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INTRODUCTION/EXPLANATION OF PROGRAM POLICY MANUAL

Welcome to the St. Joseph’s Hospital Family Medicine Residency Program! The St. Joseph’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 for the St. Joseph’s Hospital Family Medicine Residency Program and the DFMCH. Contact Casey Martin, MD, residency program director, at csmartin@umphysicians.umn.edu, or Faith Norstrud, residency program administrator, at FNorstrud@umphysicians.umn.edu with questions regarding the content of this manual. The information contained in this program manual pertains to all residents in the UMN St. Joseph’s Family Medicine Residency Program except as otherwise identified.

DEPARTMENT MISSION STATEMENT

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

PROGRAM MISSION STATEMENT

A. To create an environment within an educational model in which learning and emotional growth is a comfortable and natural process.

B. To develop a physician's awareness of his/her own personality traits, personal capabilities, limitations; comfort in dealing with patients, colleagues, friends and family.

C. To enable the physician to modify his/her behavior to feel confident and at ease in dealing with people of all persuasions, convictions, and attitudes.

D. To initiate and maintain programs that provide a stimulus for learning a model of care which has a beneficial impact on medical care and medical education within the community.

E. To provide learning opportunities for each resident to develop the ability to:
   a. Interpret in pathophysiological terms an accurate and complete initial and continuous data base obtained through patient interviewing, physical examination, and appropriate laboratory evaluation.
   b. Accurately diagnose and completely manage the vast majority of primary care problems common to the office practice setting.
   c. Focus on the family as a unit, analyzing and appreciating the forces which affect health and illness.
   d. Work as a cooperative health-care team member relying on the skills of other health professionals.
   e. Appropriately utilize available community resources indicated for holistic care, including social, nursing, legal, and religious services.
   f. Understand, achieve, and utilize continuous relationships with patients toward the overall betterment of care.
   g. Identify in epidemiologic terms the problems of the community as they affect the health of individual patients.
   h. Operate and manage, effectively and efficiently, the office practice setting.
i. Select and utilize consultants from other disciplines at that point where diagnosis and management can be improved by such consultation.

I. STUDENT SERVICES

PAGERS
Residents receive their personal pagers during orientation week prior to the start of residency. If personal pagers malfunction, residents are to contact Faith Norstrud at (651) 223-7323 located at Bethesda Clinic for an exchange. Residents are required to wear their pagers at all times during duty hours (8 a.m. to 5 p.m.).

Residents assigned for house officer or on night float at St. Joseph’s Hospital each wear an additional pager while on call. These pagers are passed on to the next person on call at the end of each shift. If these pagers malfunction, residents should call Bei Ruetten, Hospital Residency Coordinator, at (651) 326-3350 for exchange.

E-MAIL AND INTERNET ACCESS
Residents are required to use their University of Minnesota email account during residency and are expected to check it daily. Residents using another external email account can be set to automatically forward messages to the U of M e-mail account so there is only one to check.

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

Computers with Internet access are available at Bethesda Clinic in the dictation and precepting areas, and in the residents’ office area. Technical questions may be directed to the UMPhysicians Computer Help Desk (612) 884-0884 from 7 a.m. to 5 p.m.

Residents have access to computers and Internet access at St. Joseph's Hospital in the following areas:

- Medical library (2 computers) – lobby level; Library Manager: Karen Brudvig  651-232-3193
- Rounding room – (2 computers) – third floor
- Doctors’ Lounge – lobby level
- OB Call room – 2nd floor

Technical questions may be directed to the HealthEast Computer HelpDesk (651) 232-1227 at any time/day.

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

University of Minnesota
www.umn.edu

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

St. Joseph’s Hospital Family Medicine Residency Program
http://www.familymedicine.umn.edu/education-training/residency-programs/st-josephs
CAMPUS MAIL AND RESIDENT MAILBOXES

University of Minnesota Physicians utilizes a courier to deliver mail daily between three different sites: the Department of Family Medicine and Community Health at the University of Minnesota, UMPhysicians central offices, and other UMP Family Medicine clinics. The courier bags and envelopes for sending mail are located in Bethesda Clinic administrative area. The clinic administrative assistant is available to assist with any courier needs.

Each resident has two mailboxes assigned to them, one at Bethesda Clinic in the resident room and the other in the hospital on third floor next to the call rooms. Residents should check mailboxes at least weekly, as important information will be left in this location. Occasionally, it is necessary to send important information to a resident’s home for immediate attention. It is critical that we have current home address and phone number at all times. Residents should contact Faith Norstrud at (651) 223-7323 with any address changes and she will contact Laura Pham, residency programs coordinator, at the DFMCH with these changes. To update your address with UMN, please log into www.myu.umn.edu and choose the “My Info” tab to edit your information.

Should it be inconvenient to use the dispatch mail service to return mail to the graduate education office or the main department offices, use US mail. The addresses, main phone and fax numbers for the U of M Department of Family Medicine & Community Health Graduate Medical Education are as follows:

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

Mailing:
University of Minnesota
Dept. of Family Medicine and Community Health
420 Delaware Street SE, MMC 381
Minneapolis, MN 55455

Shipping:
University of Minnesota
Dept. of Family Medicine and Community Health
516 Delaware St. SE, 5-255 Phillips-Wangensteen Bldg. (PWB)
Minneapolis, MN 55455
HIPAA AND SECURITY TRAINING
All HIPAA training is managed through the Graduate Medical Office at the University of Minnesota and is administered through an onboarding checklist.

