UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2015-2016

Program Policy and Procedure Manual

St. John’s
Family Medicine Residency Program

Department of
Family Medicine and Community Health
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INTRODUCTION/EXPLANATION OF MANUAL

Welcome to the St. John’s Hospital Family Medicine Residency Program! The St. John’s 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 specific to the St. John’s Hospital Family Medicine Residency Program and the DFMCH. The information contained in this program manual pertains to all residents in the UMN St. John’s Family Medicine Residency Program except as otherwise identified. Contact William Roberts, MD, residency program director, or Shari Mann, residency program administrator, with questions regarding the content of this manual.

DEPARTMENT MISSION STATEMENT

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

PROGRAM MISSION STATEMENT

The St. John's Hospital Family Medicine Training Program strives to train superior family physicians through scholarship and evidence-based medicine, while providing quality patient care within the diverse community in which the program is located.

I. STUDENT SERVICES

PAGERS

First-year residents will receive personal pagers on July 1 during their clinic shift, or in their residency lounge mailboxes if they will not be in clinic that day. Problems with personal pagers should be reported to the clinic manager. Replacement batteries and holsters are available from the clinic manager.

E-MAIL AND INTERNET ACCESS

Computing services are available to residents at their program through University of Minnesota Physicians (UMPhysicians). The UMPhysicians Information Services provides technology support for equipment and networking, as well as software support and applications development. Residents will have access to clinic schedules, PowerPoint, word processing, internet, etc., on computers available in the residency clinic. Residents will have access to their rotational schedule through RMS, which can be synchronized to a calendar using i-Cal format. Residents will have access to the program’s call and weekend rounding schedules through shared Google Calendars.

Residents will receive an e-mail account from the University of Minnesota, which is also referred to as the X500 account. This e-mail account should be checked daily. It is web accessible.
The Department and University use the UMN email as the official means of communicating to residents. Residents are responsible for reading and responding to their UMN email. **Residents should not auto-forward their UMN email to any other email account.** Residents can contact the residency administrator (Shari Mann) for assistance with email questions.

Residents will have access to the internet at the clinic. Laptops are available for all residents in the clinic for accessing the electronic medical record (EMR). Second and third year residents have a dedicated laptop for their use in clinic. First year residents have two shared laptops for use in the clinic. These have wireless access to the internet within the clinic. The clinic laptops will not function off of the clinic network. At the hospital, in the resident call room, there is a computer that uses the St. John's internet access. The hospital also has wireless internet access in many locations.

Questions related to clinic computers or software may be directed to the UMPhysicians Computer Help Desk (612) 884-0884 from 7 a.m. to 5 p.m.
Questions related to the clinic's EMR may be directed to the Fairview Epic Helpdesk at (612) 672-6805.
Questions regarding St. John’s Hospital computers, access, EMR, and permissions may be directed to the HealthEast Help Desk (651) 232-1227.
For University of Minnesota e-mail or internet support, call (612) 301-4357.

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. John’s Hospital Family Medicine Residency Program  
http://www.familymedicine.umn.edu/education-training/residency-programs/st-johns

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

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

MyU Portal  
www.myu.umn.edu

Email and Library Access for Graduates  
http://www.gme.umn.edu/residents/GradEmailLibAccess/index.htm

**CAMPUS MAIL**

The clinic has interoffice mail slots, located in the Patient Representative's (Gloria Olson) office. The slots are for campus mail/Department of Family Medicine and Community Health, UMPhysicians 720 Washington Avenue, and UMPhysicians Central Billing Office. Interoffice mail to and from all three locations is picked up and delivered daily.
For incoming mail or information distribution at the clinic, second and third-year residents have mailbox boxes at their desks and first-year residents have mail slots on the bookshelf in the resident room. Residents each have a mail slot in the resident room at the hospital for correspondence distributed there. Residents are required to check their mail each day they are in clinic or hospital.

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. Residents should contact Shari Mann at (651) 793-5613 with any address changes. She will share these changes with the hospital and Department of Family Medicine. **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

**IMMUNIZATIONS AND VACCINATIONS**

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

To print out a personalized immunization report and immunization form to update your immunizations, visit [www.bhs.umn.edu/myboynton](http://www.bhs.umn.edu/myboynton)

You may be required to obtain a flu shot prior to certain rotations.
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.

NAME CHANGES
Notify Shari Mann 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

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.

