UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2015-2016

Program Policy and Procedure Manual

St. Cloud Hospital
Family Medicine Residency Program

Department of
Family Medicine and Community Health
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INTRODUCTION/EXPLANATION OF MANUAL
The Program Policy Manual is designed to provide residents, program directors and administrators with the most up to date information on student services, benefits, disciplinary procedures, policies/procedures and contact information. Any time there is conflicting information with the Institutional Policy Manual, the Institutional Policy Manual will take precedence except where noted. The information contained in this program manual pertains to all residents in the UMN/St. Cloud Hospital 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.

RESIDENCY MISSION STATEMENT
Perpetuating Family Medicine: inspiring learners to be leaders in caring for patients and families throughout the journey of life.

CENTRACARE FAMILY HEALTH CENTER (CCFHC) MISSION STATEMENT
The mission of the Mid-Minnesota Family Medicine Center is to provide primary care treatment, prevention, and education to all patients, including those who are underserved or underinsured, while training competent and caring family physicians to practice in rural communities.

Core Values:
Integrity. Integrity guides our actions. We are transparent with our thoughts and ideas leading to open, honest discussion.
Accountability. We accept accountability for our actions whether they lead to successful outcomes or to significant shortcomings.
Diversity. Diversity in who we are and how we think allows us to explore ideas and strategies not otherwise considered.
Shared Learning. We cultivate an environment of shared learning; we are teachers and learners at the same time.
Humanity. We see humanity in all as we seek to truly know more about those we cross paths with each day.

Strategic Imperative I: Creating family physicians
At the center of our residency is tomorrow’s family physician. As we look to the future, we envision graduates that are prepared with the knowledge and experience to carry the torch of family medicine onward in the 21st century. We will attract quality learners with a heart for family medicine, develop innovative curriculum and provide the passionate teachers and role models that our residents require.

1. Our curriculum will prepare residents well for their future practices and for passing the American Board of Family Medicine (ABFM) Certifying Exam.
2. We will attract and retain a faculty diverse in experience, age, gender and interest, all with a passion for teaching. Our average faculty longevity at the residency program will be greater than five years.
3. Admission to our residency program will be attractive to quality candidates with a high likelihood of eventual practice in Minnesota. Over sixty percent of candidates that we interview should have been born, raised, currently living in or attended college or medical school in Minnesota, Wisconsin, Iowa, North
Dakota or South Dakota. Seventy-five percent of our graduates will choose to remain in Minnesota upon graduation from residency.

Strategic Imperative II: Caring for patients and families
As family physicians we are on the front lines of patient care. We will adapt our systems and processes to provide value to the patient, their family and society as a whole. Residents will be integrally involved in designing, implementing and managing our practice.

1. We will identify and subsequently demonstrate improvement in at least one key quality indicator that brings value to our patients and to our healthcare system on an annual basis.

2. We will identify and demonstrate improvement on at least one key safety initiative annually.

Strategic Imperative III: Advocating for rural medicine
Healthcare in rural America is in crisis. Family physicians account for the majority of providers in rural communities today. Decreasing trends of medical student interest in family medicine and other primary care specialties has worsened this crisis. We will promote interest in rural health through our curriculum and our resident selection process.

1. We will actively seek to identify residency candidates with an interest in rural practice and prioritize them in our selection process.

2. Currently, rural practices are having difficulty attracting and retaining physicians. With the collaboration of rural physicians, our residency has developed a required rural health curriculum in a variety of settings. Residents will experience the practice of medicine in communities with populations of less than 30,000 that admit patients to a hospital of less than 100 beds. Over fifty percent of our graduates will choose to practice in communities of less than 30,000.

3. Through dialogue with rural physicians, practice and hospital administrators, rural patients and rural politicians, we will identify opportunities for collaboration with rural physicians and practices.

Excellence in Patient Care
The CentraCare Family Health Center will become the provider of choice for patients and payers in the greater St. Cloud area.

Excellence in Education
We envision our program to be a learning laboratory, where primary care learners and educators turn for educational consultation and where experimentation with new ideas in health care provision and teaching is the norm. Because our learners are self-motivated, knowing their own strengths and weaknesses, and know how they learn best, we embrace the adult learner model of education. To maintain excellence as we prepare health care providers to practice in the 21st Century, we promote continuing education for faculty and staff, using resources within our organization and at other superior educational institutions.

Excellence in Personal Growth and Development and Organizational Health
Individual growth and development cannot be separated from organizational health. We recognize that a healthy organization stems from healthy individuals. Therefore, we value and promote high self-esteem, empathy, and good physical and mental health habits among our faculty, residents, students and staff. We believe that it is as important to acknowledge our successes as our mistakes and we encourage ourselves to learn from both. We believe in developing, nourishing, maintaining a supportive environment where trust and respect for others flourishes. The ideas of our members are treasured. After discussion, reflection, and consensus, we believe in the timely transition of thoughts into action. Because it keeps us fresh, we celebrate diversity and recognize the importance of maintaining a creative, challenging, and fun workplace.
By keeping a mindful awareness of how we function as individuals and as an organization, we can monitor our organization’s health. Only by teaching and promoting excellent communication skills at all levels (among colleagues, provider-to-patient, educator-to-learner, and from our program to other facilities) can we accomplish this.
WELCOME FROM PROGRAM DIRECTOR

You have chosen to become a family physician. Your journey will include 3 years of training in a family medicine residency program. We are honored that you have chosen us, the faculty and support staff of the University of MN/St. Cloud Hospital Family Medicine Residency Program, to help you on that journey.

On your journey, you will be playing two games, a finite game and an infinite game. The finite game has a beginning and an end, rules for how to be successful, and a reward for its successful completion. The reward in this game is the right to sit for the American Board of Family Medicine Certification Examination. Once you pass that examination(s), you will be Board Certified in Family Medicine, with all of the rewards, rights, and responsibilities inherent in that position. The rules (the policies, procedures, and program requirements) for successful completion of the University of Minnesota/St. Cloud Hospital Family Medicine Residency Program portion of your preparation are contained in this resident handbook.

The other game, the infinite game, will have no end. Infinite players have horizontal thinking—they have a direction, not a destination, as is the case in a finite game. The direction towards which you will be heading is your vision of an excellent family physician. Your journey towards that vision is your story. There is no right or wrong in that story. Rather, the story is just who you are. But we know that those who are the happiest and most successful at finite games are those most attentive to their own infinite games. The energy and passion that you direct here will be most useful on your journey.