IMMUNIZATIONS AND VACCINATIONS
The University’s requirement for immunizations and vaccinations for residents is consistent with those of the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/vaccines, 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
Residents should notify Faith Norstrud of any expected name change. In order to process your name change for University of Minnesota payroll services, and to update other databases, you must provide Laura Pham, residency programs coordinator, somm0104@umn.edu, (612) 626-0194 in the Department of Family Medicine and Community Health with a copy of a legal document from the state or federal government (e.g. driver’s license, social security card, passport) with your new name.

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

II. PAYROLL AND BENEFITS

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

EMPLOYEE SELF SERVICE
Many payroll services are available online through the University of Minnesota Office of Human Resources 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
residency 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/](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](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.

Bethesda Clinic will be closed for the following holidays indicated in red. More specific details regarding holidays are provided during orientation at St. Joseph’s Hospital.

**2015-2016 UMN Holidays**

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, July 3, 2015</td>
<td>Independence Day – closed</td>
</tr>
<tr>
<td>Monday, September 7, 2015</td>
<td>Labor Day – closed</td>
</tr>
<tr>
<td>Thursday, November 26, 2015</td>
<td>Thanksgiving Holiday – closed</td>
</tr>
<tr>
<td>Friday, November 27, 2015</td>
<td>Floating Holiday – clinic OPEN</td>
</tr>
<tr>
<td>Thursday, December 24, 2015</td>
<td>Floating Holiday – closed PM ONLY</td>
</tr>
<tr>
<td>Friday, December 25, 2015</td>
<td>Christmas Day – closed</td>
</tr>
<tr>
<td>Friday, January 1, 2016</td>
<td>New Year’s Day – closed</td>
</tr>
<tr>
<td>Monday, January 18, 2016</td>
<td>Martin Luther King Day – clinic OPEN</td>
</tr>
<tr>
<td>Monday, May 30, 2016</td>
<td>Memorial Day – closed</td>
</tr>
</tbody>
</table>
VACATION
Fifteen (15) paid working days are granted for vacation each year of residency.

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 for graduating residents.
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 are allowed.
5. Application for all vacations must be made by submitting the “Vacation/CME Request Form” to Faith Norstrud at least three months in advance.
6. No vacation/CME is allowed during Family Medicine Teaching Service, OB, and inpatient pediatrics rotations.
7. A resident does not have the option of reducing the total time required for the residency by foregoing vacation time.

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

Please remember the continuity of care requirement when planning for a leave. The ABFM has a three-month continuity of care requirement. Should a leave exceed that time limit, the following ABFM criteria apply in determining resident status:
1. The resident may not be readmitted to the program at a level beyond that attained at the time of departure.
2. Prior to reentry, approval of the ABFM is to be obtained (similar to that for any admission at an advanced level).
3. Requests to the ABFM for authorization for readmission must provide a detailed description of the evaluation used to determine the level at which the resident is to be readmitted.

SICK LEAVE
Short periods of sick leave that would not compromise the total one-month away from the program can be handled at the discretion of the program director. However, sick time, when added to vacation time and any other personal time away, resulting in more than 21 working days away (see American Board of Family Medicine requirements) from the program in a PGY year will be considered a medical leave (see Medical Leave Policy), and the days in excess of 21 working days must be made up before the resident progresses to the next PGY level. This will extend your
residency, and is a non-negotiable ABFM requirement (see ABFM requirements). A resident leave for any reason must be discussed with and approved by the program director.

**PARENTAL LEAVE**

Every effort will be made by the program 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 will 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 claim service problems. If you will be enrolling your child on the University of Minnesota health insurance policy, you can contact the Office of Student Health Benefits at 612-624-0627 or 1-800-232-9017 or via email at umshbo@umn.edu.

Also see “Parental-Newborn Elective” in this manual.

**MEDICAL LEAVE**

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

To request a short-term disability claim form or if you have questions regarding your coverage or a claim, call Melissa Stevens in the Graduate Education Office at 612-626-4490 or steve139@umn.edu.

**PERSONAL LEAVE**

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

Residents are allowed three CME days each year, and time will be granted at the discretion of and under the direction of the program director. Residents must submit the Request for Vacation/CME form to the Program Administrator a minimum of three months in advance.

**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, residency programs coordinator, 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**

Third year residents are given first priority to attend this conference held in April each year, and all residents must submit a Vacation/CME form to Faith Norstrud three months in advance. 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](http://www.familymedicine.umn.edu/education-training/grand-rounds)

**OFFICE OF STUDENT HEALTH BENEFITS**

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

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

**MALPRACTICE LIABILITY INSURANCE**

CARRIER: RUMINCO LIMITED  
POLICY #: RUM 1005-14  
CLAIMS MADE COVERAGE  
LIMITS: 1,000,000/3,000,000  
DEPARTMENT CONTACT PERSON:  
MELISSA STEVENS  
612-626-4490 OR steve139@umn.edu

The Regents of the University of Minnesota have provided a policy of insurance, including insurance against potential professional liability claims, which covers you under specific circumstances.

