be trained in the RMS procedure tracking module at orientation.

Satisfactory completion of the residency is contingent on the passing of all rotations in each year of the residency by evidence of at least a satisfactory rating on the completed evaluation forms, or as an exception to this rule, verification of satisfactory completion by the program director. (See Mankato Handbook Section regarding “Evaluation for Promotion and Progression”)

Resident performance, evaluations, developmental milestones, and criteria for promotion and progression will be reviewed semi-annually by the Clinical Competency Committee (CCC). The CCC will recommend to the program director continue progression, remediation, or non-progression in the program for each resident semi-annually. Results of the CCC decision and findings will be reviewed by each resident with their faculty advisor and an education plan developed.

RMS (Resident Management System): RMS is the electronic evaluation system that is used to evaluate residents, preceptors, and rotations. Residents will automatically be set up with an RMS account, which will interact with one of their e-mail accounts. Evaluations are sent to the residents and faculty the weekend prior to the last week of each rotation. RMS is a web-based program and can be accessed from any computer. Residents are expected to complete all evaluations in a timely fashion and are to remind their attendings to complete the RMS data.

Kelly Schmidt is our Mankato RMS program administrator; she can be contacted at Schmidt.Kelly@mayo.edu or 507-385-6570 (Tuesday only) or 507-455-2495.

ON CALL ROOMS

A resident call suite is available at MCHS Mankato’s Hospital which includes two sleeping rooms, a restroom with shower and has locking doors. These rooms are reserved for the resident/s on call. The hospital’s residency office has locking door, internet access, a refrigerator, microwave and a Murphy bed in case an additional bed is needed.

If there is a problem with any of the call rooms, this issue is to be presented to Dr. McCabe or if appropriate, to the facility’s engineering or housekeeping departments. If at any time the resident or student has concern for safety, they are to contact the facilities Security for escort to their vehicle. The facility telephone extension lists are posted in the resident/student call room, if in immediate need they are to dial “O” and the operator will page security. The Security Emergency # is 201, the Non-Emergent extension is #4-4801 if dialing from within the facilities or 507-385-4801.
SUPPORT SERVICES
Phlebotomy, intravenous and laboratory services are available 24 hours.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES
Appropriate and effective laboratory and radiology services are available at MCHS Mankato 24 hours a day; state of the art CT scanning and MRI services are also available 24 hours per day. Pathology services through the LCM pathologist group are available on site at 24 hours per day. Pathology and laboratory as well as radiology services have accurate and efficient information systems for the reporting of results and findings.

SAFETY/SECURITY
Safety and security are provided to residents through a number of means. Places accessible to the public after hours such as the ER, hallways and entryways are monitored through closed circuit monitors. Parking lots are near exits, are designated physician parking and have good lighting. Escort service by security is available after hours. Call rooms have locks and phones. Residents making home visits are encouraged to go with a faculty member for both security and education purposes.

If at any time the resident or student has concern for safety, they are to contact the facilities Security for escort to their vehicle. The facility telephone extension lists are posted in the resident/student call room, if in immediate need they are to dial “O” and the operator will page security. The Security Non-Emergent extension is #4-4801 if dialing from within the facilities or 507-385-4801.

MOONLIGHTING
Please see Moonlighting in the Policies Section of the Mankato Handbook. Moonlighting should be an ongoing discussion between the Resident and their Faculty Advisor. When both feel that the Resident is ready to moonlight, the Resident is to make formal request to moonlight by letter or email to their advisor or the program director, which is then presented to the Residency Faculty group for approval. Residents must also complete the online request for moonlighting through RMS. If approved, moonlighting requires a prospective, written statement of permission from the program director that will be made part of the resident’s file.

- Residents are not required to engage in moonlighting.
- Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the educational program and its faculty.
- The resident’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.
- All moonlighting must be counted toward the 80-hour weekly limit on duty hours.
- Residents moonlighting will need to be in compliance with the institutional GME moonlighting policy.
SUPERVISION

All patient care must be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents at all times.

Levels of Supervision
To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

a) Direct Supervision – the supervising physician is physically present with the resident and patient.

b) Indirect Supervision:
   (1) 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.
   (2) 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.

c.) Oversight – the supervising physician is available to provide review of procedures or encounters with feedback provided after care is delivered.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

   (1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Residents will be provided with rapid, reliable systems for communication with supervising faculty.

Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.

On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

The teaching staff must determine the level of responsibility given to each resident/fellow.

Faculty and residents are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.
GRADED RESPONSIBILITY
Residents are given graded responsibility throughout their training. Resident physicians are evaluated in a number of ways during their training and are given increased responsibility with appropriate supervision as they demonstrate increased clinical competence and acumen.