We look forward to helping you write this first chapter in your story as a family physician. Our goal will be to help you name and manage the strengths and weaknesses that will lead to success in the finite game, while helping you find your vision and passion in the infinite game. We hope your association with University of Minnesota/St. Cloud Hospital Family Medicine Residency will be both rewarding and memorable.

Sincerely,
Joseph Blonski, M.D.
Program Director
PROGR A M AND ORGANIZATIONAL DESCRIPTIONS

Description of the Family Medicine Residency Program
The University of MN/St. Cloud Hospital Family Medicine Residency offers a three-year residency program in Family Medicine, training doctors for primary care medicine with a focus on preparation for practice in rural communities. The “father” of the program was Robert J. Cumming, M.D., who struggled mightily over a span of twenty-five years to bring this program to life. Dr. Cumming’s most famous quotation concerning the residency program is: “We have within our grasp, the opportunity to join this esteemed and noble effort. We need to do this for our own benefit and the benefit of the community we serve.” The program started in 1996 and was initially affiliated with the Mayo School of Graduate Medical Education. Since 2006 the program has been affiliated with the University of Minnesota.

Description of Sponsoring Institutions--St. Cloud Hospital
St. Cloud Hospital has a rich tradition of caring for the people of Central Minnesota. Since being founded by the Sisters of the Order of St. Benedict in 1886, we have grown from a small, community hospital to a comprehensive, high-quality regional medical center. As the largest health care facility in the region, St. Cloud Hospital offers a full spectrum of inpatient and outpatient services. From state-of-the-art care for heart disease and cancer to preventive health screenings and behavioral health counseling, we have the technology and skilled professionals to meet the needs of the region. Currently the hospital has nearly 5100 employees and a medical staff of 450 physicians. St. Cloud Hospital is the largest employer in the St. Cloud area.

St. Cloud Hospital is part of CentraCare Health, a not-for-profit, integrated health care delivery system. In addition to CentraCare St. Cloud Hospital, the health system includes:

- Hospitals in Long Prairie, Melrose, Monticello, Paynesville and Sauk Centre
- 18 CentraCare Clinic sites across Central Minnesota
- Numerous specialty care programs, including the CentraCare Heart and Vascular Center
- 6 long-term care facilities

CentraCare Health serves more than 565,000 people in a 12-county area of Central Minnesota.
I. STUDENT SERVICES

PAGERS
You have been issued a pager and instructions on how to use it. If you have problems or questions regarding your pager please contact the Residency Support office. Pagers are the property of St. Cloud Hospital (SCH) and will be issued to each resident during orientation. The pager is to be used and worn whenever on duty for the duration of residency training. SCH will be responsible for the maintenance of the pager. Upon graduation from the program and/or termination of employment with SCH, all residents must return pagers.

E-MAIL AND INTERNET ACCESS
Each resident is given a CentraCare e-mail account and internet access at the beginning of residency. You will receive training in the use of Outlook. For communication purposes, residents are required to check their e-mail regularly (if not on a daily basis) and are held accountable for the information communicated to them in e-mails. Computers are readily accessible to residents in the clinic and the hospital. You are responsible for reading and responding to Outlook email. Primarily all of our communications at the Residency is via email so please READ your email. All residents are required to abide by SCH Information Systems policies in regards to computer use and internet access. Call Information Systems for computer support at extension 54540. Residents are given Outlook Web Access (OWA) to facilitate access to email regardless of your clinical site. OWA is used to access e-mail, calendars, contacts, tasks and other mailbox contents via the internet. You may access OWA at: http://mail.centracare.com.

As a registered University of Minnesota student you are issued a University of Minnesota x.500 account. This account gives you access to University resources. If you have questions about your x.500, call 612-301-4357 for computer support for the University of Minnesota e-mail or internet services. The Department and University use the UMN email as the official means of communicating to residents. Residents are responsible for reading and responding to their UMN email. Residents should not auto-forward their UMN email to any other email account.

Web Page Resources:
University of Minnesota
www.umn.edu

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

St. Cloud Hospital Family Medicine Residency Program

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

University of Minnesota Graduate Medical School (GME)
www.med.umn.edu/gme
MAIL
You are responsible for picking up your mail at the CCFHC mailboxes and also from the Physician mailroom at the SCH. Resident mailboxes are located in your dictation areas at the clinic. All residents are required to open, read and respond to mail on a regular and timely basis.

The addresses, main phone and fax numbers for the CCFHC and St. Cloud Hospital are as follows:

CentraCare Family Health Center
1555 Northway Dr, Suite 200
St. Cloud, MN 56303
(320) 240-3157
(800) 575-2982 toll-free
(320) 240-3164 fax

St. Cloud Hospital
1406 Sixth Avenue North
St. Cloud, MN 56303
(320) 251-2700
(800) 835-6652 toll-free
(320) 255-5711 fax

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.

The St. Cloud Hospital will have education modules that are due June 1st of each year and these will be available several months in advance for completion.

SCH policies and procedures related to HIPAA (On the CentraNet).
http://centranet/policies/hipaa/Index_hipaa_cchs_policies.htm All residents will be required to complete annual hospital training requirements. The training is computer based. The initial training will be completed during orientation but annual training will then be required.
IMMUNIZATIONS AND VACCINATIONS

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

To print out a personalized immunization report and immunization form to update your immunizations, visit www.bhs.umn.edu/myboynton

NAME CHANGES

Notify Residency Coordinator of any expected name change so that you have administrative support throughout the process. 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.