This professional liability coverage is provided to students of the health professions. The coverage applies to postgraduate physicians in advanced educational programs.

This insurance coverage does not apply in settings where a student is not acting in his student capacity (“moonlighting,” for example). The coverage extends to students only when they are engaged in assignments within their course and scope of duties, as such. This includes activities with patients in clinical settings, as well as activities in other affiliated hospitals, clinics, and clinical teaching settings. If another policy or policies, agreement or agreements, is available to cover a
claim or claims arising out of these activities, the University’s policy will be excess over such other policy’s or policies’, agreement’s or agreements’, exhausted limits. The nature of the professional liability coverage is such that claims arising out of qualified activities in the course of a health professional student’s training will be covered, irrespective of when such a claim is made, without the necessity of the student’s purchasing separate insurance coverage upon leaving the University of Minnesota. Under the University’s present insurance program, the purchase of a reporting endorsement or “tail” professional liability insurance coverage by health professions students leaving the University upon completion of training will not be necessary. Although the University’s professional liability coverage is intended to run perpetually, it should be emphasized that this insurance covers only those incidents which occur during the student’s period of training under University supervision.

MEALS
There are two locations within the St. Joseph's Hospital to receive a meal at no charge.
1. Cafeteria – offers a salad bar, soups and entrees, along with grill items daily. Meal cards are issued at orientation. Residents are allowed $400 per quarter. Show your meal card to cashier and a receipt will print indicating balance. Cards are reactivated at beginning of each quarter by the resident. This is done by bringing the card to the cafeteria cashier during off-peak times. It is the residents’ responsibility to keep track of the balance on their card so they don’t run out of funds before the end of the quarter. However if that does occur, it is permissible to have cards reloaded early.

   Hours are 6:30 a.m. to 6:45 p.m.
   Hot breakfast 6:30 a.m. to 10 a.m.
   Cafeteria is closed from 10:00 a.m.–11:00 a.m.
   Hot lunch 11 a.m. – 1:30 pm
   Light lunch, snacks 1:30 – 4:30 p.m.
   Hot dinner 4:30 p.m. – 6:45 p.m.

2. The Doctors’ Lounge is open from 6:45 a.m. until 6 p.m., but may be accessed at any time by swiping your HealthEast badge near the door. This area is for physician use only.

   Coffee, juice, rolls, cold cereal, toast and bagels are available from 7 a.m. to 10:30 am at no charge. Lunch is served from 11:30 a.m. to approximately 2 p.m. Residents should fill-out a Doctors Dining Room slip that is provided at each place setting, sign it with “resident” after their signature and leave it for the server.

   There also is a Ginkgo coffee bar located on ground level of the DePaul Tower.

LAUNDRY SERVICE
Residents will receive two white lab coats with their name from St. Joseph’s at no charge. Laundry services are available through Bethesda Clinic.

MEMBERSHIP IN MEDICAL SOCIETIES
Family medicine residents are encouraged to join the following medical societies:
Twin Cities Medical Society
MAFP AND AAFP
The Minnesota Academy of Family Physicians (MAFP) and the American Academy of Family Physicians (AAFP) promote the interest and concerns of practicing family physicians and residents training in the specialty of family medicine. Resident participation is encouraged in Academy activities. An initial year of membership is offered free to first-year residents (paid for by MAFP); and the membership fee for residents in the second and third year is paid for by the program. Among the benefits of membership in the Minnesota Academy of Family Physicians are free membership in the American Academy of Family Physicians and subscriptions to the following publications: “American Family Physician,” “Minnesota Family Physician,” and “AAFP Reporter.”

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

1. At least three months prior to the start of the rotation the resident and his/her advisor should meet to discuss a proposal that specifies the obstetric or neonatal topic(s) to be investigated by the resident. The duration of the elective will be two weeks for a first year resident and from two to six weeks for a second or third year residents, if approved by the Program Director. No more than six weeks of parental-newborn elective time will be allowed over the resident’s entire period of training. This elective experience, like other elective rotations, is part of the resident’s academic program, and therefore will not need to be made up at the end of residency.
2. The resident will be required to attend continuity clinics in the Family Medicine Center for the duration of the elective. First year residents will have 3 half days per week, and second and third year residents will have 4 half days per week.
3. At the end of the elective period, the resident will be required to give a presentation at a noon conference based on the topic outlined in the proposal. The conference will be scheduled by the Hospital Residency Coordinator. Completion of this requirement is necessary for the resident to receive a satisfactory evaluation of this elective, and residency certification.
4. The resident’s advisor will complete an evaluation on the resident’s presentation, as well as discussions between resident and advisor of the completed learning objectives.

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

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

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
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
You may qualify for reimbursement of $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.poli.cy.umn.edu/Policies/Finance/Travel/EMPLOYEELOCATION.html

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

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

**Academic Business Expense Fund Eligible Expenses**

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

**Taxable Items** include smart phone or mobile devices, computer hardware or accessories (laptop, desktop, tablets, e-book readers, monitors, flash drives, storage devices), or stethoscopes (processed through payroll and will appear on paycheck).

