UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL
EDUCATION

2015-2016

Program Policy and Procedure Manual

North Memorial Hospital
Family Medicine Residency Program

Department of
Family Medicine and Community Health
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INTRODUCTION/EXPLANATION OF MANUAL
Welcome to the North Memorial Hospital Family Medicine Residency Program! The North Memorial Hospital 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 North Memorial Hospital Family Medicine Residency Program and the DFMCH. Contact Michael Wootten, MD, residency program director, or Rossi Cannon, residency program administrator, with questions regarding the content of this manual. The information contained in this program manual pertains to all residents in the UMN North Memorial 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
The mission of the North Memorial Hospital Family Medicine Residency Program at the University of Minnesota is first and foremost to promote a top quality educational experience for a family medicine resident. This program exists to develop family medicine residents who deliver competent, comprehensive and continuing health care to patients of all ages, sex and socio-economic conditions. Resident education is done by promoting quality patient care in an academic setting which promotes personal growth and scholarly activity. These goals can only be accomplished when set in an environment conducive to learning.

A diligent effort will be made to create an environment of mutual respect both professionally with peers and medical staff as well as with patients.

We believe that....

1) the emotional as well as physical health of the residents, faculty, staff and their families are of vital concern to the overall welfare of the individual, family and residency.

2) providing top quality education, patient care and research can be done while serving the community in which we practice.

3) the recognition and acceptance of cultural differences will provide further growth both personally and academically for all concerned.
I. STUDENT SERVICES

PAGERS
Alpha-numeric pagers are provided to residents by North Memorial Telecommunications and are distributed during orientation. When you receive calls at the hospital, the operator will send a message to your pager. Should you forget your pager or if it breaks, contact your Janee Meyers in administration. If you lose your pager, you will be responsible for replacement costs. Batteries are available in the call room at North Memorial or in the Residents’ Room at the clinic.

E-MAIL AND INTERNET ACCESS
Computing services are available to residents at their programs through University of Minnesota Physicians (UMPhysicians). The UMPhysicians Information Services staff provides technology support for equipment and networking, as well as software support and applications development. Each resident will have access to e-mail, calendar functions, Internet, etc., on the computers available in the residency clinics.

You will be assigned an e-mail address through the University of Minnesota also known as an X500 account. Residents are required to activate the X500 e-mail account and regularly read messages sent to that account.

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 forward their UMN email to any other email account.

Technical questions may be directed to the UMPhysicians Computer Help Desk (612) 884-0884 from 7 a.m. to 5 p.m. The North Memorial IT Service Center is open 24 hours a day. They can be reached at 763-781-2580.

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.familymedicine.umn.edu/](http://www.familymedicine.umn.edu/)
- University of Minnesota Medical School [www.med.umn.edu](http://www.med.umn.edu)
- University of Minnesota Graduate Medical School (GME) [www.med.umn.edu/gme](http://www.med.umn.edu/gme)

MAIL
Each resident has a mailbox in the mailroom at the clinic. Please see administrative staff at the
clinic for assistance mailing documents via inter-campus mail, USPS, or FedEx.

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 Rossi Cannon at 612-302-8209 and she will notify Laura Pham, residency programs coordinator, in the DFMCH. **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:**  
University of Minnesota  
Dept. of Family Medicine and Community Health  
420 Delaware Street SE, MMC 381  
Minneapolis, MN 55455

**Shipping:**  
University of Minnesota  
Dept. of Family Medicine and Community Health  
516 Delaware St. SE, 5-255 Phillips-Wangensteen Bldg. (PWB) Minneapolis, MN 55455

**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.

**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” or by viewing [this handout](http://www.bhs.umn.edu/immunization-requirements.htm).

To print out a personalized immunization report and immunization form to update your immunizations, contact [Boynton Health Services](http://www.myu.umn.edu).


NAME CHANGES
Notify Rossi Cannon of any expected name change. In order to process your name change for University of Minnesota payroll services, and to update other databases, you must provide 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 www.myu.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. To obtain a transcript of your training, contact Laura Pham, residency programs coordinator, at 612-626-0194 or the Health Information and Security Office at the following link: http://privacysecurity.umn.edu/about/contact/home.html

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.

If North Memorial Hospital or Broadway Family Medicine is open for any of the holidays listed below, residents may be asked to work. Alternate days off will be allowed to any resident who is on call or works in the Family Medicine Center on the assigned University holidays in full-day or half-day increments, depending on the holiday worked. These alternate days off will be available to take only after the holiday has been worked and cannot be used when on call, during clinic shifts, while rotating at Minneapolis Children’s, or on internal Family Medicine or OB services. Alternate days off need to be scheduled before the clinic schedule is distributed. You have one year from the date earned to use your alternate days off.