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

Direct Deposit
Set up direct-deposit with your checking account information.
Paycheck Calculator
Find out how much take-home pay you will receive after deductions.
Pay Periods
See when to expect your first paycheck:
http://www1.umn.edu/ohr/pay/statement/paydays/

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

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

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

Training Registration/History
Print a report verifying completion of your University of Minnesota HIPAA and Security Training. Report and track other training history. 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://www.privacysecurity.umn.edu/training/instructions/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.

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

The Phalen Village Clinic is closed for the above holidays; however, the residency program does cover certain services at the hospital during these days. Residents rotate call coverage on these days and most other residents will be off their rotation duties for these holidays (with exceptions when rotating at Children’s and Region’s Hospitals).

The Phalen Village Clinic and St. John's Hospital are open with half staffing for floating holidays on November 27 and December 24 Most rotations have no required duty on these floating holidays. Half staff means that there will be 4 second and third year residents in clinic with one preceptor; the R2 on call, a second or third year resident, and one preceptor will cover the hospital responsibilities. Hospital and clinic coverage is arranged as part of the call schedule. Residents receive 3 personal holidays per year. A resident will use personal holiday or vacation
time to cover floating holidays that s/he does not work. If a resident is on duty, not on call, on a rotation during a holiday, s/he may take another day off, though this must be requested in advance.

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

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

A Leave of Absence Request Form must be approved by the Program Director and submitted to Melissa Stevens, Education Manager, prior to maternity/paternity leaves. A resident birth partner shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave must commence no sooner than two weeks prior to the anticipated delivery date and no later than six weeks after the delivery. The leave must be consecutive and without interruption. Any leave that when added to vacation time and any other personal time away results in more than 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 ABFP 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 service problems. If you will be enrolling your child on the University of Minnesota health insurance policy, you can contact the Office of Student Health Benefits at 612-624-0627 or 1-800-232-9017 or via email at umshbo@umn.edu.

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

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

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 one month 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 one month 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.

PERSONAL LEAVE
Days away from the program may be granted at the discretion of the program director, for no more than three days at a time. If this leave, when added to vacation time and sick leave, results in more than 21 working days away from the program in a PGY year, the days in excess of 21
working days must be made up before the resident progresses to the next PGY year. Please note that this MAY extend your residency.

**American Board of Family Medicine Requirements: Effect of Leave for Satisfying Completion of Program**

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

**PROFESSIONAL AND ACADEMIC LEAVE**

CME time will be granted at the discretion of and under the direction of the program director. Residents are allowed 3 days of CME time per academic year. Residents must complete a time off request form including information about the conference or course they wish to attend for the program director to review.

**American Academy of Family Physicians Annual Scientific Assembly**

[http://www.aafp.org/events/fmx.html](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**


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/](http://www.cme.umn.edu/)

**Minnesota Academy of Family Physicians Spring Refresher** (Annually in April)

Third year residents are automatically scheduled for some or all of this conference depending on their rotation schedule. Other residents must obtain approval from the Program Director prior to registering for the Spring Refresher. For further information, visit [www.mafp.org](http://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
Susann Jackson, Director of Student Health Benefits
410 Church Street SE
Minneapolis, MN  55455
Phone: 612-626-5211 / Fax: 612-625-1434
www.shb.umn.edu

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

MALPRACTICE LIABILITY INSURANCE
CARRIER: RUMINCO LIMITED
POLICY #: RUM-1005-14
CLAIMS MADE COVERAGE
LIMITS: 1,000,000/3,000,000
DEPARTMENT CONTACT PERSON:
MELISSA STEVENS
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
Residents have access to three meals: breakfast, lunch, dinner in the cafeteria when they are on duty. Residents notify the cashier that they are with the residency program. The resident will sign the back of the receipt for cafeteria items, and these will be billed to the residency program. Residents also have access to food 24-hours a day, at their own expense, through the doctors' lounge.

LAUNDRY SERVICE
Three personalized white coats are distributed at the hospital during orientation. Residents are responsible for laundering their own coats. Residents will be responsible for the cost of additional replacement white coats if needed due to name change, loss, or damage.

MEMBERSHIP IN MEDICAL SOCIETIES
Family medicine residents are encouraged to join the following medical societies:

Twin Cities Medical Society  
www.metrodoctors.com

American Medical Association  
1-800-262-3211  
www.ama-assn.org

Minnesota Medical Association (MMA)  
Membership is offered free to residents & fellows  
http://www.mnmed.org/Membership/DuesInformation.aspx

Twin Cities Medical Society (membership is included at no charge when you join the MMA)
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 (GFM) 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

GLOBAL PROGRAMS & STRATEGY (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

PARENTAL-NEWBORN ELECTIVE FOR ST. JOHN’S FAMILY MEDICINE RESIDENCY PROGRAM

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
MOVING EXPENSE REIMBURSEMENT POLICY
Residents may qualify for reimbursement of up to $1000 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/EMPLOYEERELOCATION.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**
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.