II. BENEFITS

Residents in the St. Cloud Hospital Family Medicine Residency Program are employees of and benefits are provided through CentraCare/St. Cloud Hospital. Benefits listed in the Institution Policy Manual are not in effect for SCH residents with the exception of the sections on “Loan Deferment.” Residents have many of the same benefits as full-time SCH employees. For more detailed information please refer to www.centracare.com under Career Opportunities, St. Cloud Hospital Benefits current Employee Guide. http://www.centracare.com/app/files/public/1181/Benefits-Guide-St-Cloud-Hospital.pdf

CENTRACARE ST. CLOUD HOSPITAL EMPLOYEE BENEFITS

Please refer to the CentraCare St. Cloud Hospital Employee Benefits Guide http://www.centracare.com/career/sch/sch_benefits.pdf for information on the following: CentraCare Health Medical Plan, Dental Plan, Premium Option Plan (Pre-Tax Premiums, Medical/Dependent Care Expense Plans, Basic Life and AD&D, Supplemental Life, Dependent Life, Long-Term Disability (LTD), Individual Supplemental Long-Term Disability, Short-Term Disability (STD), Family Medical Leave, Defined Contribution Retirement Plan, 403(b) Retirement Plan & Employer Match, Universal Life, Individual Long-Term Care Insurance, Tuition Reimbursement, Savings Bonds, Home & Auto Insurance (MetPay), Workers’ Compensation, Social Security (FICA), Employee Assistance Program (EAP), Wellness Program, Adoption Benefits, Child Care, Other Benefits, Policies and Procedures, Cobra Notice.

SALARY FOR 2015-2016

First Year $51,517  
Second Year $53,102  
Third Year $54,929

2015-2016 Holidays

Saturday, July 4, 2015  Independence Day
LEAVE OF ABSENCE
1) [http://centranet/policies/cchs/humanresources_cchs/family_medical_leave.pdf](http://centranet/policies/cchs/humanresources_cchs/family_medical_leave.pdf) Time away from the residency in excess of one (1) month will require a request to the Program Director for a leave of absence and it will require extension of residency training.

2) Leaves of Absence must be requested and can only be approved through the Program Director.


4) In the final two years of residency the ABFM does not allow leaves of absence greater than three (3) months per year due to continuity of care concerns. Requests for Leaves of Absence greater than three (3) months in duration may be considered for resignation and re-admission.

American Board of Family Medicine Requirements
(See ABFM link for more details: [https://www.theabfm.org/cert/absence.aspx](https://www.theabfm.org/cert/absence.aspx))
The maximum cumulative amount of time a resident may be away from the program for personal absences including vacation, sick and miscellaneous leave without making up the time must not exceed one month per PGY year. One month is equal to 30 days (including weekends). 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. Should a leave exceed that time limit, the ABFM has specific requirements that must be met. The residency program would work with you to assure that you meet all of those requirements.

GENERAL REQUIREMENTS
1) All stipulations as set forth below will follow ACGME and ABFM requirements.

2) All absences from the residency program will be arranged through the Residency Coordinator

3) The timing and duration of time away from the residency must be in accordance with the Scheduling Rules for Residents policy.  

4) Residents are not allowed to be away from the residency program by reason of vacation, illness, or leave for more than one (1) month in any academic year. Residents that exceed that limit will need to extend residency training past 36 months.

5) Time away from the program for education purposes (i.e. CME) is not counted in the general limitation on absences.

PAID TIME OFF
1) All residents are allowed twenty-two (22) PTO (Paid Time Off) work days per year. (See “Vacation” policy attached.)  

2) Per the CentraCare Health (CCH) Family and Medical leave policy, employees will be granted time off for medical and family reasons. (See CCHS policy on "Family Medical Leave" attached.) 

3) Time away from residency in excess of (1) month will require a request to the Program Director for a leave of absence and it will require extension of residency training.
PRACTICE SEARCH
1) In the PGY-3 year time may be available for practice searches. Personal time may be used for practice searches. Time may also be allowed as part of the Practice Management Curriculum. Total time as part of the Practice Management curriculum will not exceed three (3) days and must comply with the requirements for "Away" rotations if scheduled in such a manner as to be deemed an "Away" rotation. Time used as part of the Practice Management Curriculum will require the approval of the Program Director. See “Vacation” policy. http://centranet/policies/sch/ccfhc/residency/vacation.pdf

PARENTAL LEAVE
1) Parental leave includes maternity and paternity leave (see the CCHS Policy on "Family Medical Leave"). http://centranet/policies/cchs/humanresources_cchs/family_medical_leave.pdf
2) Time away from the residency in excess of one (1) month will require a request to the Program Director for a leave of absence and it will require extension of residency training. Every effort should be made to schedule rotations and call in a manner that will meet the resident’s individual needs as well as the needs of the resident’s peers

ADOPTION LEAVE
1) Parental leave includes maternity and paternity leave (see the CCHS Policy on "Family Medical Leave"). http://centranet/policies/cchs/humanresources_cchs/family_medical_leave.pdf
2) Time away from the residency in excess of one (1) month will require a request to the Program Director for a leave of absence and it will require extension of residency training.

PROFESSIONAL AND ACADEMIC LEAVE
CME time will be granted at the discretion of and under the direction of the program director. Residents are encouraged to attend at least one of the following conferences. The program will pay registration to attend each conference once during residency and time off will be granted from rotations. Residents must still assure that they have met all the above listed time off requirements for graduation.
   A. Minnesota Academy of Family Physicians Spring Refresher.
   B. MAFP Research Forum (may attend multiple times if presenting)
The time off to attend any other conferences will need to come from CME or personal time and expenses will need to come from CME allowance or personal funds.

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

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

If a resident attends, part of the resident’s responsibility is to recruit applicants at our residency exhibit booth. Your cost for the conference will be covered by the program. If you are interested in attending this conference, contact your chief resident or the Residency Support Office.

CME
1) PGY-1 residents are allowed zero (0) days per year.
2) PGY-2 and PGY-3 residents are allowed five (5) days per year.
3) Residents in the second and third years may take up to five working days each year to attend educational meetings accredited by recognized societies (the American Academy of Family Physicians, the National Congress of Family Medicine Residents, the Society of Teachers of Family Medicine, the American Medical Women’s Association, etc.). You are encouraged to present research at regional and national meetings. If your paper is accepted for presentation, we will provide you with a per diem, authorized travel expenses (beyond the conference allotment) and time away from the program for the presentations.
4) Continuing Medical Education (CME) courses at the University of Minnesota are open to all residents. A number of the programmatic courses are required (see Scheduling rules for residents’ policy). For non-required courses: If there are fees for any of the courses; reimbursement for attendance is at the program director’s discretion. Pre-registration is required. Time off for CME course attendance must be arranged with the director of residency training or the program director prior to submitting an application form. Upon approval, the planned absence form must be completed and submitted to the residency support office. Residents are responsible for registering themselves for CME courses.
5) All residents are granted time away to complete testing for certifying exams required by the program (i.e. USMLE exam).
6) (See “Vacation”, “Resident CME/Technology Fund”, and “Scheduling Rules for Residents” policies attached for more details to above information.)