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

VACATION
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 to be granted in the last two weeks of the third year.
3. No more than two (2) consecutive weeks of vacation.
4. Requesting vacation at the beginning of the resident year is strongly encouraged.
5. Deadlines for requesting time away are 90 days prior to the start of a block.
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 612-626-4490 or steve139@umn.edu 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.

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 21 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 21 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 requirement (see ABFM requirements). A resident leave for any reason must be discussed with and approved by the program director.

PARENTAL LEAVE

For residents expecting a child, 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 one month 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 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
See the Institutional Manual - Benefits: Resident/Fellow Leave Policy and Short-Term Disability and Family Medical Leave Act (FMLA).

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 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.

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 Requirements

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 Family Medicine Experience.
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 at (612) 626-0194 or somm0104@umn.edu.

CME Courses
A variety of courses are available through the Office of Continuing Medicine Education at the University of Minnesota. There are fees for most courses and pre-registration is required. For more information, refer to their website at http://www.cme.umn.edu

Minnesota Academy of Family Physicians Spring Refresher (Annually in April)
Residents must obtain approval from the Program Director prior to registering for the Spring Refresher. 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
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
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; 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
Meals are provided to residents at no cost but within the following limitations: $15.00 per day. Residents should make every effort not to exceed this amount. Meals must be obtained from the hospital cafeteria or the coffee shop.

LAUNDRY SERVICE
Personalized lab coats are purchased for each resident at the beginning of residency. Soiled lab
coats can be dropped off and a clean one obtained in the residents’ room at the clinic. It is recommended that personalized lab coats remain in the clinic. If placed in the hospital laundry, there is no mechanism for returning the coat to the resident. Residents wishing to replace stained, torn, lost, or wrong-sized lab coats will be responsible for the cost. See Janee Meyers in Administration about purchasing additional lab coats.

**MEMBERSHIP IN MEDICAL SOCIETIES**

Family medicine residents are encouraged to join the following medical societies:

- Twin Cities Medical Society [www.metrodoctors.com](http://www.metrodoctors.com)
- American Medical Association
  1-800-262-3211 [www.ama-assn.org](http://www.ama-assn.org)
- Minnesota Medical Association (MMA) Membership is offered free to residents & fellows [http://www.mnmed.org/Membership/DuesInformation.aspx](http://www.mnmed.org/Membership/DuesInformation.aspx)

**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. 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 3-4 continuity clinics in the Family Medicine center for the duration of the elective depending on their level of training. PGY-1 residents are not eligible for electives and are therefore not eligible for the parental-newborn elective.

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. Completion of these requirements is necessary for the resident to receive a satisfactory evaluation of this elective, and residency certification.

5. The program director will complete a letter of 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
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. 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](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](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](http://global.umn.edu/travel/insurance/outgoing.html)
MOVING EXPENSE REIMBURSEMENT POLICY
Residents may qualify for reimbursement of up to $1,000 for moving expenses for your initial move for residency 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: http://www1.umn.edu/ohr/employment/rap/moving/
http://www.policy.umn.edu/Policies/Finance/Travel/EMPLOYEEERELOCATION.html

Reimbursement will be processed after residents start orientation. Contact Laura Pham, residency programs coordinator, at (612) 626-0194 for assistance or questions.

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).

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
   - Smileys Residency Program
   - Methodist Residency Program
   - St. John’s Residency Program
   - North Memorial Residency Program
   - St. Joseph’s Residency Program
   - St. Cloud Residency Program
   - Duluth Residency Program
   - Hospice and Palliative Care Fellowship Program
   - Sports Medicine Fellowship Program

B. Three additional at-large faculty members shall be appointed by the department head.

C. A representative from Human Resources in the department of Family Medicine and Community Health will serve on the committee as a non-voting ex-officio member.

D. The chair of the committee shall be appointed by the department head from the three at-large faculty committee members.

E. Two residents and one fellow, who will be alternated every other year between the two fellowship programs, shall attend the meetings and be voting members of the committee. The residents shall be from different training programs and should have completed at least one year of post-graduate training in Family Medicine, and be in current good standing.

F. One resident or fellow alternate shall be appointed from each program where there is a resident representative. The term of the appointment shall be for two years for residents, and one year for fellows.

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

II. The committee will meet on a regular basis at three-month intervals.
A. The dates of the meetings will be on the fourth Thursday of February, May and August, and the fifth Thursday of November, or the first Thursday of December.

B. Additional meetings will be called on an *ad hoc* basis when specific issues are to be presented.

III. The purpose of this committee will be to review the performance of residents and fellows on at least a quarterly basis, and more frequently when required. This review shall include all aspects of resident and fellow performance including, but not limited to, the following: academic, clinical, professional, and personal issues related to performance. The committee will review low ITE scores as established each year by the CEC and support the Program Directors in implementing study plans as needed. The committee will make appropriate recommendations to the respective program director based upon its review.

A. The committee shall review data from the reports of program directors or their program representative regarding resident and fellow performance.

