UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2015-2016

Program Policy and Procedure Manual

University of Minnesota/University of Minnesota Medical Center
Family Medicine Residency Program

Department of
Family Medicine and Community Health
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INTRODUCTION/EXPLANATION OF MANUAL
Welcome to the UMMC Family Medicine Residency Program! The Program is sponsored by the University of Minnesota Department of Family Medicine and Community Health (DFMCH). This manual provides policies and procedures for the Residency Program and the DFMCH. Contact Patricia (Pita) Adam, MD, Residency Program Director, or residency administrative staff with questions regarding the content of this manual. The information contained in this program manual pertains to all residents in the UMMC 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
To provide and teach exemplary patient-centered care for patients in our diverse urban community.

PROGRAM VISION STATEMENT
Collaboration: We strongly believe in the power of team at every level of the program and in our interactions with the University.
Innovation: We innovate continuously in our processes of care and our teaching.
Dissemination: We value research and scholarship to improve the care of our patients and the teaching of our residents.

I. STUDENT SERVICES

PAGERS
Residents are assigned pagers and pager numbers by the program. Pagers and instructions are distributed to residents during orientation. Residents are expected to keep pagers on 7:00 a.m. – 6:00 p.m. Monday through Friday, during call hours, and at all times when the resident has an OB patient near term (37+ weeks). Residents are responsible for responding to all pages in a timely manner. In addition, informational alpha pages will be sent to residents regularly which may or may not require a response. If you forget your pager at home, please contact residency administration immediately so that your colleagues can be informed.

E-MAIL AND INTERNET ACCESS
Computing services are available to residents at their program through University of Minnesota Physicians (UMPhysicians). The UMPhysicians Information Services provide technology support for equipment and networking, as well as software support and applications development.

Residents will obtain X500 e-mail and internet access accounts from the University of Minnesota Department of Family Medicine and Community Health at the Medical School. Residents are required to activate the X500 e-mail account. Important information relating to residency is sent to residents via this account, and residents are required to read this email communication and respond within 48 hours.
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 so that patient confidentiality is never compromised.**

Computer training is provided and computers are available for use in the clinic and hospital.

For help with Smiley’s Clinic computer applications, call UMPhysicians Information Services Help Desk 612-884-0884 from 7 a.m. to 5 p.m. For University of Minnesota e-mail or internet services, call 612-301-4357 for computer support. For UMMC computer or internet services support call 612-672-6805.

University of Minnesota  
[www.umn.edu](http://www.umn.edu)

University of Minnesota Department of Family Medicine and Community Health  
[http://www.familiymedicine.umn.edu/](http://www.familiymedicine.umn.edu/)

UMMC Family Medicine Residency Program  

University of Minnesota Medical School  
[www.med.umn.edu](http://www.med.umn.edu)

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

UMPhysicians ReSource Family Medicine Page  
[https://resource.umphysicians.com/default.cfm?PID=1.12.15.1](https://resource.umphysicians.com/default.cfm?PID=1.12.15.1)

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

**MAIL**

Residents receive all U.S. mail and interoffice mail at Smiley’s Clinic, for which all residents will have a personal mailbox in the mailroom. Residents are responsible for checking mail each day that they are in clinic. Outgoing interoffice and U.S. mail bins are located in the central mailroom. When giving your address for the purposes of receiving mail directly at Smiley’s, be sure to include “Smiley’s Clinic” in the address to ensure proper delivery. If you are not going to be able to check your Task List (EMR)/mailbox at least two times every 24 hours, you must coordinate a proxy to cover your tasks, mailbox and other responsibilities.

Occasionally, it is necessary to send important information to your home for your immediate attention. It is critical that we have your **current home address and phone number** at all times. If you move or change your name, please contact residency administration. **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.

**Smiley’s Program Contact Information:**

2020 East 28th Street, Suite 104  
Minneapolis, MN  55407  
Phone: 612-333-0774 / Fax: 612-359-0475

For clinic and patient-related communications:  
Phone: 612-333-0770 / Fax: 612-333-1986
U of M Department of Family Medicine & Community Health Graduate Medical Education
Contact Information:
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 immunizations. A listing of the required immunizations and vaccinations and related information can be accessed by going to http://www.bhs.umn.edu/immunization-requirements.htm and clicking on “Academic Health Center Student.”

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

NAME CHANGES
Notify Residency Administration 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 the University of Minnesota 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 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/

- 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, July 3, 2015</td>
<td>Independence Day</td>
</tr>
<tr>
<td>Monday, September 7, 2015</td>
<td>Labor Day</td>
</tr>
<tr>
<td>Thursday, November 26, 2015</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td>Friday, November 27, 2015</td>
<td>Floating Holiday</td>
</tr>
<tr>
<td>Thursday, December 24, 2015</td>
<td>Floating Holiday</td>
</tr>
<tr>
<td>Friday, December 25, 2015</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Friday, January 1, 2016</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Monday, January 18, 2016</td>
<td>Martin Luther King Day</td>
</tr>
<tr>
<td>Monday, May 30, 2016</td>
<td>Memorial Day</td>
</tr>
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**Holiday Expectations**

- Residents are expected to participate in holiday hospital and clinic coverage.
- If a rotation site is open for business during a holiday (actual holiday or floating holiday) residents are expected to report to their normal rotational activities.

**LEAVES OF ABSENCE**

All leaves must be coordinated through the Program Administrator, 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 at 612-626-4490 or steve139@umn.edu immediately. If you fail to notify Melissa 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 program must report the leave to the ABFM and will work with the Board to determine the resident’s status upon return to the program. It is possible, if the leave was extensive, that the ABFM will require the resident to repeat the year and will not allow the resident to continue where they had left off. 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.

**AWAY TIME POLICY**

*Time away is defined as any time away from the rotation and includes Vacation, Sick Time, Funeral, Family Illness/emergency, CME, and practice search.*

**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. 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.

Available Away Time
1. Residents are provided with a total of twenty-one (21) days of flexible time off (FTO) per academic year. These days are designed to cover vacations, unexpected absences such as sick days or funeral leave, G3 board exam or practice search.
2. Residents are responsible for making sure that they reserve days to cover for urgent/emergent absences throughout the year. The program recommends that residents reserve a minimum of five (5) days of away time for such incidents. Residents who do not have away time to cover absences will be required to extend residency for the number of days exceeding the allowed 21 days. No exceptions.
3. G2 & G3 Residents are provided with 3 CME days that can be used to attend conferences of interest. A list of recommended local opportunities will be forthcoming. All requests for CME days must be pre-approved by your advisor and the program director. All CME, including when a resident attends a conference as a representative of Smiley’s (i.e. NCFMR, STFM, Spring Refresher) will be taken first from the resident’s CME balance and then from FTO.
4. Residents are provided with two (2) days to sit for their Step 3 exam for their first attempt. If a resident does not pass Step 3 on their first attempt, days for retaking the exam must come from their 21 days of time away.
5. Residents are responsible for coordinating all away time with the scheduler, in writing.
6. The program is responsible for tracking resident FTO and regularly communicating FTO status to residents. Residents are responsible for knowing their FTO status and may request a status report at any time.

Requesting Time Away
1. All time away requests must be submitted via email to the scheduler: bkruse@umphysicians.umn.edu
2. Time away is defined as any time away from the rotation which includes Vacation, Sick Time, Funeral/Family Illness and CME.
3. All time away requests received before the release of the clinic schedule will be considered if there are no conflicts with call or other pre-scheduled activities. Time away received after the release of the clinic schedule will only be considered if clinic staffing is not an issue.
4. CME requests must first be submitted to resident’s advisor and program director for approval of the course (via email) and must be forwarded (with advisor’s approval) to the scheduler for verification that away time is available. Final approval is required by the program director.
5. Schedule changes including away time requests after the schedule has been finalized require completion of the Schedule Change Form. The Schedule Change form can be found on the home page of RMS. Final approval is required by the program director.

Time Away Guidelines
1. FTO must be taken during the academic year for which it is granted and may not be rolled over to another year. Any FTO that is not used at the end of resident’s academic year will be lost and will not be paid out.
2. Residents are responsible for managing their FTO. Residents who exceed the allowable 21 days of FTO will be required to extend residency.