*Items taxable to the individual are the property of the individual residents and do not need to be returned to the department either at the completion of residency or prior to completion if on leave or as part of termination from the residency program.*

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

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

**Parameters and Process for Academic Business Expense Reimbursement:**

1. All purchases must be made after your first day of employment to qualify for reimbursement.
2. Obtain pre-approval on your purchase from your program director. All purchases must be compliant with this policy.
3. Consult with your hospital and/or clinic IT department prior to new technology purchases to ensure purchases are compatible and meet local network and resource configurations and requirements.
4. All technology purchases must be made by January 1st of the PG-2 year and must be used in support of patient care.
5. Funds of $1,000 will be available for each resident year for up to $3,000 over three years for purchase of academic, clinical, or technology items. Unspent funds from each PG year are carried over and are available to be spent during the next PG year. Borrowing from future year funds is not permitted.
   a. If you receive any discount, gift card, voucher, etc., with your purchase, that amount will be deducted from the reimbursement amount.
6. All reimbursement requests must be submitted at least 30 days prior to completing residency.
7. Residents must submit a copy of all receipts for purchase with a signed University of Minnesota **Employee Expense Worksheet (UM1612)** within 60 days of the purchase (including ABFM exam fee).
a. Employee Expense Worksheets must include a proper justification including who initiated the purchase, why the item is being purchased, what it will be used for, when it will be used, and how the purchase will help you in your role as a resident or benefit the University goals. If this information is not included the request will be held until the department receives an updated response.

b. Your program director must sign the Employee Expense Worksheet.

c. Submit your completed Employee Expense Worksheet to fmfinanc@umn.edu or follow the process designated by your program for submission.

8. The University of Minnesota sales tax exemption CANNOT be used when an employee pays for items with their own funds (cash, check, or credit card) EVEN IF they will be reimbursed by the University later. Penalty for improper use of the University's tax exemption may be a fine to the user in the amount of $100 per transaction. Please go to the following website for further information about the University of Minnesota sales tax exemption: http://tax.umn.edu/sales_tax.html.

9. Visit the following webpages for more information:


   b. Traveling on University Business:
      http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html

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

Responsibility for Administering Policy

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

III. INSTITUTION RESPONSIBILITIES

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

IV. DISCIPLINARY AND GRIEVANCE PROCEDURES

SCHOLASTIC STANDING COMMITTEE FOR REVIEW OF RESIDENT AND FELLOW PERFORMANCE

I. This committee will be composed of 16 voting members: 10 program faculty, two residents, one fellow, three at-large faculty members, and the Director of Medical Education (as an ex-officio non-voting member) – all appointed by the department head.
A. There shall be one faculty member and one alternate from each of the ten following post-graduate training programs:

- Mankato Residency Program
- 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 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
• 12 weeks obstetrics
• 12 weeks family medicine teaching service
• 4 weeks orthopedics
• 4 weeks emergency medicine
• 4 weeks surgery  
• 4 weeks inpatient pediatrics  
• 4 weeks outpatient pediatrics  
• 4 weeks practice management  
• 4 weeks ICU

**Second Year**  
• 4 weeks obstetrics  
• 8 weeks family medicine teaching service  
• 4 weeks community health  
• 4 weeks outpatient pediatrics  
• 4 weeks pulmonary ICU  
• 4 weeks cardiology  
• 4 weeks psychology  
• 2 weeks hospice  
• 4 weeks pharmacology  
• 2 weeks ER  
• 2 weeks orthopedics  
• 10 weeks electives

**Third Year**  
• 6 weeks chief resident/teaching service  
• 4 weeks obstetrics  
• 2 weeks dermatology  
• 4 weeks gynecology  
• 4 weeks pediatric ER  
• 4 weeks inf. disease  
• 4 weeks neurology  
• 2 weeks ENT  
• 2 weeks ophthalmology  
• 2 week urology  
• 4 weeks practice management  
• 10 weeks electives

**PROGRAM GOALS**  
Residents are provided with program goals and objectives during orientation and also at the start of each academic year. They can also access program goals and objectives in RMS-New Innovations under Curriculum.

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

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

**Family Medicine 7600**  
This is a 4-week outpatient clinic-based experience in Family Medicine working with practicing family physicians, colleagues from other disciplines who are working in family medicine clinics, and at some sites, Family Medicine residents. The core of the rotation is the 14 days (four days per week excluding first Monday, final Friday and every Wednesday) spent in clinic. This is a very hands-on, active patient-contact clerkship. Students will spend their four weeks either at a residency clinic or at a community or private practice clinic. We strive to actively involve students in direct patient care with the expectation that a student is directly involved in over 50% of patient encounters in a given day. Students should write up 2-3 notes per half day. During the four weeks, students also attend weekly seminars and skills workshops on Wednesday mornings. There is a comprehensive online curriculum and a well evaluated clerkship textbook.
Competencies and Objectives
The goals of this course are to identify, model, and teach the various elements of Family Medicine in an outpatient setting. Family Medicine for many physicians includes inpatient care and obstetrical care, but in this course we focus predominantly on outpatient care. In some situations, this may include home, group or after hours visits. The emphasis is upon evidence-based clinical approaches to common medical problems, clinical problem-solving in a busy ambulatory setting, the refining of clinical skills, and experiencing the various roles of the primary care physician.