CME Courses
Continuing Medical Education (CME) courses at the University of Minnesota are open to all residents. There are fees for some courses. Pre-registration is required. Time off for CME course attendance must be arranged with the program director prior to submitting an application form. Upon approval, these forms may be sent directly to: Continuing Medical Education Office, Registrar, University of Minnesota, and 200 Oak Street SE Suite190, Minneapolis, MN 55455. If you have any questions regarding a CME course, or would like to request a brochure, please contact the Continuing Medical Education Office at (612) 626-7600.

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

Minnesota Academy of Family Physicians Spring Refresher (Annually in April)
We highly encourage residents to attend this conference at least once during their residency. 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

**BEREAVEMENT LEAVE**

Please refer to the CentraCare Health policy on Funeral Leave:  
http://centranet/policies/cchs/humanresources_cchs/Funeral_Leave.pdf

**FAMILY MEDICAL LEAVE ACT (FMLA)**

Please refer to the St. Cloud Hospital Benefits Employee Guide:  

**JURY/WITNESS DUTY**

Please refer to the CentraCare Health policy on Jury Duty/Subpoenaed Witness Leave:  
http://centranet/policies/cchs/humanresources_cchs/jury_duty_subpoenaed.pdf

**MILITARY LEAVE**

Please refer to the CentraCare Health policy on Military Leave:  

**PERSONAL LEAVE**


**HEALTH AND DENTAL INSURANCE COVERAGE**

Please refer to the St. Cloud Hospital Benefits Employee Guide:  

**LONG-TERM DISABILITY INSURANCE**

Please refer to the St. Cloud Hospital Benefits Employee Guide:  

**SHORT-TERM DISABILITY INSURANCE**

Please refer to the St. Cloud Hospital Benefits Employee Guide:  
UNAUTHORIZED LEAVE
All leave must be pre-approved by the residency program. Unauthorized leave from the residency program is not allowed.

PROFESSIONAL LIABILITY INSURANCE
St. Cloud Hospital maintains professional liability insurance in the amount of $1,000,000 for each claim/$3,000,000 annual aggregate, with a 20,000,000 shared excess. Shared Excess Policy Limit means there is one excess limit provided and all insureds under the policy share the excess limit for covered losses in excess of the Primary Limits. That policy shall include within the scope of its coverage all University of Minnesota/St. Cloud Hospital Family Medicine Residency Program residents for activities performed within the course and scope of their duties as a resident.

LIFE INSURANCE
Please refer to the St. Cloud Hospital Benefits Employee Guide:

MEALS
Meals are available while on call and during lecture series and paid by the program.

LAB COATS
Each resident will be given three white coats during orientation and up to two each year thereafter.

MEMBERSHIP IN MEDICAL SOCIETIES
The program pays for resident membership dues for the following medical societies:
1. Minnesota Medical Association (MMA)
   Membership is offered free to residents & fellows
   http://www.mnmed.org/Membership/DuesInformation.aspx
2. American Medical Association
   1-800-262-3211
   www.ama-assn.org
3. AAFP
4. MAFP

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.”

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)

**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.

**MOVING EXPENSE REIMBURSEMENT POLICY**

All reasonable moving expenses up to $2,500 are paid for residents with receipts who move more than 35 miles to the St. Cloud area. Contact the residency support office for assistance and with any questions.

**CONTINUING EDUCATION/TECHNOLOGY FUND REIMBURSEMENT**


**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.
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 postgraduate training programs:
   - Mankato Residency Program
   - Smiley’s Residency Program
   - Methodist Residency Program
   - St. John’s Residency Program
   - North Memorial Residency Program
   - St. Joseph’s Residency Program
   - St. Cloud Residency Program
   - Duluth Residency Program
   - Hospice and Palliative Care Fellowship Program
   - Sports Medicine Fellowship Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF RESIDENT AND FELLOW PERFORMANCE**

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

A. If a reasonable action plan is given, no presentation to the committee is necessary.

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

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

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

IV. The involved resident or fellow will also be notified of the committee’s recommendations.
PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF UNSATISFACTORY PERFORMANCE OF RESIDENTS AND FELLOWS

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

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

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

See local St. Cloud residency policies (on CentraNet) on:
1. Resident Evaluation, Promotion and Dismissal
2. Grievance
   http://centranet/policies/sch/ccfhc/residency/grievance.pdf Institutional

V. GENERAL POLICIES AND PROCEDURES

Please refer to the CentraNet: http://centranet/policies/sch/ccfhc/index_ccfhc_residency.htm

TEACHING MEDICAL STUDENTS

Residents are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we’ve included in this manual the clerkship objectives for the Family Medicine Clerkships as well as the overall Educational Program Objectives.

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

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

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

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.

VI. ACADEMIC

ELECTIVE ROTATIONS
Please refer to the policy Elective Rotations:

EVALUATIONS AND RESIDENT PROGRESS
Please refer to the policy Academic/Administrative File:
http://centranet/policies/sch/ccfhc/residency/aca_admin_files.pdf

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 http://acgme.org/acgmeweb/

EVALUATIONS
Please refer to the following policy:
Resident Evaluation, Promotion, and Dismissal:
Advisor for Resident-Faculty:
http://centranet/policies/sch/ccfhc/residency/advisor_res_fac.pdf Advisor Meeting:
http://centranet/policies/sch/ccfhc/residency/adv_mtg.pdf Resident Evaluation:
http://centranet/policies/sch/ccfhc/residency/res_eval.pdf Rotation Evaluation:

Evaluations of Rotation and Preceptor
While in residency training, all residents are required to complete rotation and preceptor evaluations. Residents are 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 contact the residency specialist with questions.

University of Minnesota / St. Cloud Hospital Family Medicine Residency
Program Goals and Objectives for Residents
Effective beginning with 2012-2013 PGY-1s

Goals and Objectives:
Please refer to the attached policy (on CentraNet) for details:
Procedure Supervision and Scheduling for Residents
Residents require differing degrees of supervision for procedures during their training based on their level of competence, type of procedure, and billing issues. Please see the St. Cloud policy on “Procedure Supervision and Scheduling for Residents” (on CentraNet) for further details.