3. Residents are not allowed to take more than 1 week FTO (5 business days) from any one rotation (Some rotations are restricted to 2 days – See rotation schedule for details).

4. FTO is applied in half day increments.

5. Residents may not request FTO during the last two weeks of their third year. Additionally, residents will not be allowed to take an away month for their last month of residency.

6. No two FTO periods may be consecutive across two academic years (e.g. last month of one academic year and first month of another academic year in sequence). However, residents may take consecutive FTO periods within the same academic year during two consecutive rotation months as long as the rotations allow for the desired FTO.

7. No more than two (2) weeks of FTO may be taken consecutively.

8. Residents are encouraged to plan their full year of available FTO; failure to plan often results in forfeited away time. FTO will be accepted in 6-month increments in conjunction with call schedule planning. Admin will announce when residents may begin submitting requests for July-December and January-June.

9. The 3-year residency program may not be reduced by forfeiting of FTO.

10. No more than a total of three (3) seniors (G2’s and G3’s) may be away from the residency at any given time, including away rotations and planned LOAs.

11. No more than two (2) interns may be away from the residency at any given time.

12. FTO is not allowed on the date of the American Board of Family Practice In-Training Assessment Examination, which is typically administered on the last week of October. Residents on Away electives must return in time to take the In-Training Assessment Examination or coordinate with an alternate program to sit for the exam with their residents (Domestic AWAY electives only).

### PGY1

<table>
<thead>
<tr>
<th>Rotation</th>
<th>16 hour shifts</th>
<th>Vacation Available</th>
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</thead>
<tbody>
<tr>
<td>AmbFamMed, Peds-1, Children’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Med</td>
<td></td>
<td>5 days</td>
</tr>
<tr>
<td>AmbFamMed</td>
<td></td>
<td>5 days (prescribed)</td>
</tr>
<tr>
<td>EM @ West Bank</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>FM 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>FM 1, NF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NF, FM 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>OB 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ortho 1</td>
<td>X</td>
<td>5 days</td>
</tr>
<tr>
<td>Peds-1 Children’s</td>
<td>X</td>
<td></td>
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**Surgery**
### Rotation

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Vacation Available</th>
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<tbody>
<tr>
<td>AmbFamMed</td>
<td>5 days</td>
</tr>
<tr>
<td>AmbPeds</td>
<td>2 days</td>
</tr>
<tr>
<td>CH, NICU</td>
<td>2 days</td>
</tr>
<tr>
<td>Elect-A</td>
<td>5 days</td>
</tr>
<tr>
<td>EM @ East Bank, Cards</td>
<td></td>
</tr>
<tr>
<td>Consults</td>
<td></td>
</tr>
<tr>
<td>FM 2</td>
<td></td>
</tr>
<tr>
<td>FM 2</td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td>5 days</td>
</tr>
<tr>
<td>Gynecology</td>
<td>2 days</td>
</tr>
<tr>
<td>NF Elect</td>
<td>5 days (from elective only)</td>
</tr>
<tr>
<td>NF Elect</td>
<td>5 days (from elective only)</td>
</tr>
<tr>
<td>OB2-Meth</td>
<td></td>
</tr>
<tr>
<td>Ortho 2</td>
<td>2 days</td>
</tr>
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### PGY3

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Vacation Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Family Medicine 3</td>
<td>5 Days</td>
</tr>
<tr>
<td>Ambulatory Pediatrics</td>
<td>2 Days</td>
</tr>
<tr>
<td>Cardiology @ U Campus</td>
<td>2 Days</td>
</tr>
<tr>
<td>Dermatology</td>
<td>5 Days</td>
</tr>
<tr>
<td>Elective</td>
<td>5 Days</td>
</tr>
<tr>
<td>Elective AWAY</td>
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<td>Palliative Care/Pain Mgmt</td>
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<td>Pediatric Emergency Medicine @ Children’s</td>
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<td>Specialty Outpatient</td>
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<td>Specialty Outpatient</td>
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In addition to nightfloat, residents will cover on average 5-7 calls. These can be taken during any outpatient rotation as long as end of block calls do not interfere with inpatient rotation requirements.

### Preparing for Your Time Away:

- If you are not going to be able to check your Task List (EMR)/mailbox at least two times every 24 hours, you must coordinate a proxy to cover your tasks, mailbox and other responsibilities.
- Proxies ideally will stay within the same team.
  - G1 residents should start with other G1’s on the team, if not available, check with G2’s then G3’s.
After you confirm a proxy, complete a “Preparing for Your Time Away Buddy Form,” located in the mailroom.

SICK LEAVE
Residents are responsible for making sure that they reserve days to cover for urgent/emergent absences throughout the year. The program recommends that residents reserve a minimum of five (5) days of away time for such incidents. Residents who do not have away time to cover absences will be required to extend residency for the number of days exceeding the allowed 21 days of FTO. (see American Board of Family Medicine requirements) Resident will be placed on a leave of absence (see Leaves of Absence section below), and the days in excess of one month must be made up before the resident progresses to the next PGY level or graduation. All resident leaves of absence must be discussed with and approved by the Program Director.

Urgent/Emergent Time Away Process

Reporting Absences:
1. MUST Call before 7:00 AM - Call 612-333-0774, Option 5.
2. Leave a voicemail with the following information: 1) Your name, 2) Phone number where you can be reached, 3) Date or dates affected, 4) Activities affected, 5) Reason for absence.
3. Your voicemail will be returned by 8 AM– It is your responsibility to have a live discussion with a clinic leader before your absence is excused.
4. Residents are also responsible for contacting rotation sites prior to the time they are scheduled to report to the site.

Managing Absences:
1. All time away is reported in the same manner, regardless of scheduled activities.
2. An away day will be recorded in AMION & RMS. Residents are responsible for reserving away time to cover these absences.
3. Residents will be required to make-up call.
4. Absences due to family illness should be handled as above; however, residents may be required to make-up the clinic shift.
5. Professional judgment should be used when determining when to return to work. Consideration should be given to your patients and their potential for contracting your illness.
6. After Hours (Call coverage only):
   Page and call Chief Resident(s) for assistance in determining available resident(s) to cover your call. Residents are responsible for ensuring appropriate call coverage and will be required to “pay back” the call to the resident that covers. In addition, email admin or leave a message on the sick line so that the administrative staff can process the absence and assist if needed in problem-solving the absence.
UNAUTHORIZED LEAVE
All leave from the residency program including vacation, funeral, CME, personal and medical leave must be authorized by the residency program. All leave must be requested, in writing, in accordance with the Time Away Policy. The program acknowledges that emergency situations arise (i.e. accidents, severe illness, funeral), which prohibit residents from giving advanced notice. Residents are expected to communicate emergencies requiring their absence from residency as indicated in the above Urgent/Emergent Time Away Process section. The American Board of Family Medicine regulates the amount of time that residents are allowed to miss from the training program and still be eligible for Board certification. The resident may be subject to disciplinary action and the residency program may not be able to hold a residency position for residents who take unauthorized leave from the program.

Residents on visas:
Residents with visas must obtain permission from the program for travel outside of the country, regardless of the reason for travel. Government policies and processes around visas and travel can change abruptly, resulting in unexpected delays in the resident’s ability to return to the US. ECFMG strongly recommends that residents with visas not travel outside the US. If a resident is unable to return to the program within the planned time frame the program has no obligation to hold the resident’s residency spot.

PARENTAL LEAVE
The program will make every effort 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 at 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 coordinated through the Program Administrator, 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. When added to vacation time and/or other personal time away, any leave that results in more than one month away from the program in a PGY year must be made up before the resident progresses to the next PGY level. This will extend residency, and is a non-negotiable ABFM requirement (see Leave of Absence).

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

Also - see “Parental-Newborn Elective” in this manual.
MEDICAL LEAVE
Time away in excess of 21 days of FTO during a PGY year must be processed as a formal leave of absence. A Leave of Absence Request Form must be coordinated through the Program Administrator, approved by the program director and submitted to Melissa Stevens, Education Manager, prior to a resident going on leave when possible.