Visit [https://www.meded.umn.edu/curriculum/competencies/](https://www.meded.umn.edu/curriculum/competencies/) for Medical School Competencies, and find goals and objectives for medical student education here.

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

Completion of the following required workshops in the specific years:

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

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

III. Completion of the Community Health Rotation and noon conference presentation

IV. Sitting for ABFM In-Training Examinations

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

VI. Completion of all evaluations (including one for every rotation), and submission of 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. These courses are scheduled by Faith Norstrud at the beginning of the academic year. 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.
2015-2016 PROGRAMMATIC COURSES

<table>
<thead>
<tr>
<th>Required Courses for G-1 Residents</th>
<th>G-2 Required Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Life Support Obstetrics (ALSO)</strong></td>
<td><strong>Community Health</strong></td>
</tr>
<tr>
<td>Directors: Manuel Idrogo, MD &amp; Tom Satre, MD</td>
<td>Director: Mark Yeazel, MD, MPH</td>
</tr>
<tr>
<td>Location: UMN St. Paul Conference Center</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td>1st – Thursday, August 20, 2015 (8:00 - 4:30 pm) Friday, August 21, 2015 (8:00 - 4:30 pm)</td>
<td>1st – Thursday, September 24, 2015 (8:00 - 4:30 pm) Friday, September 25, 2015 (8:00 – 12:00 noon)</td>
</tr>
<tr>
<td>2nd – Thursday, February 4, 2016 (8:00 – 4:30 pm) Friday, February 5, 2016 (8:00 – 4:30 pm)</td>
<td>2nd – Thursday, January 21, 2016 (8:00 – 4:30 pm) Friday, January 22, 2016 (8:00 – 12:00 noon)</td>
</tr>
<tr>
<td><strong>Primary Care Psychiatry</strong></td>
<td><strong>Practice Management / Systems-based Practice</strong></td>
</tr>
<tr>
<td>Director: Bob Levy, MD</td>
<td>Directors: Dave Hunter, MD / Kirby Clark, MD</td>
</tr>
<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td>1st - Thursday, November 19, 2015 (8:00 - 4:45 pm)</td>
<td>1st – Thursday, October 22, 2015 (8:00 – 4:30 pm)</td>
</tr>
<tr>
<td>2nd – Thursday, April 21, 2016 (8:00 – 4:45 pm)</td>
<td>2nd – Thursday, April 7, 2016 (8:00 – 4:30 pm)</td>
</tr>
<tr>
<td><strong>Sexual Medicine for Residents</strong></td>
<td><strong>Elective Courses for G-2 &amp; G-3 Residents</strong></td>
</tr>
<tr>
<td>Director: Jamie Feldman, MD, PhD</td>
<td><strong>Basic Colposcopy</strong></td>
</tr>
<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Director: Pita Adam, MD, MSPH</td>
</tr>
<tr>
<td>1st – Thursday, December 10, 2015</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td>2nd – Thursday, June 16, 2016</td>
<td>Thursday, May 5, 2016 (8:00 – 4:45 pm)</td>
</tr>
<tr>
<td><strong>Sports Medicine I: Basic Musculoskeletal Assessments</strong></td>
<td><strong>Advanced Colposcopy</strong></td>
</tr>
<tr>
<td>Director: Pat Morris, MD</td>
<td>Director: Pita Adam, MD, MSPH</td>
</tr>
<tr>
<td>Location: UMN West Bank Office Building</td>
<td>Location: UMN West Bank Office Building</td>
</tr>
<tr>
<td>1st – Thursday, January 7, 2016 - (8:00 - 4:30 pm)</td>
<td>Thursday, November 5, 2015 (8:00 – 4:45 pm)</td>
</tr>
<tr>
<td>2nd – Thursday, May 19, 2016 (8:00 – 4:30 pm)</td>
<td><strong>Sports Medicine II: Procedures in Sports Medicine</strong></td>
</tr>
</tbody>
</table>

**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 10-15-14
NOTE: Faith Norstrud, Program Administrator, will schedule all residents for the required workshops at the beginning of the year. ALSO, Primary Care Psychiatry, Sports Medicine Basic MSK, and Sexual Medicine are required in the first year, and Community Health and Practice Management are required in the 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-2’s.

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.

DUTY HOURS

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

- Duty hours should not exceed 80 hours per week, averaged over a four-week period.
- Duty hours for first year residents must not exceed 16 hours per shift.
- Duty hours for second and third year residents must not exceed 24 hours per shift.
- Second and third year residents are entitled to a 4 hour transition period after a 24 hour shift to ensure continuity of care, but must not provide care to new patients, participate in new procedures, or be assigned to outpatient clinics during this period.
- Call should not occur more than every third night.
- Residents must not be scheduled for more than six consecutive nights of night float.
- First year residents should have 10 hours – and must have 8 hours free of duty between scheduled duty periods.
- Residents must have one full day off out of every 7 days averaged over 4 weeks.
- Internal and external moonlighting must be counted toward the 80-hour weekly limit.
EVALUATIONS
New Innovations/RMS (Resident Management System) is the electronic evaluation system that is used to evaluate residents, preceptors, and rotations. Residents will automatically be set up with an RMS account, which will interact with one of their e-mail accounts. Evaluations are sent to the residents and faculty the week prior to the 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 fashion and are to remind their attendings to complete the RMS data.