B. The committee shall serve as an appeal body to residents and fellows for local decisions regarding their performance. Final decisions by the committee may be challenged outside the Department of Family Medicine Department and Community Health as outlined under *Protocol for Scholastic Standing Committee Review of Unsatisfactory Performance of Residents and Fellows, Sections III and IV.*

C. The committee may serve as a consultant to program faculty in determining local decisions regarding resident and fellow status and remedial actions.

D. The committee will be responsible for providing recommendations to program directors or their program representative concerning any perceived resident or fellow deficiencies.

1. These deficiencies may be brought to the attention of the committee by the program directors or their program representative asking for advice and /or recommendations relative to performance deficits noted by program directors.

2. Program directors or their program representatives may remove from clinical service a resident or fellow whose performance poses a risk to patient safety or is deemed too deficient to continue responsibly in the rotation. This action shall be reviewed by the committee within 30 days.

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

**PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE**

**REVIEW OF RESIDENT AND FELLOW PERFORMANCE**

I. Problems identified by the program directors will be reviewed by the committee and action will be recommended and or approved as needed. Program Director should provide documented evidence of academic deficiencies along with other appropriate evidence of deficiencies.

A. If a reasonable action plan is given, no presentation to the committee is necessary.
B. If no action plan is given, or the plan is deemed inadequate by the chair of the Scholastic Standing Committee, the case will be presented to the committee for action.

II. Problems previously identified will be reviewed again by the committee at the discretion of the program director.

III. Program director will be notified regarding the committee’s discussion and recommendations.

IV. The involved resident or fellow will also be notified of the committee’s recommendations.

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

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

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

III. When adverse action is proposed for academic reasons, the process shall be governed by the procedures outlined in the first section of the GME Policy Discipline/Dismissal/Non-Renewal of Residents/Fellows set forth in the Institution Policy Manual at: http://www.gme.umn.edu/prod/groups/med/@pub/@med/@gme/documents/content/med_content_432305.pdf

These decisions may be contested under University policy and procedures on Conflict Resolution Process for Student Academic Complaints outlined in the University Policy Library at: http://www.policy.umn.edu/Policies/Education/Student/STUDENTCOMPLAINTS_PROC01.html

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

This protocol calls for notice before the action is taken, an opportunity for the resident to appear, and an appeals mechanism.

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

VI. The following fundamental requirements of the program must be demonstrated by the resident or fellow to remain in the program.

A. Display adequate achievement of the ACGME and/or AOA General Competencies (patient care, medical knowledge, practice-based learning and improvement,
interpersonal skills and communication, professionalism, and system-based practice) as commensurate with the 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
VISA SPONSORSHIP
The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, UMN family medicine residency programs sponsor only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.

PROGRAM CURRICULUM

First-Year Rotations
First-year residents will have the following schedule for the academic year, which is divided into 13 four-week periods:

**Integrated Clinical Skills** (2 weeks – No vacation allowed)
Allows the resident to become more patient focused by gaining a better understanding of the multidisciplinary services in the clinic. The resident will be able to become more biopsychosocially focused by enhancing their ability to care for the patient as a team.

**Diabetes/Podiatry** (2 weeks – Vacation allowed)
Combination rotation where residents participate in education of diabetic patients; patients with type I, II or gestational diabetes including nutritionist visits. Residents also learn to recognize systemic disease manifestations in the foot and lower extremities as well as the management of common foot disorders.

**Emergency Medicine** (4 weeks – No vacation allowed)
Residents work shifts in the Level I Trauma Center learning care of acute medical and trauma patients, and honing office skills on the “fast track” outpatient side of the ED. A wealth of opportunity is available for learning procedures ranging from laceration repair to orthopedics to eye trauma.

**Family Medicine Service** (12 weeks – No vacation allowed)
Residents and the family medicine faculty run our own inpatient service. We manage all cases including medical admissions, procedures and ED visits. The first-year resident admits patients during daytime hours, supervised by the senior resident and faculty. Daily teaching rounds are conducted by the family medicine service chief and by family medicine faculty. Twice monthly, these rounds are taught by an internist. Exposure to practice management is part of this curriculum as well as opportunities to teach medical students rotating with us.

In addition, one first-year or second-year resident works the overnight shift Sunday through Thursday, having Friday and Saturday nights free. The shift starts at 9 p.m. and goes to 8 a.m. During the evening and overnight hours, the resident is responsible for covering inpatients from the clinic, works up clinic admissions, and answers clinic patient phone calls. Each first-year resident spends one week on this rotation.

**Hospice and Palliative Care** (2 weeks – Vacation allowed)
A two week experience working with dying patients and their families both in the hospital and in their homes. Residents attend staff meetings, do home visits, interact with families and receive didactic sessions from physicians, nurses, social workers and clergy.