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

PROFESSIONAL AND ACADEMIC LEAVE
PGY 2 and 3 residents are granted three CME days each academic year to cover for time away for the following conferences. Additional conference suggestions are available upon request. All requests for CME must be approved by the resident’s advisor and program director.

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

Each year two residents attend this conference to work at our residency recruitment booth. If you are interested in attending this conference and participating in residency recruitment, contact your Program Director. For travel information and conference information, contact Laura Pham at (612) 626-0194 or somm0104@umn.edu.

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

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.

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/

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 is made by the Directors of Education and Research with input from the Research Advisory Committee and Residency Program Directors.

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

OFFICE OF STUDENT HEALTH BENEFITS

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

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

MALPRACTICE LIABILITY INSURANCE
CARRIER: RUMINCO LIMITED
POLICY #: RUM-1005-14
CLAIMS MADE COVERAGE
LIMITS: 1,000,000/3,000,000
DEPARTMENT CONTACT PERSON:
Melissa Stevens – 612-626-4490; steve139@umn.edu

The Regents of the University of Minnesota have provided a policy of insurance, including insurance against potential professional liability claims, which covers you under specific circumstances. This professional liability coverage is provided to students of the health professions. The coverage applies to postgraduate physicians in advanced educational programs.

This insurance coverage does not apply in settings where a student is not acting in his student capacity (“moonlighting,” for example). The coverage extends to students only when they are engaged in assignments within their course and scope of duties, as such. This includes activities with patients in clinical settings, as well as activities in other affiliated hospitals, clinics, and clinical teaching settings. If another policy or policies, agreement or agreements, is available to cover a claim or claims arising out of these activities, the University’s policy will be excess over such other policy’s or policies’, agreement’s or agreements’, exhausted limits.

The nature of the professional liability coverage is such that claims arising out of qualified activities in the course of a health professional student’s training will be covered, irrespective of when such a claim is made, without the necessity of the student’s purchasing separate insurance coverage upon leaving the
University of Minnesota. Under the University’s present insurance program, the purchase of a reporting endorsement or “tail” professional liability insurance coverage by health professions students leaving the University upon completion of training will not be necessary. Although the University’s professional liability coverage is intended to run perpetually, it should be emphasized that this insurance covers only those incidents which occur during the student’s period of training under University supervision.

MEALS
University of Minnesota Medical Center provides meals to residents while on-call overnight and for interns working 16 hour shifts, either on the University Campus or the Riverside Campus. This does not include “day call,” overnight shifts in the ER, or continuity deliveries. Meal cards for call months are distributed by the program.

LAB COATS
Two embroidered lab coats are provided for each resident at the beginning of residency. Residents are responsible for laundering lab coats. Replacement lab coats can be purchased at the resident’s expense. Speak to Residency Administration for more information.

MEMBERSHIP IN MEDICAL SOCIETIES

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.”

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

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) www.metrodoctors.com

American Medical Association
1-800-262-3211
www.ama-assn.org
RESEARCH RESOURCES
Smiley’s and the Department believe that applied research is very important to the growth of individuals and the evolution of Family Medicine as a specialty. Our residents have received awards for research conducted during residency. Residents interested should contact Residency Administration regarding a longitudinal elective research rotation based.

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

See more research resources: [http://www.familymedicine.umn.edu/research](http://www.familymedicine.umn.edu/research)

Contact Angela Buffington, PhD, at 507-385-6500 or buffi021@umn.edu, or Carol Lange, MPH, Research Program Coordinator, 612-624-3125 or lange076@umn.edu with any questions.

Minnesota Academy of Family Physicians (MAFP) Foundation Funding
The MAFP Foundation provides grant opportunities for residents interested in innovation and research within their clinic and community. Information about this program can be found at: [http://www.wecare4mn.com/residents/](http://www.wecare4mn.com/residents/)

MOVING EXPENSE REIMBURSEMENT POLICY
Residents may qualify for reimbursement of up to $1,000 for moving expenses for the initial move for residency if the 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://www1.umn.edu/ohr/employment/rap/moving/)
[http://www.policy.umn.edu/Policies/Finance/Travel/EMPLOYEEERELOCATION.html](http://www.policy.umn.edu/Policies/Finance/Travel/EMPLOYEEERELOCATION.html)

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

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

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

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

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

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

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

Parameters and Process for Academic Business Expense Reimbursement:

1. All purchases must be made after your first day of employment to qualify for reimbursement.
2. Obtain pre-approval on your purchase from your program director. All purchases must be compliant with this policy.
3. Consult with your hospital and/or clinic IT department prior to new technology purchases to ensure purchases are compatible and meet local network and resource configurations and requirements.
4. All technology purchases must be made by January 1st of the PG-2 year and must be used in support of patient care.
5. Funds of $1,000 will be available for each resident year for up to $3,000 over three years for purchase of academic, clinical, or technology items. Unspent funds from each PG year are carried over and are available to be spent during the next PG year. Borrowing from future year funds is not permitted.
   a. If you receive any discount, gift card, voucher, etc., with your purchase, that amount will be deducted from the reimbursement amount.
6. All reimbursement requests must be submitted at least 30 days prior to completing residency.
7. Residents must submit a copy of all receipts for purchase with a signed University of Minnesota Employee Expense Worksheet (UM1612) within 60 days of the purchase (including ABFM exam fee).
   a. Employee Expense Worksheets must include a proper justification including who initiated the purchase, why the item is being purchased, what it will be used for, when it will be used, and how the purchase will help you in your role as a resident or benefit the University goals. If this information is not included the request will be held until the department receives an updated response.
   b. Your program director must sign the Employee Expense Worksheet.
   c. Submit your completed Employee Expense Worksheet to fmfinanc@umn.edu or follow the process designated by your program for submission.
8. The University of Minnesota sales tax exemption CANNOT be used when an employee pays for items with their own funds (cash, check, or credit card) EVEN IF they will be reimbursed by the University later. Penalty for improper use of the University's tax exemption may be a fine to the user in the amount of $100 per transaction. Please go to the following website for further information about the University of Minnesota sales tax exemption: http://tax.umn.edu/sales_tax.html.
9. Visit the following webpages for more information:
   b. Traveling on University Business:
      http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html

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

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

III. INSTITUTION RESPONSIBILITIES

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

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

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

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

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

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

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

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

I. The committee will meet on a regular basis at three-month intervals.

   A. The dates of the meetings will be on the fourth Thursday of February, May and August, and the fifth Thursday of November, or the first Thursday of December.
B. Additional meetings will be called on an *ad hoc* basis when specific issues are to be presented.

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

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

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

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

D. The committee will be responsible for providing recommendations to program directors or their program representative concerning any perceived resident or fellow deficiencies.
   1. These deficiencies may be brought to the attention of the committee by the program directors or their program representative asking for advice and/or recommendations relative to performance deficits noted by program directors.
   2. Program directors or their program representatives may remove from clinical service a resident or fellow whose performance poses a risk to patient safety or is deemed too deficient to continue responsibly in the rotation. This action shall be reviewed by the committee within 30 days.

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

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

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

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

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

II. Problems previously identified will be reviewed again by the committee at the discretion of the program director.
III. Program director will be notified regarding the committee’s discussion and recommendations.
IV. The involved resident or fellow will also be notified of the committee’s recommendations.

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

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

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

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

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

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

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

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

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

   A. Display adequate achievement of the ACGME 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: [Link](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: [Link](http://policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html)

- Reporting and Managing a Workers Compensation Claim: [Link](http://policy.umn.edu/hr/workerscomp-proc01)

- Reporting Workers Compensation Related Injuries FAQ: [Link](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: [Link](https://resource.umphysicians.com/default.cfm?PID=1.37)

**PROGRAM CURRICULUM**

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Continuous Improvement – It is the goal of the program to continuously improve the educational experience of our residents, therefore, curriculum requirements are subject to change from one academic year to another.

**ROTATION MATERIALS**
Resident’s access their rotation descriptions and supporting materials through New-Innovations, RMS. Residents will be notified three weeks in advance of their rotation that their materials are available for review. Residents need to confirm their review of these materials. Support materials listed on the rotation descriptions, such as books, are available for check out through the Program Administration. Check outs are available on the 1st day of the rotation and must be returned by the last day of the rotation. Materials not returned will be replaced at the resident’s expense.