**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
      - Methodist Residency Program
      - North Memorial Residency Program
      - St. Cloud Residency Program
      - Hospice and Palliative Care Fellowship Program
      - Sports Medicine Fellowship Program
      - Smiley’s Residency Program
      - St. John’s Residency Program
      - St. Joseph’s Residency Program
      - Duluth Residency 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_PR0C01.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

**PROGRAM CURRICULUM**

**First Year**
- Family Medicine Clinic 1-3 half days per week
- Adult In-patient Medicine 2 months
- Cardiology 1 month
- Emergency Medicine 2 months
- ICU 1 month
- ENT 0.25 month
- Obstetrics 2 months
- Pediatrics- In-patient 1 month
- Pediatrics Neonatology 1 month
- Podiatry 0.25 month
- Radiology 0.25 month
- Surgery 1 months
Second Year
Family Medicine Clinic  3-4 half days per week
Adult In-patient Medicine  2 months
Acute Orthopedics  1 month
Behavioral Medicine  0.75 month
Chemical Dependency (in-patient)  0.25 month
Community Health  1 month
Dermatology  1 month

Elective  2 months
Geriatrics  1 month
Neurology (in-patient)  0.75 month
Ophthalmology  0.25 month
Orthopedic Surgery  1 month
Pediatric Service  1 month
PROGRAM GOALS AND OBJECTIVES
The program goals for each rotation are included in the St. John’s Hospital Residency Program rotation manual. This is updated as needed and is available electronically, on the program’s myU Portal. To access this link, contact Shari Mann, (651) 793-5613 or mannx114@umn.edu.

TEACHING MEDICAL STUDENTS
Residents are an essential part of the teaching of medical students. Our residents do not teach medical students until their second year. 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. Residents going into the second year need to complete the Residents as Teachers Moodle course prior to working with medical students.

Family Medicine 7600 (Primary Care Clerkship)
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.

PATIENT TRANSITION OF CARE – SHIFTS AND TRANSFERS
To ensure patient continuity and safety, our transfers occur during direct face to face hand off meetings. The major transition time for patient care occurs every morning at the end of the overnight shift. Post call residents attend morning sign outs from 8am-9am, meeting with the inpatient team (on site faculty and residents assigned to the service) to transition care.

Transitions that occur at other times (change in house call resident) are completed face to face with the hand off of the call beeper. The transition from the emergency department to the floor is done by phone in direct conversation between the accepting resident and the ED physician. Transfers from other hospitals and direct admits are only accepted when the transition is directly signed out by phone to the faculty physician on site.

NOON CONFERENCE
Educational conferences occur over the lunch hour at the hospital every week day. These conferences cover a wide range of subjects and include resident and faculty presentations. As these conferences meet some of the program's didactic requirements, residents are expected to attend 240 conferences over the 3-year residency experience. Residents are expected to attend the conferences held on site at other educational facilities such as Children's Hospital during rotations at these sites. The St. John's noon conference schedule is maintained by the hospital coordinator (Chris Keane). She includes resident required presentations in the schedule.

Residents are required to present on a perinatology topic after the second month of OB in the first year. Residents are required to present on a behavioral medicine topic after completing the behavioral medicine rotation, a community health topic after the community health rotation, and an in-patient medicine case after each month of Phalen Service in the second year. Residents are required to lead a case discussion during the third year. Residents will lead resident journal club twice over the course of the residency, once in the second year and again in the third year. Residents are also required to present on a related topic following an away rotation or an elective. If a resident wishes to be on vacation when s/he is scheduled to present, it is the resident's responsibility to trade the date with another resident (much the way residents must cover their own call responsibilities).
TRAINING/GRADUATION REQUIREMENTS

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

Completion of the following required workshops in the specific years:

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

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

III. Completion of the Community Health Rotation and Community Health Project

IV. A satisfactory Clinical Competency Committee review of Family Medicine Milestone progress commensurate with a profile that is ready for clinical practice.