2015-2016 PROGRAMMATIC COURSES
### Required Courses for G-1 Residents

**Advanced Life Support Obstetrics (ALSO)**  
**Directors:** Manuel Idrogo, MD & Tom Satre, MD  
**Location:** UMN St. Paul Conference Center  
1st – Thursday, August 20, 2015 (8:00 - 4:30 pm)  
Friday, August 21, 2015 (8:00 - 4:30 pm)  
2nd – Thursday, February 4, 2016 (8:00 - 4:30 pm)  
Friday, February 5, 2016 (8:00 - 4:30 pm)

**Primary Care Psychiatry**  
**Director:** Bob Levy, MD  
**Location:** UM West Bank Office Building  
1st - Thursday, November 19, 2015 (8:00 - 4:45 pm)  
2nd - Thursday, April 21, 2016 (8:00 - 4:45 pm)

**Sexual Medicine for Residents**  
**Director:** Jamie Feldman, MD, PhD  
**Location:** UM West Bank Office Building  
1st – Thursday, December 10, 2015  
2nd – Thursday, June 16, 2016

**Sports Medicine I: Basic Musculoskeletal Assessments**  
**Director:** Pat Morris, MD  
**Location:** UM West Bank Office Building  
1st – Thursday, January 7, 2016 - (8:00 - 4:30 pm)  
2nd – Thursday, May 19, 2016 (8:00 - 4:30 pm)

### G-2 Required Courses

**Community Health**  
**Director:** Mark Yeazel, MD, MPH  
**Location:** UM West Bank Office Building  
1st – Thursday, September 24, 2015 (8:00 - 4:30 pm)  
Friday, September 25, 2015 (8:00 - 12:00 noon)  
2nd – Thursday, January 21, 2016 (8:00 - 4:30 pm)  
Friday, January 22, 2016 (8:00 - 12:00 noon)

**Practice Management / Systems-based Practice**  
**Directors:** Dave Hunter, MD / Kirby Clark, MD  
**Location:** UM West Bank Office Building  
1st – Thursday, October 22, 2015 (8:00 - 4:30 pm)  
2nd – Thursday, April 7, 2016 (8:00 - 4:30 pm)

### Elective Courses for G-2 & G-3 Residents

**Basic Colposcopy**  
**Director:** Pita Adam, MD, MSPH  
**Location:** UM West Bank Office Building  
Thursday, May 5, 2016 (8:00 – 4:45 pm)

**Advanced Colposcopy**  
**Director:** Pita Adam, MD, MSPH  
**Location:** UM West Bank Office Building  
Thursday, November 5, 2015 (8:00 – 4:45 pm)

**Sports Medicine II: Procedures in Sports Medicine**  
**Director:** Pat Morris, MD  
**Location:** UM West Bank Office Building  
Thursday, June 9, 2016 (8:00 - 4:45 pm)

**Family Medicine Ultrasound**  
**Director:** Tim Ramer, MD  
**Location:** Broadway Family Medicine Clinic  
1st – Thursday, October 8, 2015 (8:00 - 4:30 pm)  
2nd – Thursday, March 3, 2016 (8:00 - 4:30 pm)

**Osteopathic Medicine (for D.O. residents)**  
**Directors:** Erin Westfall, DO / Andrew Slattengren, DO  
**Location:** UM West Bank Office Building  
Thursday, March 24, 2016 (8:00 - 4:45 pm)

**Dermatology Procedures**  
**Director:** Neal Fornan, MD, MS  
**Location:** VA Simulation Center, Minneapolis  
Friday, February 26, 2016 (1:00 – 5:00 pm)

**USA Soccer Cup**  
**Director:** Bill Knopp, MD  
**Location:** UM West Bank Office Building  
Lectures: Wed-Thu, July 8-9, 2015 (8:00 - 4:30 pm)  
Friday, July 10, 2015 (8:00 – 12 noon)  
Rotation: Friday - Saturday, July 10-18, 2015

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**NOTE:** Residents are strongly encouraged to enroll in the required ALSO, Primary Care Psychiatry, Sports Medicine Basic MSK, and Sexual Medicine courses during their first year, and the required Community Health and Practice Management courses during their second year.

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

Rev 10-16-14
## Block Rotations: First Year

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Family Medicine</td>
<td>14 weeks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Adult Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Night Float</td>
<td>6 weeks</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

## Block Rotations: Second Year

<table>
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<th>Rotation</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Family Medicine</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Rural Family Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatric Subspecialty</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Dermatology</td>
<td>2 weeks</td>
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<tr>
<td>Orthopedics/Sports Medicine</td>
<td>2 weeks</td>
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<tr>
<td>Endocrinology</td>
<td>2 weeks</td>
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<tr>
<td>Gastroenterology</td>
<td>2 weeks</td>
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<tr>
<td>Psych</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Research</td>
<td>1 week</td>
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<tr>
<td>Chemical Dependency</td>
<td>1 week</td>
</tr>
<tr>
<td>Electives</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Night Float</td>
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<td><strong>Total</strong></td>
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## Block Rotations: Third Year

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<tbody>
<tr>
<td>Inpatient Family Medicine</td>
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<tr>
<td>Outpatient Family Medicine</td>
<td>4 weeks</td>
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<tr>
<td>Rural Family Medicine</td>
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<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
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<tr>
<td>Orthopedics/Sports Medicine</td>
<td>4 weeks</td>
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<tr>
<td>Rheumatology</td>
<td>2 weeks</td>
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<tr>
<td>Maternity Care</td>
<td>2 weeks</td>
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<tr>
<td>Women’s Health</td>
<td>2 weeks</td>
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<tr>
<td>Urology</td>
<td>2 weeks</td>
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<tr>
<td>Ophthalmology</td>
<td>2 weeks</td>
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<tr>
<td>Otolaryngology</td>
<td>2 weeks</td>
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<tr>
<td>Allergy/Immunology</td>
<td>2 weeks</td>
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<tr>
<td>Course</td>
<td>Duration</td>
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<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Infectious Disease</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Night Float</td>
<td>3 weeks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52 weeks</strong></td>
</tr>
</tbody>
</table>