**Neurology** (4 weeks – Vacation allowed)
Neurology is taught one-on-one by a North Memorial staff neurologist. The rotation provides for many opportunities in the evaluation and management of outpatient neurological problems. The resident will also work with hospital patients requiring neurologic consultation and admit patients to the neurology service.

**Obstetrics & Gynecology** (6 weeks – No vacation allowed)
Inpatient obstetrics and gynecology informally taught by obstetricians and family physicians in a busy labor and delivery environment (300 deliveries/month). Assisting and/or performing vaginal deliveries, C-sections, amniotomies, monitor placements, evaluation of non-stress tests and oxytocin challenge tests. There is also the opportunity to do ultrasounds in the clinic. The OB rotation also includes overnight shift work. This responsibility is shared across G2 and G3 residents on service.

**Ophthalmology** (2 weeks – Vacation allowed)
Primarily an outpatient rotation in a busy ophthalmology group practice. Opportunity to observe and participate in ophthalmologic surgery, and care of acute eye injuries. Basic goal of this rotation is to master the eye exam.

**Orthopedics** (4 weeks – Vacation allowed)
This is primarily an outpatient experience in a busy orthopedic office with emphasis on assessment and treatment of common orthopedic problems, cast application, and joint injections and aspirations. Residents have excellent opportunity to observe and/or assist on most orthopedic surgical procedures. Residents also spend time in the ED evaluating orthopedic cases providing experience in the initial evaluation and management of acute orthopedic problems, as well as assisting in the OR.

**Otolaryngology** (2 weeks – Vacation allowed)
An outpatient experience with otolaryngologists who examine and discuss patients with residents. Otolaryngologic surgeries afford good opportunities to review anatomy of the ear, nose, pharynx, and sinuses.

**Outpatient Pediatrics** (2 weeks – No vacation allowed)
Residents will gain an increased understanding of normal pediatric development as well as of common pediatric illnesses and complaints that are frequently present in an outpatient family medicine practice.

**Pediatrics at Minneapolis Children’s** (4 weeks – No vacation allowed)
The rotation at Children’s Hospitals and Clinics of Minnesota – Minneapolis teaches management of a variety of general pediatric inpatient and emergency room problems. A senior resident and staff pediatricians supervise residents. Includes daily educational lectures.
Surgery (4 weeks – Vacation allowed)
One-on-one teaching with a private surgeon. In-patient general surgery teaches surgical patient assessment and management, including preoperative H&Ps, consults, post-operative follow-up, and discharges. Residents first-assist on many cases and have opportunities to do simple surgeries.

Urology (2 weeks – Vacation allowed)
Primarily outpatient rotation focusing on workups of common urologic problems, and participate in surgeries. Gain experience in evaluating and treating urologic cancers, erectile dysfunction, hydrocele, BPH, TURP’s, vasectomies, and adult circumcisions.

Second-Year Rotations

Cardiology (4 weeks – Vacation allowed)
Well-received rotation taught one-on-one by NMHC staff cardiologists. Learn management of common cardiac problems and invasive monitoring. Also gain experience with placing central lines and performing stress tests.

Chemical Dependency (2 weeks – No vacation allowed)
Experience with outpatients and inpatients at St. Mary's/Riverside Hospital. Resident participates in group and family sessions, and attends lectures to learn about evaluation and treatment, after care, effects on families, and how and when to prescribe mood-altering substances to chemically dependent persons.

Community Health (4 weeks – Vacation allowed)
Provides protected time for the resident to experience public and community health processes that augment what they are experiencing in their continuity clinics.

Electives (10 weeks – Vacation allowed, except North Memorial OB)
Electives presently available include advanced obstetrics, allergy and asthma, gastroenterology, gynecology, plastic surgery, pulmonology, infectious disease, rheumatology, anesthesiology, endocrinology, sports medicine, outpatient internal medicine, podiatry, nephrology, ortho ER, outpatient pediatrics, procedures, and research. Several residents have set up international medicine rotations. Residents are encouraged to develop electives that meet their own educational objectives as well.

Family Medicine Service (10 weeks – No vacation allowed)
Our own inpatient service is run by the residents and family medicine faculty. We manage all medical/surgical admissions, including all varieties of medical problems. One second-year resident works as a day-time member of the family medicine service, from 8:00 a.m. to 5 p.m. One first-year or second-year resident works the overnight shift Sunday through Thursday, having Friday and Saturday nights free. The shift starts at 9 p.m. and goes to 9 a.m. During the evening and overnight hours, the resident is responsible for covering inpatients from the clinic, works up clinic admissions, and answers clinic patient phone calls. Each person generally spends 2-3 weeks on this rotation at a time.
**Intensive Care Unit** (2 weeks – Vacation allowed)
Provides experience with stabilization and management of acutely ill patients. Teaching is done by nephrologists, pulmonologists, intensivists, internists, trauma surgeons, nurses, nutritionists, and clergy. Great opportunity to learn ventilator management, insert chest tubes, central venous lines, and pulmonary artery catheters.