Satisfactory completion of the residency is contingent on the passing of all rotations in each year of the residency by evidence of at least a satisfactory rating on the completed evaluation forms, or as an exception to this rule, verification of satisfactory completion by the program director. Resident evaluations will be reviewed semi-annually by the Clinical Competency Committee.

DOCUMENTATION OF PROCEDURES
Procedures documentation in RMS is required for all residents. Properly completed over the three-year residency program, this data can help graduating residents meet requirements for obtaining privileges in the hospital where they choose to practice. In addition the residency staff monitors the number and type of procedures logged and this data is posted on the resident Metric Board in the Family Medicine Center and reviewed quarterly during the resident’s meeting with their faculty advisor. Residents are trained in the RMS procedure tracking module at orientation.

ST. JOSEPH’S HOSPITAL COVERAGE
The St. Joseph’s Hospital Family Medicine Residency Program has responsibility to St. Joseph’s Hospital for continuous coverage of the house and obstetrics. The residents in house, on OB and night float comprise a team. If one resident needs assistance to provide appropriate patient care, another member of the team may be called on for help. Residents’ schedules are posted in the rounding rooms on third floor at St. Joseph’s Hospital and can also be viewed in RMS.

House Officer
The house officer duties belong to one of the Family Medicine Teaching Service (FMTS) interns during the daytime shift, from 8am – 6pm. From 6pm – 8am these duties are covered by the Night Float intern. Duties include but are not limited to primary coverage of Rapid Response calls, Code 9s, Stroke Codes, Code Blues, and other acute patient needs identified by hospital staff. During the day, the FMTS team covers admissions and performs H&Ps, directs and coordinates total care of patients under the supervision of faculty assigned to the team.

Weekend day (Sat & Sun) coverage of the FMTS consists of one senior and one intern who are on FMTS from the preceding week. Sign-out rounds occur at 7:30 am and 5:30 pm. In addition, a HealthEast moonlighter will be available to assist with weekend rounds.

OB: The OB floor is covered by one of two residents on the OB rotation who alternate days, from 8 am – 6 pm, seven days a week. Coverage from 6 pm – 8 am is provided by the Night Float intern. It is expected that these residents sign out to each other just prior to the shift change.
Evenings (Night Float) and Weekend Coverage:
From 6pm – 8am, seven nights a week, the FMTS is covered by a senior resident on Night Float (NF). Duties include new admissions, cross coverage of FMTS patients and phone calls from Bethesda Clinic. They are responsible for primary coverage of Code Blue, backup coverage for the intern for Stroke Codes, Rapid Response, Code 9s and acute OB issues. The NF senior also arranges coverage of deliveries for Bethesda Clinic OB patients when the primary physician is not available. The senior resident is responsible for ensuring backup for duties when the NF intern is not available due to an OB delivery, c-section or other acute medical issue.

Pediatrics
The first year pediatrics inpatient rotation consists of three weeks of day coverage and one week of nights. More specific information is provided during orientation and prior to the start of the rotation. This rotation occurs at Children’s Hospital in St. Paul.

RESIDENT CALL ROOMS
The call room for the senior resident on night float is located next to the rounding room on the 3rd floor – room 3724. The residents’ ID badge grants access to the third floor residency area where the house and night float call rooms are located. The call room for the intern on night float is located in the Maternity Care Center (OB) on the second floor. The code to enter the OB call room is 23022 (the same as the OB floor’s phone extension).

If you have a problem, please contact:
Housekeeping: (651) 232-3013
Maintenance/Repairs: (651) 326-6349
Bei Ruetten, Hospital Residency Coordinator: (651) 326-3350

SUPPORT SERVICES
Patient support services, such as intravenous access, phlebotomy services, and laboratory services, as well as messenger and transportation services are provided for residents both in Bethesda Clinic and in the HealthEast hospital system. This allows them to focus on direct patient care and our curricular educational objectives.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES
St. Joseph’s Hospital is a tertiary referral center for HealthEast, has a full range of laboratory, pathology and radiological services to support timely and quality patient care in the program. Radiology reports are available on the radiology dictation line and laboratory and pathology results are available through the hospital’s computer system. In our family practice center, appropriate outpatient services are offered in these areas and our patient care staff would be happy to assist you in obtaining any of the information you need from our computer system.