**Didactic Training**
Core content lectures will be a regular part of your educational experience. Lectures occur daily, usually over the noon hour. These conferences are presented by the faculty, community physicians, other clinicians and guest speakers. The series starts with an introduction to general principles of family medicine and office-based practice. Later topics cover the full spectrum of family medicine:
- Adolescent Medicine
- Adult Medicine and Subspecialties
- Behavioral Medicine
- Care of the Elderly
- Child Health
- Community Medicine
- Critical Review of the Medical Literature
- Dermatology
- Emergency Medical Care
- Ethics
- Family Systems
- Maternity Care
- Nutrition
- Patient Education
- Practice Management
- Surgery
- Women’s Health

You will join the hospital staff to attend relevant CME conferences given by SCH physicians and guest speakers. You will be encouraged to attend departmental CME presentations as part of the lecture series. You will be required to make presentations throughout your 3 years of residency. The program supports your attendance at specific local family medicine-oriented conferences during your residency.

**Procedural Skills**
Refer to section on Procedural Training

**Areas of Special Interest**
Advanced Maternity Care Track- see link
Rural Medicine Interest- see link

**Life Support Certifications**
**Basic Life Support (BLS) - CPR**
Certification in basic life support (BLS) is offered through a half-day course and is required of all incoming residents at no charge to them. Recertification is offered to all second- and third-year residents and is required.

**Advanced Cardiac Life Support (ACLS)**
Certification in advanced cardiac life support is offered through a two-day course and is also required of all incoming residents at no charge to them. This will happen during your orientation. Recertification is offered to all second/third year residents. Certification throughout residency is required.
Neonatal Resuscitation Program (NRP)
A one-day course in Neonatal Resuscitation is required of all incoming residents at no charge to them. This will happen during your orientation. Residents are required to maintain their certification throughout residency.

Advanced Life Support in Obstetrics (ALSO®)
Residents are required to take the American Academy of Family Physicians (AAFP) sponsored ALSO course in their PGY-1 year. Certification throughout residency is required.

Advanced Trauma Life Support (ATLS)
A two-day advanced trauma life support course is available to residents at no cost. Residents planning to practice in a rural setting are strongly encouraged to attend. Time for this must come from your CME time or elective time.

Pediatric Advanced Life Support (PALS)
A two-day course in pediatric advanced life support (PALS) is required of all incoming residents at no charge to them. This will happen during your orientation. Residents are required to maintain their certification throughout residency.

VII. ADMINISTRATIVE - CLINIC

APPOINTMENT NUMBERS AND CLINIC SCHEDULING
1. Guidelines for number of appointment slots per continuity clinic by year level:
   - PGY-1’s
     - Jul-Dec: 3
     - Jan-Jun: 5
     - Family Medicine Inpatient Service: 2
   - PGY-2’s
     - Jul-Dec: 7-8
     - Jan-Jun: 8-9
     - Family Medicine Inpatient Service: 4
   - PGY-3’s
     - Jul-Dec: 10-11
     - Jan-Jun: 10-11
     - Family Medicine Inpatient Service: 4
   - Faculty: 10-11
2. PGY-1’s should have at least 1 continuity clinic per week (average 1-2)
   PGY-2’s should have at least 2 continuity clinics per week (average 2-3)
   PGY-3’s should have at least 3 continuity clinics per week (average 3-5; 2 while on Inpatient Service)
3. Requirements for Advancement and Graduation
   a. PGY-1 Minimum of 170 FHC visits
   b. PGY-2 Minimum of 710 FHC visits by the end of the PGY-2 year
   c. PGY-3 Minimum total of 1650 FHC visits over residency training

MEDICAL CARE FOR RESIDENTS
It is the policy of the residency program to encourage all resident physicians to identify a primary care physician to provide health care services to the individual and his/her family. Through the selection of a primary care provider we believe that we can discourage the temptation for the resident to care for themselves or for other family members when ill. Please see St. Cloud policy (on CentraNet) - “Family Medical Care for Residents”. http://centranet/policies/sch/ccfhc/residency/fam_med_care_res.pdf

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES
Please see the Resident Survival Handbook for specific information related to accessing and utilizing these services and systems.
MEDICAL RECORDS
St. Cloud Hospital uses an electronic medical record. Extensive training on the medical record system is provided during orientation and throughout the year, as necessary.

ST. CLOUD HOSPITAL/CENTRACARE POLICIES
You are responsible for abiding by St. Cloud Hospital & CentraCare Policies: http://centranet/policies/index_manuals.htm

VIII. ADMINISTRATIVE – RESIDENCY

ANNUAL PROGRAM REVIEW
The program is required by the RRC-FM to review the program goals and objectives and the effectiveness with which they are achieved on a yearly basis. This allows the program to take action in areas where deficiencies are found.
1) The Residency Program Evaluation Committee is responsible for oversight of program evaluation and improvement. Please review the following description of committee responsibilities.
2) Curriculum reviews occur four times annually with faculty and resident participation using the SWOT (Strengths, Weaknesses, Opportunities, Threats) format to improve the program.
3) Annually the program director, faculty and residents meet to discuss the program goals and objectives. Areas of potential deficiency are identified and plans are identified to correct the deficiencies. The following information is available for review at the meeting:
   a) Confidential written evaluations from faculty and residents
   b) Most recent ACGME resident and faculty survey
   c) Annually at mid-year, the University of Minnesota sends a representative for a resident focus group meeting that seeks to identify strengths and weaknesses of the program.

CENTRANET – RESIDENCY WEBPAGE
The following items are updated regularly and available on the CentraNet:
1) CentraCare Updated Policy/Procedures
2) Internet Resources
   a) SCH FMR Weblinks
   b) UMN/ST. Cloud Hospital Family Medicine Residency Program
   c) Physician Call Scheduling System
   d) ACGME and ABFM Requirements
3) Policies
4) Residency Goals and Objectives
5) Curriculum
6) Schedules
   a) Lecture
   b) Medical Students
   c) Residents

CHIEF RESIDENT JOB DESCRIPTION
There is a single chief resident and a PGY-3 executive counsel. For further details please review the St. Cloud policy- “Chief Resident Job Description”:
“I” DRIVE CONTENTS AND ACCESS DATABASE
The CCFHC has a network on the computer which is the “I” drive or called “shared on bashful” that has individual files/documents/databases that everyone can view. You will have access to databases in which you will be entering information. You will have a training session during your orientation by the Residency Support Office, and your faculty advisor. You will have access to numerous medical research sites during your training.