Examples of this include but are not limited to: All first-year residents must have every patient seen in the FMC (Family Medicine Center) not only precepted but seen and evaluated by the preceptor for the first six months. Thereafter, if the resident physician demonstrates progress and ability, evaluation of patients by the preceptor is at the discretion of the preceptor.

MONITORING OF RESIDENT WELL-BEING
Please see “Resident Well Being” in curriculum section of the Mankato Handbook. Resident well-being and stress levels are monitored on a regular basis through a number of ways. Work hours and moonlighting activities are closely monitored and are kept in compliance with the ACGME and AOA institutional standards for resident duty hours. These are monitored monthly and quarterly. Residents meet with a faculty advisor quarterly to discuss among other issues the resident well-being and stress. Residents meet monthly with the program behaviorist without other faculty for the purpose of discussing their stress and well-being. Residents have monthly large group discussion of residency issues and daily didactics. Residents who are too fatigued or stressed to provide safe patient care can contact the program director, behaviorist, other faculty, or program coordinators in order to find appropriate care and evaluation for both residents and resident’s patients.

ACLS/BLS/PALS CERTIFICATION REQUIREMENTS
If current BLS/ACLS certification is not in place, initial certification will be provided as soon as rotation requirements or schedules allow.

NRP certification will be provided during orientation. PALS and ATLS or CALS certification will be provided when rotation schedules/requirements allow.

MEDICAL RECORD and DICTATION COMPLETION
MCHS in Mankato is moving to a complete electronic medical record over the next few years. The entire Mayo Health System uses Cerner as its electronic medical record.

Please click link below to access the MCHS Mankato Provider Dictation, Medical Records completion policy, descriptions, and expectations:

Medical Record Documentation Policy:
http://micvmw01.mayo.edu/IC/StJoseph/Intranet/includes/secure_file.cfm?ID=4086&menuID=5002&CategoryID=3

Clinical Documentation: Creation, Completion & Authentication Policy:
RESIDENCY PERMIT APPLICATION

1. Residents must send permit application to Laura Pham, residency programs coordinator, along with new resident forms.
2. Scanned copies of permit applications are not allowed. Please mail the permit application with original signature.
3. Laura Pham will process permit application including payment upon receipt.
4. The resident will be unable to start training until the residency permit letter has been received.

USMLE AND COMLEX EXAMS

USMLE Application
In Minnesota the USMLE Step 3 exams are administered through the national Federation of State Medical Boards (FSMB) and not the MN Board of Medical Practice (MBMP). Application materials are available online at the appropriate examination website.

USMLE and COMLEX Policy
International and US graduates must complete their USMLE or COMLEX Step 2 exams within two attempts.

Successful completion of USMLE or COMLEX Step 3 within three attempts and within five years of passing the USMLE or COMLEX Step 2 (CK) is a requirement for MN state medical licensure. Minnesota will not grant a medical license to anyone who took more than three attempts to pass any part of the USMLE or COMLEX.

All residents must pass the USMLE Step 3 or COMLEX-USA Level 3 examination by January 1 of their PGY-1 year to be eligible for a resident contract at the PGY-3 level or beyond. Residents are encouraged to take the Step 3 or Level 3 exam early in their training to permit adequate time to re-take the exam if more than one attempt is needed. Residents should register for the USMLE Step 3 or COMLEX-USA Level 3 exam no later than August of the PGY-1 year to allow for scheduling, grading and notification of exam results by the January 1 deadline. Residents who do not notify their program of a passing score by January 1 forfeit their continuing position in the training program and are subject to contract non-renewal.

Residents who transfer into a University program (PGY-3 and beyond) will be required to report their USMLE Step 3 or COMLEX-USA Level 3 results upon application to the program.

Residents currently enrolled in a UM GME training program, beyond the PGY-2 level, are required to obtain a passing score on the Step 3 or Level 3 exam within 12 months of the effective date of this policy. As this is a requirement, programs must allow non-vacation time off to take this examination.

Each program will reimburse residents for application and renewal fees until resident program completion.

If a resident fails USMLE Step 3 or COMLEX-USA Level 3 the first time, then it must be retaken and resident will be reimbursed for half of the cost of taking the exam again. If a third attempt is required, reimbursement will be based on current policy.
Licensure Application
In early December of PGY1, Wendy Nowak will forward to all PGY 1 Residents the MN Board of Medical Practice online application link with a reminder that she is a Notary Public and that the application receipt deadline is April 1 for the July licensure meeting.

Residents will be reimbursed for their unrestricted MN Licensure application fees, provided they have applied for licensure as soon as they are eligible and there are no delays for reasons within their control. Please submit a completed reimbursement form and your receipt or copy of your check taped to 8x11 piece of paper to Kelly or Wendy for the application cost.

This policy does not apply to those residents who enter the program with an active MN license.