**Obstetrics & Gynecology** (6 weeks – No vacation allowed)
A continuation of the learning experience that began in the first year. Many opportunities exist for teaching medical students, attending weekday conferences with the perinatologists and OB/GYN’s, and managing obstetrical patients. Night work is shared with G1 and G3 residents.

**Outpatient Gynecology** (4 weeks – Vacation allowed)
Office gynecology emphasizing routine care, oncologic evaluations and treatments, menstrual irregularities, infertility work ups, and birth control counseling/prescribing. Training in colposcopy is included.

**Pediatrics at Minneapolis Children’s** (4 weeks – No vacation allowed)
The rotation at Children’s Hospitals and Clinics of Minnesota – Minneapolis teaches management of a variety of general pediatric inpatient and emergency room problems. Second year residents on this rotation take on more of a supervisory role as well.

**Pediatrics – Emergency Medicine** (4 weeks – No vacation allowed)
This second year family medicine rotation is primarily designed to give the resident more experience assessing, diagnosing and treating acute pediatric illness and injury.

**Renal** (2 weeks – Vacation allowed)
Residents will gain an understanding of the kidney and associated diseases, including acid-base and electrolyte management and conditions that are frequently present in a general family medicine practice and may be further referred to the nephrologist.

**Third-Year Rotations**

**Advanced Emergency Medicine** (4 weeks – No vacation allowed)
Additional time in the ED to review and enhance cognitive and procedural skills in emergency medicine. More responsibility than on first year rotation. Sites available include North Memorial – Level I Trauma Center and outstate community hospital emergency departments.

**Dermatology** (4 weeks – Vacation allowed)
Residents rotate in a private dermatology practice with two physicians seeing patients independently after their first few days on rotation. An understanding of basic dermatologic conditions, treatments, and procedures should be gained in this suburban practice.

**Electives** (18 weeks – Vacation allowed, except North Memorial OB)
Electives presently available include advanced obstetrics, allergy and asthma,
gastroenterology, gynecology, plastic surgery, pulmonology, infectious disease, rheumatology, anesthesiology, endocrinology, sports medicine, outpatient internal medicine, podiatry, nephrology, ortho ER, outpatient pediatrics, procedures, and research. Several residents have set up international medicine rotations. Residents are encouraged to develop electives that meet their own educational objectives as well.

**Family Medicine Service** (6 weeks – No vacation allowed)
Our own inpatient service is run by residents and the Family Medicine faculty. We manage all cases including medical admissions, deliveries, procedures and ED visits. Daily teaching rounds are conducted by the service chief and one of our faculty members. The service chief provides education and supervision for the two interns on the service.

**Intensive Care Unit** (4 weeks – Vacation allowed)
Provides experience with stabilization and management of acutely ill patients. Teaching is done by nephrologists, pulmonologists, intensivists, internists, trauma surgeons, nurses, nutritionists, and clergy. Great opportunity to learn ventilator management, insert chest tubes, central venous lines, and pulmonary artery catheters.

**Obstetrics & Gynecology** (Opt-In 4+ weeks)
A continuation of the learning experience which began in the first and second years. Many opportunities exist for teaching medical students, attending weekday conferences with the perinatologists and obstetricians, and managing many high-risk obstetrical patients. The resident may participate in gynecologic surgery cases for further experience. They spend two half-days per week in the family medicine clinic, where there is the opportunity to do ultrasounds.

**Oncology** (2 weeks – Vacation allowed)
Inpatient and oncology clinic experience focusing on evaluation, active treatment, medical support, and follow-up needs of cancer patients. Includes a hospice component.

**Outpatient Pediatrics** (4 weeks – No vacation allowed)
Residents rotate with dedicated and knowledgeable pediatricians in outpatient pediatrics clinics. Experiences also include Pediatric Behavioral Medicine and Pediatric Oral Health. Learning occurs through didactic lectures and hands-on case management.

**Practice Management** (2 weeks – No vacation allowed)
Residents will enhance their knowledge of practice management through a combination of readings, discussions with clinic management, assignment completion, and self-reflection. The rotation includes 10 modules, each consisting of a ½ day of education on numerous topics that are relevant to the practicing family physician in today’s healthcare system. These modules are organized on a UM Moodle Site

**Sports Medicine** (4 weeks – Vacation allowed)
Residents spend time working with a variety of fellowship trained primary care sports medicine physicians. There are also opportunities to work with sports physical therapists and covering the residents’ high school training room at Robbinsdale Cooper. Residents on the rotation cover the Wednesday sports medicine clinic at the family
There are also chances to cover collegiate/high school games and local mass events.

**Geriatrics** (4 weeks – Vacation allowed)

A comprehensive geriatric experience with Geriatricians and GNPs based in long-term care, transitional-care centers and outpatient clinics. Focus will be on learning a comprehensive geriatric assessment and leading family meetings and care conferences.