V. Certification in ACLS

VI. Complete all rotation requirements, clinical and hospital medical records; rotation, self, peer, and faculty evaluations; scholarly/quality improvement projects, and 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>
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<tr>
<th>Required Courses for G-1 Residents</th>
<th>G-2 Required Courses</th>
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| **Advanced Life Support Obstetrics (ALSO)**  
Director: 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) | **Community Health**  
Director: Mark Yeazel, MD, MPH  
Location: UMN 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) |
| **Primary Care Psychiatry**  
Director: Bob Levy, MD  
Location: UMN West Bank Office Building  
1st – Thursday, November 19, 2015 (8:00 - 4:45 pm)  
2nd – Thursday, April 21, 2016 (8:00 – 4:45 pm) | **Practice Management / Systems-based Practice**  
Director: Dave Hunter, MD / Kirby Clark, MD  
Location: UMN West Bank Office Building  
1st – Thursday, October 22, 2015 (8:00 – 4:30 pm)  
2nd – Thursday, April 7, 2016 (8:00 – 4:30 pm) |
| **Sexual Medicine for Residents**  
Director: Jamie Feldman, MD, PhD  
Location: UMN 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: UMN West Bank Office Building  
1st – Thursday, January 7, 2016 - (8:00 - 4:30 pm)  
2nd – Thursday, May 19, 2016 (8:00 – 4:30 pm) | **Elective Courses for G-2 & G-3 Residents** |
|  | **Basic Colposcopy**  
Director: Pita Adam, MD, MSPH  
Location: UMN West Bank Office Building  
Thursday, May 5, 2016 (8:00 – 4:45 pm) |
|  | **Advanced Colposcopy**  
Director: Pita Adam, MD, MSPH  
Location: UMN 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: UMN 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 Sletten, DO  
Location: UMN West Bank Office Building  
Thursday, March 24, 2016 (8:00 – 4:45 pm) |
|  | **Dermatology Procedures**  
Director: Neal Foman, MD, MS  
Location: VA Simulation Center, Minneapolis  
Friday, February 26, 2016 (1:00 – 5:00 pm) |
|  | **USA Soccer Cup**  
Director: Bill Knopp, MD  
Location: UMN 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 10-11, 2015 |

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 [www.acgme.org](http://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. Residents
document their Duty Hours in New Innovations’ Residency Management Suite (RMS).

Please refer to the Institution Policy Manual General Policies & Procedures: Duty Hour Policy
for additional information.
PROCEDURES/EVALUATIONS

Documentation of Procedures

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

You will be trained in the RMS procedure tracking module during orientation. Shari Mann is available to provide assistance if needed.

Evaluations

RMS is the electronic evaluation system that is used to evaluate residents, preceptors, and rotations. Residents will automatically be set up with an RMS account, which will interact with one of their e-mail accounts. Evaluations are sent to the residents and faculty prior to end of each rotation. RMS is a web-based program and can be accessed from any computer. Residents are expected to complete all evaluations in a timely manner.

Satisfactory completion of the residency is contingent on passing all rotations in each year of 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 twice yearly by the program director and the Clinical Competency Committee, and three times yearly by the resident’s advisor.

CALL SCHEDULES

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. 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.

First year residents have a long call/short call system. Short call occurs Monday-Thursday nights. Short call shifts start at 5 pm and end at 10 pm. First year residents may stay later than 10 pm if they are in the middle of something, but must leave in time to ensure that they do not violate the rules regarding 16 hours of consecutive duty or 8 hours of time off between shifts. On mornings following short call, residents return to the hospital at 8:00 am for morning report. Long call occurs Friday-Sunday nights, on holidays when the clinic is closed, and on nights before a holiday when the clinic will be closed. Long call shifts start at 5 pm and end at 9:00 am (following morning report). First year residents are scheduled to be off duty for the ten hours leading to and following long call.

Second and third year residents have overnight call every night. Monday-Friday shifts start at 5:00 pm and end at 9:00 am (following morning report). Saturday and Sunday shifts, and shifts occurring on weekday holidays when the clinic is closed start at 8:00 am and end at 9:00 am following morning report the next day. Residents are scheduled to be off duty on any work days
following overnight call. A second or third year resident from the medicine service is scheduled
to round on patients on the service from 8:00 am until 8:00 pm on Saturday and Sunday. Second
year residents round on Saturdays and third year residents round on Sundays.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
Resident/Fellows may remain on duty for up to 4 additional hours to participate in didactic
activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical
and surgical care. No new patients may be accepted after 24 hours of continuous duty.