**ROTATION EXPECTATIONS**
Residents are expected to confirm their schedule with sites prior to the start of each rotation. Residents must report to the site on time and ready to learn. If a resident reports to a site and their preceptor is not available, they are expected to report to the program immediately, failure to do so will result in FTO time. The program will make every attempt to locate an alternate learning opportunity for them.

**PROGRAM GOALS AND OBJECTIVES**
Overall program goals and objectives are available online on RMS.

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

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

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

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

ELECTIVES
Elective rotations are available to second and third year residents to enhance their learning in areas of medicine that are of specific interest to them. Electives are not available to residents during their first year of training. Residents are responsible for planning and coordinating their own electives and are encouraged to start planning their electives early. Residents will be expected to declare their elective topics at Grand Scheduling each year. Please remember that failure to plan in a timely fashion will result in program-assigned electives.

Elective Options
S-Electives
These electives are stock electives and provide residents with the opportunity to select an elective “off the shelf” with little to no planning required. The program will schedule and coordinate these rotations with the sites as long as they are declared at Grand Scheduling. It is the responsibility of the resident to gain permission from the site(s) for S-Electives added to the schedule after Grand Scheduling.

Resident-Planned Electives
These electives are completely planned by the resident and approved by the advisor and the Program Director. Residents are required to submit the required planning form at least FOUR MONTHS prior to the rotation (six months if the rotation takes place outside the state or country). Residents are encouraged to start planning their electives early.
Longitudinal Electives
Residents who are interested in spending additional time in a particular area of medicine longitudinally may do so at the discretion of the program director. Residents must be in good standing and on track to meet all requirements. The program will provide residents with 1-2 half days from outpatient rotations in the 2nd and 3rd years to offset time spend in longitudinal activities. These electives must be approved by the advisor and the Program Director and may be a selective or resident planned. Residents are required to submit their request for selective or required planning form at least FOUR MONTHS prior to the rotation.

Parental/Newborn Elective
This two-week to one-month elective may be taken by second or third year 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. Residents are required to fulfill continuity clinic and call requirements unless taken as an away rotation. A project is required for this elective. The evaluation for this elective is completed by the advisor.

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.

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:

Within the three years of residency, completion of the following workshops is required (every attempt is made to schedule these workshops during the designated PGY year).

Preferred completion of the following workshops in the specific years:

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

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

Additional Training/Certification Requirements
- Completion of the Community Health Rotation
Sitting for ABFM In-Training Examinations (annually)
Certification in ACLS, BLS, and NRP
Complete all evaluations, submit procedures and patient logs, review and approve duty hours
Satisfactory completion of all rotations
Compliance with ABFM rules regarding time off

ACLS/BLS/NRP CERTIFICATION REQUIREMENTS

During orientation, all residents will undergo training in BLS and ACLS. ACLS recertification training will take place in the spring of the G2 year.

Prior to the NICU rotation in the second year, residents will complete NPR (Neonatal Resuscitation Program) certification training.

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

GUIDING PRINCIPLES REGARDING CONTINUITY DELIVERIES

Family doctors in training need to be deemed competent in deliveries by the residency prior to graduation. Those planning on attending deliveries in practice need to reach 80 deliveries and participate in continuity deliveries. In practice, Family Doctors will deliver the patients whom they follow prenatally, so it is important for residents to experience being on call for their continuity patients.

*Duty hours*: Residents are responsible for monitoring duty hour compliance. Continuity deliveries are taken into consideration when calculating the 80 hour week rule and the 24 hour consecutive on-site duty rule, but do not apply to the 8/10 hours off between blocks of duty assignments.

*Guidelines on when to go in for continuity deliveries*. The program expects residents to attend the majority of their continuity deliveries and round on the mom and baby post-partum.

Residents attend their continuity deliveries on most rotations except for Inpatient Peds, OB at Methodist and ICU. Post-delivery responsibilities that cannot be canceled are Call, ICU, Inpatient Peds, Inpatient FM and OB @ Methodist. If in clinic, patients will be moved to other providers.

Residents who attend a delivery overnight are expected to attend their morning clinic and discuss any changes necessary to their afternoon clinic shift with the clinic manager. We understand that residents who are up at night may be too fatigued to safely care for patients the following day. The resident will discuss issues of fatigue with the faculty on call and make a plan for the following day’s activities.

SMILEY’S CONFERENCE AND MEETING ATTENDANCE

Smiley’s Family Medicine Residency holds a weekly half-day didactic conference series that includes faculty and resident lectures, meetings, support group, board review and workshops. Attendance at the Monday morning lecture series is mandatory for residents except for those scheduled on inpatient rotations (Refer to AMION schedule). Attendance is taken for all conferences. Absences due to illness, emergencies, no show, or late arrivals will be considered away time and FTO will be applied.
Additionally, residents are required to attend and actively participate in all conferences and teaching rounds that are rotation dependent as well as additional programmatic courses held throughout the year. The resident’s meeting and workshop attendance record is documented and reviewed at quarterly meetings with the resident’s advisor.

**Resident Presentations**
Residents are responsible for set lectures during the Monday Lecture Series. The content of these lectures varies from year to year as the curriculum is revised. The number of lectures delivered each year increases as residents advance (PGY1: 1 lecture, PGY2: 2 lectures, PGY3: 3 lectures)
# 2015-2016 Resident 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>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, August 20, 2015 (8:00 - 4:30 pm) Friday, August 21, 2015 (8:00 - 4:30 pm)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; – Thursday, September 24, 2015 (8:00 - 4:30 pm) Friday, September 25, 2015 (8:00 - 12:00 noon)</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, February 4, 2016 (8:00 - 4:30 pm) Friday, February 5, 2016 (8:00 - 4:30 pm)</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; – Thursday, January 21, 2016 (8:00 - 4:30 pm) Friday, January 22, 2016 (8:00 - 12:00 noon)</td>
</tr>
</tbody>
</table>

| **Primary Care Psychiatry** | **Practice Management / Systems-based Practice** |
| Director: Bob Levy, MD | Directors: Dave Hunter, MD / Kirby Clark, MD |
| Location: UMN West Bank Office Building | Location: UMN West Bank Office Building |
| 1<sup>st</sup> – Thursday, November 19, 2015 (8:00 - 4:45 pm) | 1<sup>st</sup> – Thursday, October 22, 2015 (8:00 - 4:30 pm) |
| 2<sup>nd</sup> – Thursday, April 21, 2016 (8:00 - 4:45 pm) | 2<sup>nd</sup> – Thursday, April 7, 2016 (8:00 - 4:30 pm) |

| **Sexual Medicine for Residents** | **Elective Courses for G-2 & G-3 Residents** |
| Director: Jamie Feldman, MD, PhD | **Basic Colposcopy** |
| Location: UMN West Bank Office Building | Director: Pita Adam, MD, MSPH |
| 1<sup>st</sup> – Thursday, December 10, 2015 | Location: UMN West Bank Office Building |
| 2<sup>nd</sup> – Thursday, June 16, 2016 | Thursday, May 5, 2016 (8:00 - 4:45 pm) |

| **Sports Medicine I: Basic Musculoskeletal Assessments** | **Advanced Colposcopy** |
| Director: Pat Morris, MD | Director: Pita Adam, MD, MSPH |
| Location: UMN West Bank Office Building | Location: UMN West Bank Office Building |
| 1<sup>st</sup> – Thursday, January 7, 2016 - (8:00 - 4:30 pm) | Thursday, November 5, 2015 (8:00 - 4:45 pm) |
| 2<sup>nd</sup> – Thursday, May 19, 2016 (8:00 - 4:30 pm) | |

**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*

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**USA Soccer Cup**
- Director: Bill Knopp, MD
- Location: UMN West Bank Office Building
- Lectures: Wed-Thurs, July 8-9, 2015 (8:00 - 4:30 pm)
- Friday, July 10, 2015 (8:00 – 12 noon)
- Rotation: Friday - Saturday, July 10-18, 2015
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 pay particular attention to scheduling so that call and duty hour restrictions do not conflict with programmatic courses.