### PROGRAM GOALS AND OBJECTIVES

Please see your program’s separate goals and objectives document also known as the rotation catalog. A copy is available in the Residents’ Room as well as available to residents via New Innovations.

### TEACHING MEDICAL STUDENTS

Faculty and residents refer to the resources located on the following link for teaching medical students: [http://www.meded.umn.edu/meds/resources/education_topics.php](http://www.meded.umn.edu/meds/resources/education_topics.php).

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](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®)
   - Basic Colposcopy
   - 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 Community Health Project

IV. Sitting for ABFM In-Training Examinations

V. Certification in ACLS, BLS, and NALS or NRP

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

**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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Life Support Obstetrics (ALSO)</strong>&lt;br&gt;Direcutors: Manuel Idrogo, MD &amp; Tom Satre, MD&lt;br&gt;Location: UMN St. Paul Conference Center&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, August 20, 2015 (8:00 - 4:30 pm)&lt;br&gt;Friday, August 21, 2015 (8:00 - 4:30 pm)&lt;br&gt;&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, February 4, 2016 (8:00 – 4:30 pm)&lt;br&gt;Friday, February 5, 2016 (8:00 – 4:30 pm)</td>
<td><strong>Community Health</strong>&lt;br&gt;Direcutor: Mark Yeazel, MD, MPH&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, September 24, 2015 (8:00 - 4:30 pm)&lt;br&gt;Friday, September 25, 2015 (8:00 – 12:00 noon)&lt;br&gt;&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, January 21, 2016 (8:00 – 4:30 pm)&lt;br&gt;Friday, January 22, 2016 (8:00 – 12:00 noon)</td>
</tr>
<tr>
<td><strong>Primary Care Psychiatry</strong>&lt;br&gt;Direcutor: Bob Levy, MD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; - Thursday, November 19, 2015 (8:00 - 4:45 pm)&lt;br&gt;&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; - Thursday, April 21, 2016 (8:00 - 4:45 pm)</td>
<td><strong>Practice Management / Systems-based Practice</strong>&lt;br&gt;Direcutors: Dave Hunter, MD / Kirby Clark, MD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, October 22, 2015 (8:00 – 4:30 pm)&lt;br&gt;&lt;br&gt;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>&lt;br&gt;Direcutor: Jamie Feldman, MD, PhD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, December 10, 2015</td>
<td><strong>Elective Courses for G-2 &amp; G-3 Residents</strong></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, June 16, 2016</td>
<td><strong>Basic Colposcopy</strong>&lt;br&gt;Direcutor: Pita Adam, MD, MSPH&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;Thursday, May 5, 2016 (8:00 – 4:45 pm)</td>
</tr>
<tr>
<td><strong>Sports Medicine I: Basic Musculoskeletal Assessments</strong>&lt;br&gt;Direcutor: Pat Morris, MD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, January 7, 2016 - (8:00 - 4:30 pm)&lt;br&gt;&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, May 19, 2016 (8:00 – 4:30 pm)</td>
<td><strong>Advanced Colposcopy</strong>&lt;br&gt;Direcutor: Pita Adam, MD, MSPH&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;Thursday, November 5, 2015 (8:00 – 4:45 pm)</td>
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<td><strong>Family Medicine Ultrasound</strong>&lt;br&gt;Direcutor: Tim Ramer, MD&lt;br&gt;Location: Broadway Family Medicine Clinic&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; – Thursday, October 8, 2015 (8:00 – 4:30 pm)&lt;br&gt;&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, March 3, 2016 (8:00 – 4:30 pm)</td>
<td><strong>Sports Medicine II: Procedures in Sports Medicine</strong>&lt;br&gt;Direcutor: Pat Morris, MD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;Thursday, June 9, 2016 (8:00 - 4:45 pm)</td>
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<td><strong>Osteopathic Medicine (for D.O. residents)</strong>&lt;br&gt;Direcutors: Erin Westfall, DO / Andrew Slattegren, DO&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;&lt;br&gt;Thursday, March 24, 2016 (8:00 - 4:45 pm)</td>
<td><strong>Dermatology Procedures</strong>&lt;br&gt;Direcutor: Neal Foman, MD, MS&lt;br&gt;Location: VA Simulation Center, Minneapolis&lt;br&gt;&lt;br&gt;Friday, February 26, 2016 (1:00 – 5:00 pm)</td>
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<tr>
<td><strong>USA Soccer Cup</strong>&lt;br&gt;Direcutor: Bill Knopp, MD&lt;br&gt;Location: UMN West Bank Office Building&lt;br&gt;Lectures: Wed-Thurs, July 8-9, 2015 (8:00 – 4:30 pm)&lt;br&gt;Friday, July 10, 2015 (8:00 – 12 noon)&lt;br&gt;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
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 interprofessional 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 [https://www.acgme.org/](https://www.acgme.org/).