INSTITUTIONAL OMBUDSMAN
See St. Cloud Hospital policy titled “Institutional Ombudsman”:

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. Residents get together as a large group every other month to discuss residency issues and the meet daily for didactics. 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 coordinators in order to find appropriate care and evaluation for both residents and resident’s patients.
Please see the following St. Cloud policies (on CentraNet):

Resident Fatigue Monitoring and Mitigation
Resident Duty Hours
Moonlighting
Call Scheduling Guidelines
http://centranet/policies/sch/ccfhc/residency/call_schedule_guide.pdf

REDUCTION/CLOSURE OF RESIDENCY
In the event of an unexpected residency closure or a reduction in the number of residents please refer to the St. Cloud policy titled: “Reduction/Closure of Residency”.

SAFETY/SECURITY
For security within the CentraCare Health, please call extension 1234.
For an emergency within the CentraCare Health, please call extension 3333
St. Cloud Hospital provides a secure environment in the hospital, call rooms, and other clinical facilities.

SUPPORT SERVICES
Please see the Resident Survival Guide for specific information related to accessing and utilizing these services and systems.
WEB LINKS TO ADDITIONAL RESOURCES
ACGME Institutional Requirements  
http://www.acgme.org/acgmeweb/Portals/0/irc_IRCpr07012007.pdf

Family Medicine Residency Program Requirements  
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/120pr07012007.pdf

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

IX. CALL & MOONLIGHTING
Residents moonlighting will need to be in compliance with the institutional GME moonlighting policy. Please refer to St Cloud Policy “Call Responsibilities – In Hospital”, “Call Responsibilities – At Home”, and Moonlighting (On the CentraNet):
http://centranet/policies/sch/ccfhc/residency/call_respons_at_home.pdf

ON-CALL ROOMS
On-call rooms are located on the 1st level of St. Cloud Hospital near the Radiology Department. There are two work rooms and two sleep rooms available. The work rooms are #1274 & #1277. The sleep rooms are #1275 & #1273. Please contact the residency support office with any concerns regarding the call rooms or you can report concerns anonymously via the online “Resident Concern” survey. The link is available in RMS on the Welcome Page.

Patient Communication Procedure – Day and Night/Weekend

It is the policy of the University of Minnesota/St. Cloud Hospital Family Medicine Residency and CentraCare Family Health Center to respond to patient requests in an appropriate way to further patient communication, satisfaction and health.

Faculty and residents will be notified of urgent patient phone calls by the nursing service. In the event that the patient’s own physician is not immediately available, the preceptor or the physician covering will be consulted for acute management. Non-urgent non-electronic issues will be placed in the physician’s box in Medical Records. Phone calls, refills and other messages will be documented in the electronic medical record.
Every effort should be made to handle non-urgent requests within 48 hours. Response to urgent phone calls, refills and messages will be made within 24 hours.

Night and Weekend Phone Calls: Upper level residents (PGY2s & PGY3s) will be expected to manage phone calls during hours that the office is closed. Phone pages by the operator should be returned at the earliest resident convenience, usually within the hour. Documentation of the phone call will be made directly in the EMR or by dictation as a clinic note (03) to the hospital dictation system. The dictation should include the faculty on-call who will review and counter sign the note.

X. INPATIENT MANAGEMENT
Inpatient management is carried out by faculty and residents working effectively as a team. Communication is one of many keys assure safe care of our patients. Please refer to the following policies for the management of our inpatient service.

Call Responsibilities - PGY-1’s In Hospital
Call Responsibilities - ULR’s In-Hospital and At Home
http://centranet/policies/sch/ccfhc/residency/call_respons_at_home.pdf
Hospital Sign-out
Hospitalized Patients - Attending Notification
Inpatient Management
Laboring Patients Management
Maternity Care Patients - Continuity
Patient Communication Procedure - Day, Night and Weekend
http://centranet/policies/sch/ccfhc/residency/pt_comm_day_night_wkend.pdf
Appointments For Hospital Follow-up

XI. LICENSES, CERTIFICATIONS, PERMITS, EXAMS

DEA APPLICATION AND NUMBER
All residents are required to attain a DEA number (certificate) within three months of obtaining their medical license. Application forms are given to the residents at approximately the same time of licensure application. The program will pay the DEA fee (or if completed online submit receipts).

IN-TRAINING EXAMINATION
All residents will participate in the In-Training Examination (ITE) given each year by the American Board of Family Medicine. This test(s) is a required element of the program.

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 that of the national group. It will also provide information on how likely a resident is to successfully pass the ABFM Certifying Exam. For the results to be accurate, this test should be viewed very similarly to how a resident should take the board exam. 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

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: We have online copies of each year’s ITE test booklets and answers to assist you in preparation for your board certification examination required in April of your PGY-3.

LICENSURE

For on-track residents, licensure application packets are available online from the MN Board of Medical Practice and reminders will be sent to residents in January of PGY1 year for U.S. medical graduates and January of PGY2 year for international medical graduates.

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. Please submit a completed reimbursement form and your receipt or copy of your check.

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

Licensure Policy

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

- United States graduates must:
  - Pass USMLE Step III 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 or the date specified by your residency coordinator. You must check with your coordinator for the correct date.

- 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. It must be successfully passed prior to January 1st of your PGY-2 year.
  - 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 or the date specified by your residency coordinator. You must check with your coordinator for the correct date.

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

The program will reimburse residents for application and renewal fees until resident program completion.
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 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 1 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-2 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.

The 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 by Sept. 1 and we will reimburse for half of the cost of taking the exam again.

XII. RECRUITMENT
All residents and faculty are expected to be active in recruiting future residents. This includes but is not limited to residency fairs and residency candidate interviews. Please see St. Cloud “Recruitment” policy (on CentraNet) for further details: http://centranet/policies/sch/ccfhc/residency/recruitment.pdf

VISA SPONSORSHIP
St. Cloud does not sponsor employment visas.

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.
XIII. RESIDENT SUPERVISION

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.