LICENSURE POLICY
All residents MUST obtain a Minnesota medical license when they become eligible. United States and International Medical Graduate requirements are listed below:

- **United States graduates must:**
  - Pass USMLE Step III or COMLEX III within three attempts and within five years of passing Step 2 (CK)
  - Take exam during first year of residency
  - Complete at least one year of residency training
  - Complete and submit licensure application
    - Graduates of approved LCME or Osteopathic medical schools are eligible for licensure at the end of their first year of residency training. It is expected that U.S. graduates will obtain their medical licenses near the beginning of the second year of residency.
    - The deadline for application is April 1 for the July meeting or the date specified on the Minnesota Board of Medical Practice licensure application website.

- **International Medical Graduates must:**
  - Pass USMLE Step III within three attempts and within five years of passing Step 2 (CK).
  - Take exam during first year of residency
  - Complete at least two years of residency training
  - Complete and submit licensure application
    - Graduates of non-approved LCME medical schools (international graduates) are eligible for licensure at the end of their second year of residency training. It is expected that IMGs will have their medical licenses near the beginning of their third year of residency training.
    - The deadline for application is April 1 for the July meeting or the date specified on the Minnesota Board of Medical Practice licensure application website.

If a resident does not follow the above timeline, he/she will be requested by the program director to take either vacation time or a leave of absence to complete the application process and sit for
the examination. Residents will not be allowed to continue in their programs if they fail to pass USMLE Step III in three attempts and/or are unable to obtain licensure for any other reason.

Each program will reimburse residents for application and renewal fees until resident program completion.

**DEA CERTIFICATE**
All residents are required to attain a DEA number (certificate) within three months of obtaining their medical license. Anticipating that the Residents will obtain MN Licensure in early July; Wendy will forward the online DEA application information to the residents in early to mid-June of their PGY1, however the DEA application requires the individual’s State Licensure number which is not available until after the MBMP. The University of Minnesota Department of Family Medicine will reimburse the residents for the DEA fee. For program reimbursement, please submit a completed reimbursement form with a copy of your check taped to 8x11 piece of paper for the application cost.

**RESIDENT REGISTRATION 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 has a hold or other encumbrance on his/her record which prevents registration for any term, s/he will be billed and held personally responsible for fees. Any outstanding balances must be paid before s/he can graduate.

**IN-TRAINING and IN-SERVICE EXAMINATIONS**
All residents will participate in the In-Training Examination given each year by the American Board of Family Medicine. To accommodate Duty Hours and call responsibilities, this online exam which **is a required element of the program**; will be administered in the Mankato computer lab during the ITE availability dates from 10/26 through 10/30/15 and will likely be administered on 10/29 and 10/30/15. **If Residents intend to be absent during this period of time, they are responsible to take the exam early, late or determine an off-site location**

This test will not assess the total spectrum of knowledge and many of the skills essential to achieving competency as a family physician. However, it will provide some indication to individual residents of their level of performance compared with the total group in their own program and comparisons of their performance with that of the national group. The test has been designed to provide residents with feedback upon completion of the test. It will also provide faculty with the opportunity to compare the outcome of some of their efforts with those of others around the country, and will provide the opportunity for the identification of weaknesses which might indicate the need for curricular changes and provision of additional resources in certain areas.

The examination will be used to aid in:

- Program curriculum development
- Curriculum and teaching planning
- Resident curriculum planning (electives)
2015 -2016 RESIDENT PROGRAM MANUAL

- Resident individual study
- Practice for certification exam
- Evaluation of performance and cognitive knowledge

The results of this examination will not:

- Replace the current evaluation system
- Be used for letters of recommendations
- Be used for recruitment of new residents

Residents who score at or below the twentieth percentile for their year level will be asked to submit a plan for remediation and study. PLEASE NOTE: You should save each year’s ITE test booklets and answers in preparation for your board certification examination.

Osteopathic Residents are also required to participate in the American College of Osteopathic Family Physician’s (ACOFP) In-Service Exam. This online exam is a required element of completion of our Osteopathic Residency Program; the 2015 InService exam is available from 10/8-10/14/15 and will most likely be administered on 10/9 & 10/13/15. If Residents intend to be absent during this period of time, they are responsible to take the exam early, late or determine an off-site location.

RESIDENT SELECTION

VISA SPONSORSHIP

Mankato does not sponsor employment visas.

All Mankato residents will be selected through the American Osteopathic Association (AOA) or National Resident Matching Program (NRMP). If the program does not fill all positions through the NRMP match then candidates may be selected through the Supplemental Offer and Acceptance Program (SOAP) administered by the NRMP.