**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, averaged over a four-week period.
- Duty hours for first year residents must not exceed 16 hours per shift.
- Duty hours for second and third year residents must not exceed 24 hours per shift.
- Second and third year residents are entitled to a 4 hour transition period after a 24 hour shift to ensure continuity of care, but must not provide care to new patients, participate in new procedures, or be assigned to outpatient clinics during this period.
- Call should not occur more than every third night.
- Residents must not be scheduled for more than six consecutive nights of night float.
- First year residents should have 10 hours – and must have 8 hours free of duty between scheduled duty periods.
- Residents must have one full day off out of every 7 days averaged over 4 weeks.
- Internal and external moonlighting must be counted toward the 80-hour weekly limit.

**EVALUATIONS**

**Documentation of Procedures**

While in residency training, all residents are required to use the internet-based New Innovations program located at [http://www.new-innov.com](http://www.new-innov.com) for the tracking of rotation and preceptor evaluations. Residents will be given a unique ID during orientation and instructions. Residents will then be expected to fill out at least two evaluations at the end of each rotation; one evaluation on the
preceptor and one evaluation on the rotation (please note that multiple preceptors will require multiple evaluations). Evaluations must be filled out consecutively (i.e. February cannot be done before January’s evaluations are completed). Please contact your residency program administrator with questions.

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. Resident evaluations will be reviewed semi-annually by the Clinical Competency Committee.

**ON CALL SCHEDULES**

In-house call is defined as those duty hours beyond the normal work day when residents/fellows are required to be immediately available in the assigned institution.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours for second and third year residents and 16 consecutive hours for first year residents. Second and third year residents are allowed a four-hour transition period after a 24-hour shift to ensure continuity of care but must not provide care to new patients, participate in new procedures, or be assigned to outpatient clinics during this period.

Call involves caring for our clinic patients who phone in, who go to the Emergency Room, or are in or admitted to the hospital. Clinic call on Friday night is from 5 p.m. to 7:30 a.m. the following morning. Clinic call on Saturday is from 7:30 a.m. to 7:30 a.m. the following morning. Clinic call on Sunday is from 7:30 a.m. to 10 p.m. (The Saturday shift is split in half for first year residents as not to violate duty hours.)

Clinic call and OB call schedules are distributed in late April or early May of each year.

**ON CALL ROOMS**

When required to be in the hospital, resident clinic call and OB call rooms are available. Rooms are located on the third floor of the hospital. Any questions or concerns, including those you would like to report confidentially, may be directed to Safety and Security at X55642, or by calling the program administrator.

**SUPPORT SERVICES**

North Memorial provides a broad range of support services including intravenous, phlebotomy, and laboratory services, as well as messenger and transporter services, in a manner consistent with education objectives and patient care.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**

Full laboratory, pathology and radiology services are available at North Memorial. Reports are available via telephone and computer 24 hours a day. X-ray and lab work is done in the clinic by Certified Medical Assistants, a Radiology Technologist, and two Medical Lab Technicians.
MEDICAL RECORDS
A medical records system documenting the course of each patient’s illness and care is available at all times. It is adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity. Health information staff is available during business hours at the clinic and 24 hours a day at North Memorial.

SAFETY/SECURITY
Security officers are on duty at North Memorial 24 hours a day to respond to emergencies and to escort patients and visitors to and from the parking ramp. To contact Safety and Security, please dial X55642 from any in-house phone. Security is available at the clinic to escort staff and patients to their vehicles, assist with control, monitor the parking lot, etc. Security is available by paging overhead.

MOONLIGHTING
Moonlighting requires a prospective, written statement of permission from the program director that will be made part of the residents’ file;

Residents are not required to engage in moonlighting. Unlicensed residents, or those holding a J-1 visa cannot moonlight. 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.

Internal and external moonlighting must be counted toward the 80-hour weekly limit on duty hours, and must be reported along with duty hours in New Innovations. 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 and fellows at all times.

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
The program director, faculty, and rotation preceptors provide resident physicians with direct experience in progressive responsibility for patient management through one on one precepting and quarterly scholastic standing counseling. Residents are evaluated based on accomplishment of rotation objectives and demonstration of attainment of competencies of patient management in in-patient and outpatient care delivery.

MONITORING OF RESIDENT WELL-BEING
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 institutional standard 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. First-year residents meet monthly with a behaviorist without other faculty for the purpose of discussing their stress and well-being. Residents get together as a large group weekly to discuss residency issues and daily for didactics. Chiefs communicate to Faculty and Administration any resident concerns. There is also a monthly Resident/Faculty meeting. Residents are allowed seven discretionary days each year for unexpected emergencies and illness. Maternity and paternity leaves are granted as needed. Residents who are too fatigued or stressed to provide safe patient care can contact the program director, behaviorist, other faculty, or program administrators in order to find appropriate care and evaluation for both residents and resident’s patients.