Please review the following St. Cloud policies (on CentraNet) for details around resident supervision/precepting:

1. Resident Supervision

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.

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.

XIV. SCHEDULING

ROTATIONS AND LEAVES OF ABSENCE
Continuity of care of clinic patients is an important fundamental principle of family medicine. Rotations that are a distance from the St. Cloud area and leaves of absence will interrupt this continuity of care and therefore need to be limited. Residents also need to be in compliance with the rules and regulations of ACGME, ABFM, and ACOFP. Please see the St. Cloud policy (on CentraNet) titled: “Away Rotations and Leaves of Absence” http://centranet/policies/sch/ccfhc/residency/away_rotation_leaves_absence.pdf

CALL SCHEDULING GUIDELINES
The chief resident is responsible for generating and monitoring the call schedule and assuring that it fairly reflects the needs and responsibilities of the residents. The frequency of call should be distributed equitably. All call changes need to meet duty hour limitations. Please see the St. Cloud Hospital policy (on CentraNet) titled: Call Scheduling Guidelines” for further details.
http://centranet/policies/sch/ccfhc/residency/call_schedule_guide.pdf
DUTY HOURS
The St. Cloud residency program assures compliance with the ACGME duty hour regulations as a means of providing residents with adequate rest and relaxation away from the demands of residency. Please see the following St. Cloud policies (on CentraNet) that deal with duty hours and resident fatigue: Resident Duty Hours
Resident Fatigue, Monitoring and Mitigation

ON-CALL SCHEDULES
1) On-call schedules are available in RMS and Physician-Call Scheduler.
2) Also, refer to section on Call & Moonlighting

SCHEDULING RULES FOR RESIDENTS
Resident schedules are complex and require the consideration of a great number of variables. The St. Cloud policy (on CentraNet) titled “Scheduling Rules for Residents” details how schedules are developed. Please review it for further details. http://centranet/policies/sch/ccfhc/residency/schedule_rules_res%20begin%207-1-2014.pdf
XV. ADMINISTRATION

DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH PHONE DIRECTORY

<table>
<thead>
<tr>
<th>Department Head</th>
<th>Macaran Baird, MD, MS</th>
<th>612-624-0539</th>
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<tbody>
<tr>
<td>Director of Education</td>
<td>Joseph Brocato, PhD</td>
<td>612-624-4464</td>
</tr>
<tr>
<td>Senior Administrative Director of Medical Education</td>
<td>Melissa Stevens, MA</td>
<td>612-626-4490</td>
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UNIVERSITY OF MINNESOTA/ST. CLOUD HOSPITAL CONTACTS

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Joe Blonski, MD</th>
<th><a href="mailto:blonskij@centracare.com">blonskij@centracare.com</a></th>
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<tbody>
<tr>
<td>Director of Residency Training</td>
<td>Tom Satre, MD</td>
<td><a href="mailto:satret@centracare.com">satret@centracare.com</a></td>
</tr>
<tr>
<td>Specialist, Residency Support (Residency Coordinator)</td>
<td>Laurie Schmidt</td>
<td>320-240-3112</td>
</tr>
<tr>
<td>Residency Program Specialist</td>
<td>Barbara Manderfeld</td>
<td>320-251-2700 x25021</td>
</tr>
<tr>
<td>Residency Program Specialist</td>
<td>Jessie Schroder</td>
<td>320-240-3182</td>
</tr>
<tr>
<td>Residency/Clinic Scheduler</td>
<td>Laurie Christen</td>
<td>320-240-3157 x25188</td>
</tr>
<tr>
<td>Program Administrator</td>
<td>Diane Buschen-Brenna, RN, MBA</td>
<td>320-240-3109 or x74926</td>
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CENTRACARE FAMILY HEALTH CENTER CONTACTS

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<tr>
<th>Medical Director</th>
<th>Kevin Switzer, MD</th>
<th><a href="mailto:switzerk@centracare.com">switzerk@centracare.com</a></th>
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<tbody>
<tr>
<td>Clinic Coordinator</td>
<td>Shar Wallack</td>
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<tr>
<td>Front Desk Supervisor</td>
<td>Laura Loberg</td>
<td>320-240-3110</td>
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<tr>
<td>Business Office</td>
<td>Laurie Roller-Dick</td>
<td>320-240-3119</td>
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WHOM TO CALL AT THE UNIV. OF MN WHEN YOU NEED INFORMATION ABOUT...

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<thead>
<tr>
<th>Address Change</th>
<th>Jessie Schroder</th>
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<tr>
<td>Biomedical Library</td>
<td></td>
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<td>Community Health Rotation</td>
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<td>Computer Services Help Line</td>
<td>SCH I.S. Dept</td>
<td>320-251-2700 x54540</td>
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<td>Computer Services Help Line @ University of Minnesota</td>
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<td>612-301-4357</td>
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<td>Continuing Medical Education</td>
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<td>612-626-7600</td>
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<td>Contracts (G-1/G-2/G-3 year)</td>
<td>Laurie Schmidt</td>
<td>320-240-3112</td>
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<tr>
<td>Course Completion Reports</td>
<td>Erik Solberg, MA, MEd</td>
<td>612-626-3124</td>
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<tr>
<td>Courses &amp; Workshops, Registration</td>
<td>Erik Solberg, MA, MEd</td>
<td>612-626-3124</td>
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<tr>
<td>DEA</td>
<td>Laurie Schmidt</td>
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<td>Graduation Certificates</td>
<td>Laura Pham</td>
<td>612-626-0194</td>
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<td>ITE Exams</td>
<td>Jessie Schroder</td>
<td>320-240-3182</td>
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<td>Leaves of Absence</td>
<td>Laurie Schmidt</td>
<td>320-240-3112</td>
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<td>Laurie Schmidt</td>
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<tr>
<td>Recruitment</td>
<td>Laurie Schmidt</td>
<td>320-240-3182</td>
</tr>
<tr>
<td>Registration, U of MN Student</td>
<td>Laura Pham</td>
<td>612-626-0194</td>
</tr>
<tr>
<td>Scholastic Standing Committee</td>
<td>Liz McElligott</td>
<td>612-625-0953</td>
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<tr>
<td>W2 and W4 Forms</td>
<td>SCH Human Resources</td>
<td>320-251-2700 x55650</td>
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