NOTE: The Program does its best to enroll residents in the ALSO, Primary Care Psychiatry, Sports Medicine Basic MSK, and Sexual Medicine courses during their first year, and the 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-2’s. Residents planning on doing colposcopy need to be scheduled in the basic course their G2 year and the advanced course their G3 year.

All required courses are offered twice during the academic year. Programs will determine the optimal courses for each resident based on their rotation schedule and availability. **Your program’s residency administration will register you for these courses.** For further information, call Erik Solberg, MA, MEd at 612-626-3124 or 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 [http://acgme.org/acgmeweb/](http://acgme.org/acgmeweb/).

**DUTY HOURS**

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

- Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call and moonlighting activities.
- Residents/Fellows are provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
Continuous on-site duty, including in-house call, must not exceed 16 consecutive hours for interns and 24 consecutive hours for intermediate and senior residents. Intermediate and senior residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

- In unusual circumstances, senior residents may choose to remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

- The training program provides adequate time for rest and personal activities, residents should have 10-hours of rest between scheduled duty periods and must have eight-hours.
  - Intermediate residents must have at least 14 hours free of duty after 24 hours of in-house duty.
  - Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

- Night float is limited to six consecutive nights.

- In-house call is limited to Intermediate and Senior residents and must occur no more frequently than every third night, averaged over a four-week period.

Residency Management System (RMS) by New Innovations

Duty Hours are entered by residency administration as daily activities into each resident’s schedule on RMS. Residents are responsible for accurately reviewing, editing, and approving their daily activities on RMS in a timely manner. Residents are also responsible for monitoring their own schedules for potential duty hour violations and reporting them and any other scheduling issues to the Program Administrator.

The program routinely reviews all resident schedules on RMS to ensure duty hour and approval compliance. It is important that every resident report their hours accurately. If a duty hour violation occurs, the resident will be asked for a brief summary of the situation that caused the violation to help the program identify and address trends. As a program, we believe that the safety of the patient is best served by staying in compliance with the ACGME duty hour rules. However, we know at times situations occur beyond the control of the individuals involved. Most situations are isolated and do not require any additional follow up. The program is responsible for identifying any trends in violations and working with the site to resolve continued violations.

EVALUATIONS

Evaluations of and by residents are completed electronically on the internet-based New Innovations/RMS system (https://www.new-innov.com).

Residents are given a user name and password to the New Innovations/RMS system during G1 orientation.

The evaluation system consists of:

1. Evaluation of Residents:
A. by the rotation attending(s) at the end of each rotation.
B. by resident team members whenever on Inpatient Family Medicine Service.
C. by clinic nursing, care coordinators, administrative and lab staff two times per year.
D. by faculty and community preceptors on an ongoing basis
E. by behavioral medicine staff through video review and shadowing.
F. by self-assessment at the beginning of residency and then again at the end of each academic year.
G. by milestone self-assessment twice a year.

2. Evaluation by Residents:
   A. of rotation. At the end of each rotation, the resident evaluates that rotation.
   B. of rotation specific faculty. Example: Inpatient Family Medicine Service faculty on.
   C. of faculty. Residents as a group evaluate core faculty once a year.
   D. of lectures (conferences, schoolhouses and workshops).
   E. of administrative staff once a year.
   F. of the residency program. At the end of each academic year, the Family Medicine Department assigns evaluations of Smiley’s Family Medicine Residency Program for residents to complete.

A. Impromptu Feedback: Residents, clinical educators and health professionals can generate and complete unprompted evaluations of their peers, juniors/trainees or seniors/educators at any time that they want to express specific and documentable praise, concern, patient centered observation form or general comment.
B. Residents are encouraged to discuss issues and suggest solutions during the monthly Resident Only meetings (run by the chiefs) and the Resident/Program Director meetings (run by the program director).

Evaluation Procedure and Requirements
- Evaluations are automatically generated through New Innovations Residency Management Suite (RMS).
- Residents are responsible for communicating the names of their attending(s) to residency administration. (exceptions include: Family Medicine, Inpatient Service, Smiley’s Obstetrics, Inpatient Pediatrics, Ambulatory Family Medicine, ER and Ortho).
- Some attendings/rotations require paper evaluations, which will be noted in the rotation description for each rotation. Residents are responsible for coordinating all paper evaluations. Paper evaluations are available on the RMS system.
- Evaluations are generated at the beginning of each rotation, so that residents may use the evaluation form to make note of events throughout the rotation. An electronic evaluation notification will be initiated when evaluations become available for completion and will appear on the resident’s home page of RMS.
- Residents are expected to complete their evaluations within two weeks of the end of their rotation.
- Residents are responsible for ensuring that evaluations are appropriately scheduled and completed in a timely manner.
- Completed evaluations provide necessary evidence for promotion and graduation. Incomplete evaluations may affect a resident’s ability to be promoted to the next level or delay graduation.
- Residents are responsible for reviewing all evaluations completed about them.
Formal performance review meetings take place on a quarterly basis with the resident and their advisor. Additional meetings are scheduled if performance is unsatisfactory and may include the program director, program administrator and/or other faculty.

Systematic Programmatic Review:
The Program Education Committee (PEC) meets quarterly to review the program to assure that curriculum, faculty development, evaluation systems, annual goals and any urgent programmatic situations are being addressed. The chief residents are members of the PEC. Annually in July, the PEC presents a comprehensive program review and assessment, with goals and action plans for the upcoming academic year, to the faculty for review and approval.

Systematic Resident Review
Residents are reviewed by the Clinical Competency Committee (CCC) twice a year, in October and April. The CCC, based on the residents’ last six-month portfolios in RMS, determines where along the milestone continuum each resident is performing for each sub-competency and also likelihood of promotion. The CCC also identifies the areas a resident needs to work on. The residents then meet with their advisors to review the CCC assessment and recommendations. Advisors also meet with their advisees in February and August for scheduled Semi-Annual Reviews, the focus of which may vary depending on the time of year.

In addition to the CCC meetings, four Resident Reviews are scheduled during faculty meeting throughout the year. Resident Reviews are designed to identify residents who are struggling and to create individual resident education plans.

Milestone performance from the CCC is reported to the ACGME in December and June each year.

Failure of a Rotation or Failure to Progress in Residency
Successful completion of a rotation is determined by the Program Director. This final determination is based upon both formal and informal evaluations of the resident, which include consultation with the resident’s advisor and may include consultation with the rotation supervising physician(s) and other faculty.

A resident may fail a rotation if the resident did not perform at an acceptable level due to knowledge deficit, attitude, or effort. If a resident fails a rotation, the resident, program director, program administrator, and the resident’s advisor meet to determine when the failed rotation will be repeated, to outline the resident’s remediation requirements and determine if the resident’s date of graduation will be affected. A failed rotation is automatic grounds for referral to the Scholastic Standing Committee and often leads to probation.

If a resident displays a pattern of poor rotation performance, poor clinic performance, and/or has not achieved the skills necessary to be promoted to the next year, promotion will be delayed. Delay of promotion will be determined by the Program Director in conjunction with the resident’s advisor and any other necessary sources. A resident with delayed promotion will be referred to the Scholastic Standing Committee and will most likely be placed on probation. The Program Director, the resident’s Advisor and the Program Administrator will meet with the resident to develop an action plan and determine the specific expectations and requirements of the resident.
Confidentiality
Residents see the names of their faculty and non-faculty attending evaluators but cannot see the names of staff or resident peers evaluating them. Faculty CANNOT see the names of residents evaluating them, the time frame, or the rotation. Anonymous evaluations can be viewed in aggregate once three evaluations have been completed. Negative faculty evaluations are reviewed by Dr. Joseph Brocato and do not go to the Program Director.

PROCEDURE DOCUMENTATION
Residents are required to log the procedures they perform during residency in New Innovations/RMS Procedure Logger [https://www.new-innov.com]. In addition to logging their numbers, residents are responsible for asking faculty to confirm their competence in the procedure. Documentation of procedures completed during residency is required by all hospitals in order for newly hired physicians to receive medical staff privileges and to be certified to perform procedures. Without proper procedure documentation, the program director will be unable to certify residents’ ability to perform procedures to their future hospital/clinic practice.