MEDICAL RECORDS
2-3295, press 2
On the floor, ask health unit coordinator (HUC) to call medical records.
Go directly in to medical records, which is available 24 hours a day (located on the lobby level of the hospital).
DICTATION AT THE HOSPITAL
You will receive dictation numbers at orientation.
To dictate, dial 2-7011, (internally you need only dial extensions – the complete number is (651) 232-7011)
Enter your 4 digit ID,
Press 3 for St. Joe’s
(See admission/discharge guidelines card, provided for you at orientation for complete instructions)

SAFETY/SECURITY
Security and safety are important at St. Joseph’s Hospital. You can contact the security department 24 hours a day by accessing the operator at (651) 232-3000. You can also ask for an escort by calling (651) 232-3000 if going to your car during night time hours.

Emergency: (651) 232-1111

Escorts: Dial 0 for operator, they will contact safety/security department for an escort.

Identification: Photo ID badge is to be worn at all times.

Physician’s parking: Residents park in the 10th Street ramp. Your parking designation will be provided at orientation. Upon entering the ramp, physicians are required to swipe their I.D. badge which is also their parking card and entry card to access various areas of the hospital.

After Hours (5 p.m. – 6 a.m.) Use Emergency Department entrance on 10th street
If using the tunnel entrance between 8:30 p.m. – 6 a.m., swipe badge in card-reader to enter.

Vehicle Services: If you have car problems (lock out or not starting) contact safety/security dept for assistance.

Theft Prevention:

- Leave valuable items at home.
- Ensure vehicles are locked and that personal and valuable items are secure.
- Safeguard keys, ID’s and personal items.
- Report all suspicious person/activity immediately.

Lost and found: Check with Safety/Security Department.

The Bethesda Clinic is a secure facility that utilizes key cards for access after hours and door access codes for entry into restricted areas. You will be given your key cards during orientation and will also be given the door access codes at that time as well.

MOONLIGHTING
Residents and Fellows are not required to engage in Moonlighting. Moonlighting requires a prospective, written statement of permission from the Program Director annually that will be made part of the residents’ file. The Moonlighting Request Form may be downloaded from the New Innovations home page.
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.

Internal and external moonlighting must be counted toward the 80-hour weekly limit on duty hours. Residents are required to submit time cards monthly to the Hospital Residency Coordinator. In addition, the hours are entered into RMS and must then be approved by the resident.

Trainees on J-1 visas are not permitted to moonlight. 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.

**MONITORING OF RESIDENT WELL-BEING**
It is the responsibility of the Program Director and the faculty to monitor resident stress, including mental and emotional conditions which may inhibit performance or learning. The Program Director is also responsible for monitoring for drug related or alcohol related dysfunction. Program faculty members are aware of the importance of timely provision of confidential counseling and psychological support services for our residents. Each resident has a faculty advisor who meets with each resident advisee quarterly to address resident concerns and provide guidance where needed. In addition, there are systems in place to ensure that residents have adequate backup if they are fatigued, stressed, or feel unable to provide safe patient care. Any of the faculty, a psychologist, the Medical Director, and the Program Director are all available to provide information to residents about options. Should a resident have difficulties after hours, he/she should notify the faculty member who is on call.
ACLS/BLS/PALS CERTIFICATION REQUIREMENTS
Completion of training in BLS, ACLS and Neonatal Resuscitation (NRP) are required for all first year residents, and are completed during orientation prior to the start of residency. Second year residents are required to complete ACLS recertification at the beginning of the second year of training. BLS, ACLS and Neonatal Resuscitation are funded by St. Joseph’s Hospital.

If a resident desires additional life support training that is not required by the program, the resident is responsible to cover the cost, and has the option of using their CME/Educational fund.

MEDICAL RECORD COMPLETION
Residents are required to maintain timely completion of all medical records whether inpatient or outpatient. Computerized medical records are available to residents 24 hours a day.
Residents are expected to check their EMR in-basket daily and complete all requests within 24 hours. In addition, all encounters are to be closed within seven days. If a resident is scheduled to be absent for more than 48 hours, a residents team member is assigned to be their proxy, and are responsible for completing tasks for the absent resident.

DICTATION COMPLETION
Completion of dictation is required within 24 hours of service. In the hospital, residents dictate by phone. In Bethesda Clinic, residents use the EPIC EMR system, which is accessible from home and the hospital 24 hours a day. Residents dictate chart notes, which are reviewed by faculty for all first year and unlicensed residents.

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

USMLE AND COMLEX EXAMS

USMLE Application
In Minnesota the USMLE Step 3 exams are administered through the national Federation of State Medical Boards (FSMB) and not the MN Board of Medical Practice (MBMP). Application materials are given to residents by the residency coordinator.

USMLE and COMLEX Policy
International and US graduates must complete their USMLE Step 2 exams within two attempts.
Successful completion of USMLE Step 3 within three attempts and within five years of passing the USMLE Step 2 (CK) is a requirement for MN state medical licensure.
All residents must pass the USMLE Step 3 or COMLEX-USA Level 3 examination by January 1 of their PGY-2 year to be eligible for a resident contract at the PGY-3 level or beyond. Residents are encouraged to take the Step 3 or Level 3 exam early in their training to permit adequate time to re-take the exam if more than one attempt is needed.

Residents should register for the USMLE Step 3 or COMLEX-USA Level 3 exam no later than August of the PGY-2 year to allow for scheduling, grading and notification of exam results by the January 1 deadline. Residents who do not notify their program of a passing score by January 1 forfeit their continuing position in the training program and are subject to contract non-renewal.