ACLS/BLS/PALS CERTIFICATION REQUIREMENTS
Residents attend ACLS, BLS and NRP training during orientation in late June.

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

MEDICAL RECORD COMPLETION
All clinic and hospital charts should be closed within 48 hours after seeing the patient.

UNAUTHORIZED LEAVE
All leaves must be approved by the program director.

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 given to residents by the residency coordinator.

USMLE and COMLEX Policy

International and US graduates must complete their USMLE Step 2 exams within two attempts.
Successful completion of USMLE Step 3 within three attempts and within five years of passing the USMLE Step 2 (CK) is a requirement for MN state medical licensure.
All residents must pass the USMLE Step 3 or COMLEX-USA Level 3 examination by January 1 of their PGY-2 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-2 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.

RESIDENCY LICENSURE APPLICATION

Licensure Application
For on-track residents, licensure application packets are requested from the MN Board of Medical Practice and given to the residents in January of PGY1.
We will reimburse residents their application fee for MN medical licensure, provided they have applied for licensure as soon as they are eligible and there are no delays for reasons within their control. Residents should submit a completed reimbursement form and receipt or copy of your check to the administrative assistant at clinic for the application cost.
**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 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 medical schools are eligible for licensure at the end of their first year of residency training. It is expected that US graduates will obtain their medical licenses near the beginning of the second year of residency.
    - The deadline for application is April 1 for July licensure. Contact the program administrator if licensure will be granted on any other month.

- **International Medical Graduates must:**
  - Pass USMLE Step III within three attempts and within five years of passing Step 2 (CK).
  - Take exam during first or second 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 July licensure. Contact the program administrator if licensure will be granted on any other month.

Residents will not be allowed to continue in their program 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. Online DEA application information is given to the residents at approximately the same time as licensure application. The program will reimburse the residents for the DEA fee. For reimbursement, please submit a copy of your proof of payment for the application cost to the Administrative Coordinator at Broadway Clinic.

**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/fellow has a loan hold or other encumbrance on his/her record which prevents registration for any term, (s)he will be billed and held personally responsible for tuition and fees. Any outstanding balances must be paid before the resident can graduate.
RESIDENT SELECTION
All residents will be selected through the National Resident Matching Program (NRMP). If the program does not fill through the NRMP then candidates may be selected through the Supplemental Offer and Acceptance Program (SOAP) administered by the NRMP.
Applicants will meet the following minimum criteria:
Required
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.

IN-TRAINING EXAMINATION
All residents will participate in the In-Training Examination given each year by the American Board of Family Medicine. This test is a required element of the program and will be given October 26-October 30, 2015. No vacation is allowed at this time!

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)
- 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:** Residents may access their previous years ITE questions and answers in preparation for their board certification examination. They are available online at the ABFM website at [https://www.theabfm.org/cert/ite.aspx](https://www.theabfm.org/cert/ite.aspx). Log in with your ABFM username and password using the box in the upper right corner of the web page.

**WEB LINKS TO ADDITIONAL RESOURCES**

ACGME Milestones under the Next Accreditation System

The American Board of Family Medicine
[www.theabfm.org/cert/cert.aspx](http://www.theabfm.org/cert/cert.aspx)

GME Resident & Fellow Resource Website
[http://www.gme.umn.edu/residents/home.html](http://www.gme.umn.edu/residents/home.html)

Tuberculosis (TB) Exposure Management
[https://docs.google.com/document/d/1ROtODx-Be2d7a2SAEFW6H9t1ZJzmx0DhxMxDho90dPbk/edit](https://docs.google.com/document/d/1ROtODx-Be2d7a2SAEFW6H9t1ZJzmx0DhxMxDho90dPbk/edit)

Needle Sticks and Blood Borne Pathogen Exposure (BBPE) Management
[https://docs.google.com/document/d/1TVsIpAlfOI5y587xDlewvbvmMly31dlnbg14zDWT72P4/edit](https://docs.google.com/document/d/1TVsIpAlfOI5y587xDlewvbvmMly31dlnbg14zDWT72P4/edit)
VI. ADMINISTRATION

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

PROGRAM PHONE DIRECTORY
Program Director ................................................................. Michael Wootten, MD ................................. 612-302-8216
Program Administrator .......................................................... Rossi Cannon ........................................... 612-302-8209
Administrative Coordinator (Schedules) ..................... Jessica Touhey ............................................. 612-302-8234
Administrative Coordinator (Reimbursement, Correspondence) ... Janee Meyers ........................................... 612-302-8243
Administrative Coordinator (Didactics, Med Students, Evals) ... Kelly Wolkerstorfer ........................................... 612-302-8231

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...
Address Change ................................................................. Laura Pham ............................................. 612-626-0194
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 ...................................... Sheila McGinley ........................................ 612-625-0646
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