ENCOUNTER LOGS:
The Family Medicine ACGME requires residents to achieve the following number of encounters prior to graduation:

- 1650 clinic patient visits
  - 165 – age 60+
  - 165 – age 10 or under
- 750 inpatient encounters
- 40 newborn encounters
- 250 Peds – inpatient or emergency room encounters
  - 75 pediatric inpatient
  - 75 pediatric emergency room
- 2 home visits

The program collects encounter data through the EMR for all except inpatient and emergency pediatric encounters. Residents are expected to record these encounters and submit them to the program at the end of related rotations.

CASE LOGS
Residents are encouraged to maintain case logs. We have seen an increased number of residency verification requests asking for case logs. Residents who plan to practice inpatient medicine after residency are strongly encouraged to maintain a case log. Case logs can be maintained in the RMS Logger module.

ON-CALL SCHEDULES
In-house call is defined as those duty hours beyond the normal work day when residents/fellows are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night averaged over a four week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Resident/Fellows may remain on duty for up to four additional hours to participate in didactic activities or transfer care of patients. Residents are expected to round in the hospital post-call.
See tables on pages 11-12 for call schedule expectations.

*Due to the continuous improvement of the program’s curriculum, on-call expectations are subject to change.

### ON-CALL ROOMS

Riverside Campus OB call rooms are located:
- OB Call Room [Room MB517] – 612-273-0624
- Faculty Call Room [Room MB562] – 612-273-7476

University Campus work room and call room are located on the 5th floor of the hospital.
- Resident Work Room [Room 5-241] – 612-273-8655, 6349, 6759, 6769, 892-05633
- Call Room [Room 5-120A] – 612-273-5633

A security code is required to access all call rooms and work room. Please contact residency administration if you have questions or concerns about call rooms.

### SCRUBS

Scrubs are obtained through the scrub machines on each campus. New interns will need to provide their UMMC ID card number to Residency administration to gain access to the scrub machines. Residency Administration will request security access to scrub locations and scrub orders on your UMMC ID Card. JCAHO rules state that only clean, hospital laundered scrubs can be worn in the OR. Residents are NOT allowed to wear scubs washed at home and worn from home when there is potential that they will be scrubbing in (Surgery Rotation, OB rotations). For these rotations, the resident will need to change into scrubs at the hospital at the start of his/her shift.

**Riverside Campus** scrub machine is located in the Clean Supply Room #452.
**University Campus** scrub machine is located in the Surgery Suite on 3rd Floor. There is a surgery control desk secretary M - F 6 am - 8:45 pm and Sat and Sun 7 am - 3:30 pm who can assist residents with access if issues arise.

**NOTE:** To maintain scrub access, residents are encouraged to access scrub machines on both campuses at least once every 90 days. Failure to do so may result in the inability to obtain scrubs when needed.

### NIGHT FLOAT & CALL SCHEDULE

- Residents will be scheduled for 4 weeks of night float each academic year. Nightfloat blocks are in 2-week blocks and consist of 6 consecutive nights and a day off. Residents will be scheduled for one clinic at the start of each week.
- Remaining nights will be distributed among senior residents and typically results in 5-7 calls per resident.
- The program along with chief residents will determine the method for scheduling the extra call nights. Prior to the implementation of nightfloat, residents would meet semiannually to coordinate the call schedule, however, due to the limited number of calls to cover, chief residents may assume this responsibility.
- In the event of a conflict, residents are responsible for coordinating a trade of their call with a peer.
- Call trades must adhere to duty hour rules.
Program expectations are that schedule changes are worked out prior to the release of the final monthly schedule.

Call trades that take place after the monthly schedule is finalized require completion of a schedule change form, located on the resource page of RMS.

All call schedule changes must take place a minimum of 48 hours in advance of the change to ensure that all systems are up to date.

Call trades that affect clinic schedules require the Clinic Manager’s approval.

Call trades are complete only when residents have received confirmation from residency administration and the change is reflected in their schedule.

SCHEDULING SYSTEMS

There are three main systems used for scheduling: AMION, RMS and EPIC. Creating and monitoring schedules for accuracy is very difficult. To optimize accuracy, residents and faculty must follow scheduling guidelines.

AMION is the system used to create rotation, call and clinic schedules. This system is what the resident will use to determine where they are supposed to be on any given day. It is IMPERATIVE that residents review the preliminary schedule when released to ensure that there are no errors or conflicts in their schedules. This includes verifying schedules with rotations sites. Note: the schedule outlined in the RMS Rotation Description is only a template and is NOT the resident’s schedule. Residents should refer to AMION for their personal schedules.

RMS is the system used by the resident to review, modify and approve duty hours. The schedule from AMION is pre-loaded into RMS for the residents’ convenience. Residents are responsible for accurately modifying and approving their schedules by the third business day the following month. This system also houses the rotational materials, evaluations and procedure logger for all rotations.

EPIC is used for scheduling patient appointments as well as maintaining medical records for Smiley’s patients. Residents are responsible for reviewing their appointment schedules and preparing for clinic.

SUPPORT SERVICES

Patient support services, such as intravenous services, phlebotomy, and laboratory are provided by University of Minnesota Medical Center for all inpatients on a regular and timely basis.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES

Laboratory, pathology and radiology services are provided by University of Minnesota Medical Center in a timely manner. Laboratory, radiology and pharmacy services are provided on site at Smiley’s Clinic.

MEDICAL RECORDS

All of UMMC, UMN Health, and the UMP Clinics (which includes Smiley’s) use EPIC for patient charting. This system is secure, password protected and is available on computers throughout the hospital. Residents can access EPIC from home.
Smiley’s Clinic

Documentation Completion Policy

Department: HIM
Effective Date: 2/07
Reviewed Date: 5/13
Approved by: ________________________

Nancy Arntson, Clinic Manager

POLICY: Patient visits will be documented and filed in the patient record within 48 hours of patient visit when possible to ensure completion of documentation and quality of patient care.

PROCEDURE
1. Health Information Department tracks timeliness of documentation.
   A. Providers will document and close EPIC patient visits/encounters within 24 hours.
   B. Medical Record Department and Clinic Managers will monitor timelines for compliance.

2. When a Provider leave of absence occurs, UMP clinics should provide timely processing of chart documentation.
   A. Residency Coordinator is responsible for notifying the Clinic Manager and Medical Record Supervisor/Representative of the Faculty or Resident on leave. The Residency Coordinator should place notification over the Faculty/Resident mailbox indicating the following:
      • Time period the physician will be out of the clinic.
      • Name of physician responsible for handling his/her patient records while they are out of the clinic.
   B. Provider is responsible to arranging for coverage
      • Complete the Out of Contact process for EPIC
      • Team members are responsible for review; signature and patient follow up of visit notes, lab reports, X-ray reports and other correspondence.
   C. UMP Faculty at each clinic has signing privileges for absent Faculty, Community Preceptors or Residents. The covering provider is responsible for completing all the documentation tasks in the EMR.

NOTE: Procedures may be modified to meet individual clinic needs.

DRESS CODE

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Ambulatory Care Services Dress Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>To establish guidelines of dress which:</td>
</tr>
<tr>
<td></td>
<td>• Are consistent with safety standards and infection control guidelines.</td>
</tr>
<tr>
<td></td>
<td>• Promote a professional image.</td>
</tr>
<tr>
<td></td>
<td>• Contribute to the existence of a healing environment.</td>
</tr>
<tr>
<td>Rationale:</td>
<td>A professional appearance inspires confidence by patients, families and</td>
</tr>
</tbody>
</table>
coworkers in the abilities of the staff and communicates respect by staff for patients and their families.