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

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

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

If a resident fails USMLE Step 3 or COMLEX-USA Level 3 the first time, then it must be retaken and resident will be reimbursed for half of the cost of taking the exam again. If a third attempt is required, reimbursement will be based on current policy.

**Licensure Application**
For on-track residents, licensure application packets are requested from the MN Board of Medical Practice and given to the residents in January of PGY1.

Residents are reimbursed for their application fee for MN medical licensure, provided they have applied for licensure as soon as they are eligible and there are no delays for reasons within their control. Residents should submit a completed reimbursement form and receipt or copy of your check to the administrative assistant at clinic for the application cost.

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

- United States graduates must:
  - Pass USMLE Step III within three attempts and within five years of passing Step 2 (CK)
  - Take exam during first year of residency
  - Complete at least one year of residency training
  - Complete and submit licensure application
    - Graduates of approved LCME medical schools are eligible for licensure at the end of their first year of residency training. It is expected that US graduates will obtain their medical licenses near the beginning of the second year of residency.
    - The deadline for application is April 1 for July licensure. Contact the program administrator if licensure will be granted on any other month.
International Medical Graduates must:

- Pass USMLE Step III within three attempts and within five years of passing Step 2 (CK).
- Take exam during first or second year of residency
- Complete at least two years of residency training
- Complete and submit licensure application
  - Graduates of non-approved LCME medical schools (international graduates)
    are eligible for licensure at the end of their second year of residency training. It is expected that IMGs will have their medical licenses near the beginning of their third year of residency training.
- The deadline for application is April 1 for July licensure. Contact the program administrator if licensure will be granted on any other month.

Residents will not be allowed to continue in their program if they fail to pass USMLE Step III in three attempts and/or are unable to obtain licensure for any other reason.

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

**DEA CERTIFICATE**

All residents are required to attain a DEA number (certificate) within three months of obtaining their medical license. Online DEA application information is given to the residents at approximately the same time as licensure application. The program will reimburse the residents for the DEA fee. For reimbursement, please submit a copy of your proof of payment for the application cost to the administrative assistant at Bethesda Clinic.

**IN-TRAINING EXAMINATION**

All residents will participate in the In-Training Examination given each year by the American Board of Family Medicine. This required half-day exam will be administered over the internet via computer at St. Joseph’s Hospital and residents will be scheduled to take the exam the week of October 26-30, 2015. No vacation is allowed during scheduled exams.

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

The examination will be used to aid in:

- Program curriculum development
- Curriculum and teaching planning
- Resident curriculum planning (electives)
- Resident individual study
- Practice for certification exam
Evaluation of performance and cognitive knowledge

The results of this examination will not:

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

Residents who score at or below the twentieth percentile for their year level will be asked to submit a plan for remediation and study.

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

**RESIDENT SELECTION**

All residents will be selected through the National Resident Matching Program (NRMP). If the program does not fill through the NRMP then candidates may be selected through the Supplemental Offer and Acceptance Program (SOAP) administered by the NRMP.

Applicants will meet the following minimum criteria:

**Required**

1. Graduated from medical school within five years of application or have patient care experience within five years of application. Medical schools must appear in one of the following directories:
   - American Osteopathic Association
   - Liaison Committee on Medical Education
   - World Directory of Medical Schools
2. Be eligible for a Minnesota Board of Medical Practice license
   - View license eligibility and requirements
3. Have a maximum of two failed attempts on all USMLE or COMLEX exams across all exam portions
4. Have verified U.S. clinical experience
5. International medical school graduates have ECFMG certification
   - Current international medical school students certified by residency start date.
   - Past international medical school graduates certified for interview selection.

**Preferred**

USMLE Step 2 or COMLEX Level 2 exam results are not required for current students, but preferred for interview selection. There is no minimum score requirement. Applicants are strongly encouraged to submit Step 2 or Level 2 results as soon as the score becomes available to be considered for ranking by the rank list due date (mid-January for AOA Match candidates and mid-February for NRMP Match candidates).

**Please note:** USMLE Step 3 or COMLEX Level 3 to be passed within five years of Step 2 (CK) / Level 2 (CE).
WEB LINKS TO ADDITIONAL RESOURCES

ACGME Next Accreditation System Requirements
http://www.acgme-nas.org/

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/1TVsIpAlfOI5y587xDlewbvMly31dlngb14zDWT72P4/edit
### VI. ADMINISTRATION

#### DEPARTMENT PHONE DIRECTORY

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head</td>
<td>Macaran Baird, MD, MS</td>
<td>612-624-0539</td>
</tr>
<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>
</tr>
</tbody>
</table>

#### PROGRAM PHONE DIRECTORY

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Casey Martin, MD</td>
<td>651-223-7343</td>
</tr>
<tr>
<td>Program Administrator</td>
<td>Faith Norstrud</td>
<td>651-223-7323</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>Jessica Harm</td>
<td>651-223-7322</td>
</tr>
<tr>
<td>Hospital Residency Coordinator</td>
<td>Bei Ruetten</td>
<td>651-326-3350</td>
</tr>
</tbody>
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#### WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...

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