Call schedules are set up by residents themselves and must adhere to rules noted in the rotation
manual regarding days when call is not permitted. The call schedule is stored in both RMS and
in a set of Google Calendars that have been shared with all residents and faculty so all members
of the call team can see who is on duty. Changes may be made among residents, but should
occur before the clinic schedule is opened to avoid impacting patients. Last minute changes due
to illness or emergency may occur as needed. All call changes must be reported to the residency
administrator and the residency administrative assistant to ensure that clinic schedules are
adjusted in a timely fashion.

Most rotations end around 5 p.m. and do not extend into the weekend. All "after hours" hospital
and clinic responsibilities are performed by the call team consisting of a first year resident and a
second or third year resident with faculty supervision available. Weekday house officer
responsibilities are assigned to a second or third year resident. House shifts end when the
resident on call arrives to relieve the house officer of the admit pager. After hours call is
typically 1 in 5 for a first year and 1 in 12 for second- and third-year residents. If you are not on
call, your evenings and weekends are free.

CALL ROOMS
There are two call rooms within the Family Medicine Residency area (Room 210), on the 2nd
door of the hospital, up from the main entrance. Any concerns should be reported to the
residency administrator (Shari Mann) or the residency hospital coordinator (Chris Keane). Call
rooms are equipped with shower, toilet, and bedroom. There is a TV and VCR in the call rooms
along with telephones.

SUPPORT SERVICES
Clinic - Medical assistants are available for residents in the clinic. They room patients and get
vitals prior to the physician seeing the patient. In many cases the medical assistants are also
Hmong interpreters, given the clinic's high Hmong patient population. There are other
interpreters on the staff, available to register patients, answer questions, and take messages.
These staff may call Hmong-speaking patients on behalf of the physicians as needed. Medical
assistants may help patients arrange for transportation. The clinic has in-house phlebotomy
personnel for lab draws (see below for more on laboratory services).

Hospital - Patient support services in the hospital include interpreters, IV, PICC team,
patient/family advocacy, phlebotomy, and transport.

Contact numbers:
- Dialysis - 651-232-7382
- Healing Touch - 651-326-7757
- Interpreter - 651-232-5649
LABORATORY/PATHOLOGY/RADIOLOGY SERVICES

Clinic - The clinic has a moderately complex in-house laboratory. In-house lab capabilities include:

Lab staff will draw patients for in-house lab work as well as for labs that are sent out. HealthEast Capitol Laboratories is the clinic reference lab. A courier picks up twice daily, and a stat pick up can be arranged. The clinic is online with the reference lab, and reports print in the clinic lab as soon as they are entered into the HealthEast Capitol Laboratories computer system. Most results return within 24 hours. A few tests must be sent to the Mayo lab and may take up to a week. There is no in-house pathology at the clinic.

The clinic has basic x-ray capability and staff. All other radiological needs (MRI, mammography, etc) are referred out, generally to HealthEast St. John's Radiology.

Hospital - The hospital has full lab/pathology, CT, MRI, and interventional radiology.

MEDICAL RECORDS

Clinic – The clinic uses an electronic medical record (EMR). Computerized medical records are available to residents 24-hours a day. The medical records department is open and staffed when the clinic is open. Residents dictate their own chart notes, receiving notice to review them after transcription. Faculty review all chart notes for first-year and uncredentialed residents. Residents receive tasks in the EMR to handle patient calls and refill requests, to sign notes, and review consultant correspondence. Some of these tasks are time sensitive and residents are expected to check their task list daily regardless of their rotation or location for the day. If residents will be on vacations or on a rotation that does not have access to the Internet (or which blocks the EMR program), they are to make arrangements with a team member to handle time sensitive tasks. Patient charts are randomly audited to verify that residents are providing appropriate documentation and to ensure quality of care.

Hospital – The hospital uses an EMR. Computerized medical records are available to residents 24-hours a day.

SAFETY/SECURITY

The Hospital Safety Committee insures all security measures are taken appropriately. Security people are available 24 hours a day and escort is provided upon request to the parking lot. Security can be reached at 651-232-7083 (or by dialing 27083 internally). Residents are given a parking card good at any HealthEast facility.

At the clinic, residents use the staff only entrance. The clinic closes in early evening.
MOONLIGHTING
Moonlighting requires a prospective, written statement of permission from the program director that will be made part of the residents’ file. Permission requests must be submitted twice each year for each site the resident wishes to moonlight with. Permission may be revoked at any time, and a written request must be submitted to reinstate permission. The request for permission to moonlight is available on RMS and the MyU portal.