<table>
<thead>
<tr>
<th>Policy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• UMPhysicians photo identification must be worn above the waist, with photograph visible and with no alteration to the photo or information on the badge.</td>
</tr>
<tr>
<td>• Hair must be clean and neat, and worn in a style that does not interfere with job function. Mustaches and beards must be kept neat and well groomed.</td>
</tr>
<tr>
<td>• Personal hygiene is essential (includes clean/trimmed fingernails, oral hygiene, body deodorant). Perfumes and aftershaves are not acceptable as they can be offensive to ill patients or trigger allergic reactions.</td>
</tr>
<tr>
<td>• For safety and infection control reasons, jewelry should be limited to a ring, watch, small necklace and small earrings. Visible body piercings, other than earrings, are prohibited while on duty.</td>
</tr>
<tr>
<td>• For infection control, safety and noise considerations, shoes must have a closed toe, be clean, and have quiet soles. Hosiery or socks are required at all times.</td>
</tr>
<tr>
<td>• Lapel buttons/pins with political or controversial messages are not permitted while on duty.</td>
</tr>
<tr>
<td>• Clothing should not have wording or advertising displayed on it unless it has UMPhysicians or UMMC logo, is for a UMPhysicians sponsored event or has discreet brand identification.</td>
</tr>
<tr>
<td>• Dresses or skirts will be no more than 3 inches above the middle of the knee.</td>
</tr>
<tr>
<td>• Clothing must be neat, clean, non-transparent and in good condition. It should fit comfortably, allowing full range of motion.</td>
</tr>
<tr>
<td>• Necklines of shirts, blouses, sweaters and dresses should be non-revealing.</td>
</tr>
<tr>
<td>• Undergarments must be worn, but should not be visible.</td>
</tr>
<tr>
<td>• <strong>Examples of appropriate dress:</strong></td>
</tr>
<tr>
<td>o <em>Tailored pants, including dress slacks, khakis or corduroys.</em></td>
</tr>
<tr>
<td>o <em>Collared shirts or blouses (dress shirts, oxford shirts, golf shirts), turtlenecks, sweaters and sweater sets.</em></td>
</tr>
<tr>
<td>o <em>Dresses and skirts, including skirts that are split at or below the knee.</em></td>
</tr>
<tr>
<td>o <em>Leather deck shoes, loafers, clean athletic shoes, boots, flats, clogs or low-heeled shoes, all with socks or hosiery.</em></td>
</tr>
<tr>
<td>• <strong>The following dress is not appropriate:</strong></td>
</tr>
<tr>
<td>o <em>Jeans of any color, including jean pants, shirts, and tops.</em></td>
</tr>
</tbody>
</table>
Scrubs worn by management or staff who do not provide direct patient care.

Shorts and Capri pants.

Tops exposing the midriff (even if only when reaching overhead).

Tube tops, tank tops, backless tops or tops with spaghetti straps, unless covered.

Sweatshirts, sweatpants or jogging suits (includes sweatshirts with UMPPhysicians or UMMC logos).

Hats, caps, scarves and sweatbands worn around the forehead. Employees who are required by their religion to wear head attire may do so, provided the head attire does not violate any safety or infection control policies, is clean and in good repair, and does not interfere with the performance of the employee’s job duties.

Open-toed shoes.

Additional Dress Code for Patient Care Staff

- Artificial fingernails, enhancements, extenders and acrylic overlays are prohibited. Anything applied to natural nails other than polish is considered an enhancement. This includes, but is not limited to artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Gloves are not an acceptable alternative.

- Standard or patterned uniform pants, scrubs, and lab jackets may be worn in specific site-approved colors.

- Turtlenecks, golf shirts and oxford shirts may be worn as tops in specific site approved colors.

- Athletic shoes may be worn if they are white, clean and in good repair. Since it may be difficult to find all white athletic shoes it is acceptable to have another color within the shoe. However, the primary color should be white.

Compliance

It is each employee’s responsibility to adhere to these guidelines. If there are questions about whether or not something is appropriate, check with your supervisor before wearing it.

If the above standards are not followed, the department or clinic supervisor may send an employee home without pay to make changes. Continued offenses may result in disciplinary action.

Persons Accountable:

These guidelines apply to all individuals who work in or provide service to UMPPhysicians managed and owned clinics. This includes, but is not limited to, directors, management and staff (temporary, permanent and student) in the following areas:

- Ambulatory Care Clinics, Labs and Imaging
- Clinic Scheduling and Nurse Advice Center
- EMR Staff
SAFETY/SECURITY

Security and safety are important at the University of Minnesota Medical Center Hospitals.

You can contact the security department 24 hours a day by accessing the operator at 612-273-3000 or 612-273-4544. You can also ask for an escort by calling 612-273-4544 if going to your car during night time hours.

Emergency: Dial 888 from any house phone.

Escorts: 612-273-4544 or 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 parking: On the West Bank, residents park in the Yellow or Purple Ramp. On the East Bank, residents have after hours and weekend access to the Delaware Ramp. Access to the Delaware ramp is also provided during the ICU rotation. During Inpatient Medicine Rotations, residents park in the Oak Street parking ramp and use the shared parking cards & coupons to be picked up on the first day
of rotation and returned on the last day of rotation. Upon entering the ramp, physicians are required to swipe their ID badge (or shared parking card) which is also their parking card and entry card to access various areas of the hospital. NOTE: On the first day of Inpatient Medicine rotation, residents will take a ticket and use a coupon for the day.

**After Hours:** 8:30 pm - 6:00 am - Hospital access is restricted during this time. You can access the hospital during these hours using your ID badge at the card readers. If you have issues accessing the hospital, contact safety/security for access and notify Admin of the issue and the specific door that would not allow you access, so that we can have security check your access.

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

**Theft Prevention:**
* Leave valuable items at home.
* Ensure vehicles are locked and that personal and valuable items are secure.
* Safeguard keys, IDs and personal items.
* Report all suspicious persons/activities immediately.

Lost and found: Check with Safety/Security Department.

Smiley's 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.

**MOONLIGHTING**
Moonlighting requires a prospective, written statement of permission from the Program Director that will be made part of the residents’ file on RMS.

- Residents are not required to engage in moonlighting. G1s and residents on a J-1 Visa are restricted from moonlighting.
- Moonlighting activities cannot conflict with the scheduled and unscheduled time demands of the educational program and its faculty.
- Residents who are struggling to meet residency requirements, who have an individual educational plan or who are on probation will not be allowed to moonlight.
- All moonlighting must be counted toward the 80-hour weekly limit on duty hours.
- Residents moonlighting will need to be in compliance with the institutional GME moonlighting policy.

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

Residents are 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 are structured to ensure that supervision is readily available to residents on duty.

Faculty and Residents are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.

**GRADED RESPONSIBILITY**

The three-year residency curriculum is designed to provide residents with increasing responsibility and progressive independence. As they progress, residents are also assigned more supervisory and teaching roles.

**MONITORING OF RESIDENT WELL-BEING**

Our program strives to balance our residents’ education and patient care demands with appropriate attention to wellness. In addition to rigorously monitoring duty hours, we have embedded into our curriculum and our clinic activities opportunities for fun and reflection.

Orientation – Includes curriculum on sleep deprivation, wellness. We introduce Smiley’s philosophy and processes for assuring resident well-being.

Residency “Survival Workshop” – Dinner for the incoming interns and significant others that is hosted by current residents and their partners. The goal is to address incoming resident concerns about balancing life and residency, as well as to introduce intern support group. Facilitated by Dr. Dana Brandenburg, Dr. Mark Schaefer, and Dr. Kevin Kelly.

Intern Support Group – Interns meet every other week to discuss resident well-being and stress. Facilitated by Dr. Kevin Kelly and Dr. Loie Lenarz.

Intern Retreat – Interns and their families come together for an overnight retreat at a YMCA Camp in Hudson, Wisconsin. Focus is on team building and wellness. Facilitated by Dr. Kevin Kelly and Dr. Loie Lenarz.

Senior Support Group – Seniors meet once a month with Dr. Brandenburg or one of her fellows to support each other and work through issues.

Senior Retreats – Each class enjoys a full day retreat to reflect and focus on their personal and professional goals as physicians and human beings.

Semi-Annual Reviews - Residents meet with their faculty advisor quarterly. In addition to reviewing the advisee’s performance, advisors discuss their resident’s goals, curricular questions and ensure that the resident is managing their stress and work load.

Advisor/Advisee Meetings – In addition to Semi-Annual Reviews, residents meet with their advisors at least twice to review their Milestone Reviews and other areas of resident need.