Applicants will meet the following minimum criteria:

1. Graduated from medical school within five years of application or have patient care experience within five years of application. Medical schools must appear in one of the following directories:
   - American Osteopathic Association
   - Liaison Committee on Medical Education
   - World Directory of Medical Schools
2. Be eligible for a Minnesota Board of Medical Practice license
   - View license eligibility and requirements
3. Have a maximum of two failed attempts on all USMLE or COMLEX exams across all exam portions
4. Have verified U.S. clinical experience
5. International medical school graduates have ECFMG certification
   - Current international medical school students certified by residency start date.
   - Past international medical school graduates certified for interview selection.
Preferred
USMLE Step 2 or COMLEX Level 2 exam results are not required for current students, but preferred for interview selection. There is no minimum score requirement. Applicants are strongly encouraged to submit Step 2 or Level 2 results as soon as the score becomes available to be considered for ranking by the rank list due date (mid-January for AOA Match candidates and mid-February for NRMP Match candidates).

Please note: USMLE Step 3 or COMLEX Level 3 to be passed within five years of Step 2 (CK) / Level 2 (CE).

Preference may be given to those candidates that fit our residency mission. Applicants must apply through the Electronic Residency Applications System (ERAS) by Dec. 31.

WEB LINKS TO ADDITIONAL RESOURCES

Family Medicine Residency Program Requirements
www.acgme.org/acWebsite/RRC_120/120_prIndex.asp

The American Board of Family Medicine
www.theabfm.org/cert/cert.aspx

American Osteopathic Association
www.do-online.org

American College of Osteopathic Family Physicians
www.acofp.org

DMU HEARTland Network OPTI
www.heartlandopti.org

Rural Health Resource Center
www.ruralcenter.org/?id=mcrh_recruitment
VI. ADMINISTRATION

DEPARTMENT PHONE DIRECTORY

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

PROGRAM PHONE DIRECTORY

Program Director ................................................................. John McCabe, MD .................................................... 507-461-2927
Interim Osteopathic Director of Medical Education ............... Erin Westfall, DO ................................................... 507-995-5291
Administrative Osteopathic Director of Medical Education .... Joseph Brocato, PhD ................................................ 612-624-4464
Program Coordinator ......................................................... Wendy Nowak ......................................................... 507-385-6572
Administrative Assistant ....................................................... Kelly Schmidt ......................................................... 507-455-2495
Or Tuesday only 507-385-6570

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...

Address Change ................................................................. Laura Pham ....................................................... 612-626-0194
Benefits staff contact info .......................................................
Biomedical Library ............................................................. 612-626-5653
Community Health Rotation .................................................... Erik Solberg, MA, MEd ........................................... 612-626-3124
Computer Services Help Line .................................................. 612-301-4357
Continuing Medical Education .................................................. 612-626-7600
Contracts (G-1/G-2/G-3 year) ................................................. Melissa Stevens, MA ........................................... 612-626-4490
Course Completion Reports ..................................................... Erik Solberg, MA, MEd ........................................... 612-626-3124
Courses & Workshops, Registration ......................................... Erik Solberg, MA, MEd ........................................... 612-626-3124
DEA .......................................................... Melissa Stevens, MA ........................................... 612-626-4490
Graduation Certificates ........................................................ Laura Pham ....................................................... 612-626-0194
Insurance Questions (health, dental, life) ................................. Sheila McGinley ................................................... 612-625-0646
Insurance Changes - requesting forms ..................................... Melissa Stevens, MA ........................................... 612-626-4490
ITE Exams ............................................................. Erik Solberg, MA, MEd ........................................... 612-626-3124
J-1 Visa Processing ............................................................. RMS Help .................................................. rmshelp@umn.edu
Leaves of Absence .............................................................. Melissa Stevens, MA ........................................... 612-626-4490
Long-Term Disability ........................................................ Melissa Stevens, MA ........................................... 612-626-4490
Malpractice Insurance, Claims, Reports ................................. Melissa Stevens, MA ........................................... 612-626-4490
Name Change ................................................................. Laura Pham ....................................................... 612-626-0666
Payroll ................................................................. Christina Steere ..................................................... 612-624-0117
Recreation Center, U of MN (Mpls. campus) ......................... 612-625-6800
(St. Paul Gym) ................................................................. 612-625-8283
Recruitment ................................................................. Laura Pham ....................................................... 612-626-0194
Registration, U of MN Student ............................................. Laura Pham ....................................................... 612-626-0194
Registration, Program Courses & Workshops ......................... Erik Solberg, MA, MEd ........................................... 612-626-3124
Scholastic Standing Committee ............................................ Liz McElligott ................................................... 612-625-0953
W2 and W4 Forms ............................................................ Christina Steere ..................................................... 612-624-0117
Workers’ Compensation ....................................................... Melissa Stevens, MA ........................................... 612-626-4490

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