Residents and fellows are not required to engage in Moonlighting. PGY-1 residents and residents with a J-1 are not permitted to 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/fellow’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

All moonlighting must be counted toward the 80-hour weekly limit on duty hours. Residents are required to enter these shifts into RMS. 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/Fellows 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/fellows are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.

GRADED RESPONSIBILITY
It is the responsibility of the program director and the family medicine faculty to provide residents with direct patient care experience and progressive responsibility for patient management during their residency. This is also well outlined in the HealthEast Resident Supervision Policies which are available in the office of the hospital residency coordinator.
MONITORING OF RESIDENT WELL-BEING

It is ultimately the program director's responsibility, however there are many ways this is handled and all of the faculty members are involved to attempt to catch any concerns early. Routine formal and informal support gatherings are held in each of the years. These are done at the hospital and in the homes of faculty and residents, and attendance is mandatory. Residents can go to any of the medical faculty or behavioral science faculty if they are having residency stress issues. One of the routine agenda items on the monthly faculty meetings is a discussion of the residents' progress and well-being. There are one-on-one meetings between a faculty advisor and each resident three times per year, and twice yearly meetings between the program director and each resident. Finally, residents are periodically asked to anonymously record the hours they work and moonlight, and select whether the week was typical and whether they find the residency stressful.

ACLS/BLS/NRP CERTIFICATION REQUIREMENTS

Initial certification in Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), and Neonatal Resuscitation Program (NRP) is done during the orientation to the first year of residency. All second year residents may take Pediatric Advanced Life Support (PALS) to enhance their coverage of pediatric patients at St. John’s. Residents may take this as it fits into their schedule. All third year residents are recertified in ACLS as a group in July.

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

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 sit for the USMLE Step 3 or COMLEX-USA Level 3 examination by February 1 of their PGY-1 year (PGY-2 year for FMG residents). This deadline allows residents
time to re-take the exam if more than one attempt is needed while still getting licensed at the earliest point of eligibility.

Residents should register for the USMLE Step 3 or COMLEX-USA Level 3 exam in October or November of the PGY-1 year to allow for scheduling, grading and notification of exam results by the licensing deadline. Residents who do not notify their program of a passing score by January 1 of their PGY-2 year (PGY-3 for FMG residents) 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 given to the residents in January of PGY1 (PGY-2 for FMG residents).

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 their 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 Minnesota license 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. The online DEA application information is given to the residents shortly before licenses are issued. Programs will reimburse the residents for the full DEA fee. For reimbursement, please submit a completed reimbursement form with a copy of your check taped to 8x11 piece of paper for the application cost.

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

IN-TRAINING 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 is given the week of 10/26/16 – 10/30/15. No vacation is allowed during this time! Residents who wish to take an away elective in October must either return to the program in time to take the exam, or arrange to take the exam with a residency site near their elective.

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.asp](https://www.theabfm.org/cert/ite.asp). Log in with your ABFM username and password using the box in the upper right corner of the web page.

**RESIDENT SELECTION**

All residents will be selected through the National Resident Matching Program (NRMP). Exceptions to this rule may occur if allowed by NRMP rules and with adherence to the Resident Pre-selection policy. If the program does not match 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.

WEB LINKS TO ADDITIONAL RESOURCES

ACGME Institutional Requirement

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

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

Tuberculosis (TB) Exposure Management
https://docs.google.com/document/d/1ROtODx-Be2d7a2SAEFW6H9t1ZJzmx0DhMxDho90dPbk/edit

Needle Sticks and Blood Borne Pathogen Exposure (BBPE) Management
https://docs.google.com/document/d/1TVsIpAlfOl5y587xDJewbvmMly31dlnbg14zDWT72P4/edit
VI. ADMINISTRATION

DEPARTMENT PHONE DIRECTORY

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

PROGRAM PHONE DIRECTORY

Program Director .................................................. William Roberts, MD, MS........... 651-793-5603
Program Administrator .......................................... Shari Mann .............................. 651-793-5613
Program Administrative Assistant ............................ 651-495-0488
Clinic Administrative Assistant ............................... Faith Parenteau-Ek ................. 651-793-5606
Hospital Coordinator ............................................ Chris Keane ......................... 651-232-7180

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...

Address Change .................................................. Laura Pham ........................... 612-626-0194
Biomedical Library ................................................ 612-626-5635
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) ............. 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