Resident/PD Meetings – Residents meet with the Program Director regularly during Monday lectures to discuss a variety of topics including wellness.

Resident Only Meetings - Residents meet regularly during Monday lectures to discuss residency issues.

Annual Picnic – Smiley’s hosts an annual picnic for all residents, faculty and staff in June to welcome the new residents. Good food, fresh air, and team competition are among the amenities offered.
Annual Graduation Celebration – Smiley’s hosts an annual party for all residents, faculty and staff in June to say good bye to our graduating residents.

Annual Halloween Party – Costumes are encouraged and judged over a lunch potluck.

Annual Holiday Pot-Luck – The Smiley’s family comes together during the holiday season to share a multi-cultural meal.

Annual Hawaiian Shirt Day – We celebrate Valentine’s day (and brighten our winter) with our Hawaiian shirt day.

Spirit Week – Typically takes place during MATCH week. Each day has a special theme and includes friendly competition between our teams. The week concludes with our MATCH Party, where we celebrate our incoming intern class.

Wellness/Self-Care Elective – Residents have the opportunity to plan a wellness elective to learn more about this important topic and to practice it.

Open Door Policy – Smiley’s Program Director welcomes residents to meet with her to discuss their concerns about their residency experience and personal well-being.

Surveys – Residents participate annually in the ACGME survey, the Department of Family Medicine annual residency survey, and an annual focus group with Dr. Brocato to gather feedback about the program and curriculum.

Annual Program Evaluation – All residents are asked to provide feedback to the program on an annual basis. This feedback is welcome by the program and is incorporated into the Annual Program Review by the PEC to ensure that we continue to support our residents and remain compliant with the ACGME requirements.

RESIDENCY PERMIT APPLICATION
1. Residents must mail their permit application to Laura Pham, residency programs coordinator, along with new resident forms.
2. Scanned copies of permit applications are not allowed.
3. Upon receipt, Laura Pham will process the permit application including payment.
4. The resident is unable to start training until the residency permit letter has been received.
5. Residents who extend residency require an extension on their residency permit.

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 Minnesota Board of Medical Practice (MBMP). Application materials are given to residents by the Program Administrator.

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 Minnesota 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 enough in their training to permit adequate time to re-take the exam if more than one attempt is needed. **Smiley’s residents are required to take Step III during Ambulatory Family Medicine in Block 7.**

Residents who do not notify their program of a passing score by January 1 of their PGY2 year 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.

Each program will reimburse residents for application and renewal fees incurred until resident program completion according to the following: 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 who are US medical graduates, licensure application packets are given to residents in January of PGY1. For on-track residents who are international medical graduates, licensure application packets are given to residents in January of PGY2.

We reimburse residents their application fee for Minnesota medical licensure, provided they have applied for licensure as soon as they are eligible and there are no preventable delays Please submit a completed reimbursement form and a copy of the bank statement or credit card statement showing payment has been processed.

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

**Licensure Policy**

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

- **United States graduates must:**
  - Pass USMLE Step III within three attempts and within five years of passing Step 2 (CK);
  - Take Step III by March of the 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 Step III by March of the first year of residency;
  - Complete at least two years of residency training;
  - Complete and submit licensure application
Graduates of non-approved LCME medical schools (international graduates) are eligible for licensure at the end of their second year of residency training. It is expected that IMGs will have their medical licenses near the beginning of their third year of residency training.

The deadline for application is April 1 for July licensure. Contact the program administrator if licensure will be granted on any other month.

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

DEA APPLICATION AND NUMBER
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 at approximately the same time of licensure application. Programs will reimburse the residents for the full DEA fee. For reimbursement, please submit a completed reimbursement form and a copy of the bank statement or credit card statement showing payment has been processed.

RESIDENT REGISTRATION POLICY
All residents/fellows must maintain a current or unencumbered status with the University of Minnesota to remain in good standing and progress with our programs. If a resident/fellow has a loan hold or other encumbrance on his/her record which prevents registration for any term, he or she will be billed and held personally responsible for tuition and fees. Any outstanding balances must be paid before the resident 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 always given during the last week of October each year. Residents are permitted vacation during the week of the ITE, however, they must be available for at least one of the ITE sessions as scheduled by the program. Residents on away rotations must coordinate an alternate site or return to the program in time to sit for this exam.

The exam is designed to aide residents in predicting their future Board pass rate. This test also allows residents to compare their level of performance with the total group in their own program and with that of the national group. Residents predicted with a low pass rate work with their advisors on a remediation.

All residents should read and study after hours. It is important to read about the cases you are managing each day and demonstrate knowledge to attending/preceptors. Regular study habits have been recognized to improve test performance and reduce test anxiety. Recommended study plan would be to read a minimum of one AFP Topics per month and a minimum of 10 AAFP questions per week.
**PLEASE NOTE:** Residents may access their previous years ITE questions and answers in preparation for their board certification examination. They are available online at the ABFM website at [https://www.theabfm.org/cert/ite.aspx](https://www.theabfm.org/cert/ite.aspx). Log in with your ABFM username and password using the box in the upper right corner of the web page.

**WEB LINKS TO ADDITIONAL RESOURCES**

- ACGME Next Accreditation System Requirements  
  [http://www.acgme-nas.org/](http://www.acgme-nas.org/)

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

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

- Tuberculosis (TB) Exposure Management  
  [https://docs.google.com/document/d/1ROtODx-Be2d7a2SAEFW6H9t1ZJzmx0DhxMxDo90dPbk/edit](https://docs.google.com/document/d/1ROtODx-Be2d7a2SAEFW6H9t1ZJzmx0DhxMxDo90dPbk/edit)

- Needle Sticks and Blood Borne Pathogen Exposure (BBPE) Management  
  [https://docs.google.com/document/d/1TVsIpAIfOl5y587xDIewbvmMly31dlnbg14zDWT72P4/edit](https://docs.google.com/document/d/1TVsIpAIfOl5y587xDIewbvmMly31dlnbg14zDWT72P4/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 .................................................. Pita Adam, MD, MSPH. .............. 612-333-0774
Clinic Manager .................................................... Nancy Armtson ......................... 612-343-7156
Program Administrator ......................................... Bobbi Kruse ......................... 612-343-7145
Administrative Coordinator (Curriculum and Conferences) Raquel Van Norman .............. 612-343-7128
Administrative Coordinator (Evaluation and RMS) Brian Hill .................. 612-343-7143

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...
Address Change .................................................. Laura Pham ......................... 612-626-0194
Biomedical Library ................................................ 612-626-5653
Community Health Rotation ................................... Erik Solberg, MA, MEd .................... 612-626-3124
Computer Services Help Line .................................. 612-301-4357
Continuing Medical Education ................................. 612-626-7600
Contracts (G-1/G-2/G-3 year) .................................... Melissa Stevens, MA ..................... 612-626-4490
Course Completion Reports ................................. Erik Solberg, MA, MEd .................... 612-626-3124
Courses & Workshops, Registration .......................... 612-626-3124
DEA ............................................................. Melissa Stevens, MA ..................... 612-626-4490
Graduation Certificates .......................................... Laura Pham ......................... 612-626-0194
Insurance Questions (health, dental, life) .................... Sheila McGinley ...................... 612-625-0646
Insurance Changes - requesting forms ........................ Sheila McGinley ...................... 612-625-0646
ITE Exams .................................................... Erik Solberg, MA, MEd .................... 612-626-3124
J-1 Visa Processing ............................................... RMS Help ................................ rmshelp@umn.edu
Leaves of Absence ............................................. Melissa Stevens, MA ..................... 612-626-4490
Long-Term Disability .......................................... Melissa Stevens, MA ..................... 612-626-4490
Malpractice Insurance, Claims, Reports .................... Melissa Stevens, MA ..................... 612-626-4490
Name Change ................................................... Laura Pham ......................... 612-626-0666
Payroll ....................................................... Christina Steere ..................... 612-624-0117
Recreation Center, U of MN (Mpls. campus) ............ 612-625-6800
(St. Paul Gym) .................................................. 612-625-8283
Recruitment ..................................................... Laura Pham ......................... 612-626-0194
Registration, U of MN Student ............................. Laura Pham ......................... 612-626-0194
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