On behalf of the faculty and staff, welcome to the Department of Pediatrics at the University of Minnesota. We hope that the time you spend in the Pediatric Residency Program will be both educational and enjoyable. This policy manual outlines policies and procedures specific to your training program. Policies in this manual have been developed in accordance with standards set by the University of Minnesota, American Board of Pediatrics (ABP) and the Accreditation Council for Graduate Medical Education (ACGME). They are subject to periodic review and change by the Faculty, Program Director, and Department Chair.


Institution Policy Manual:
http://www.med.umn.edu/gme/instpolicyman/home.html

NOTE: The full Duty Hour policy can be found in the Institution Policy Manual.

The goal of our residency program is to provide exceptional training in the comprehensive care of children. We are able to meet this goal by utilizing the richness of clinical experiences and academic opportunities that exist in our integrated program, providing these experiences to all residents, and assuring flexibility within the program to meet individual professional goals.
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Department of Pediatrics: Payroll
Payroll Specialist: Deb Slavin
612-626-6910/ slavi002@umn.edu
Pediatrics, Ob/Gyn and Women's Health
Room 353-37
717 Delaware Street SE
Minneapolis, MN 55414
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• Benefits: Insurance
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• Benefits: Minnesota Medical Association Membership
• Benefits: Professional Liability Insurance
• Benefits: Stipends
• Benefits: Veterans Certification for Educational Benefits
• Benefits: Workers' Compensation

Educational Expense Allowance
This allowance is available to all pediatric/medicine-pediatric residents. The allowance can be used for professional educational expenses such as those incurred for board examination fees, attending professional meetings or for journal subscriptions. Since payments and reimbursements under this allowance need to be made in accordance with University business practices and policies, residents should contact the Residency Program Coordinator in advance to ensure that the expense is eligible.

Funds are provided in the following increments:
- Pediatric Program Level 1 (PL1) $300
- Pediatric Program Level 2 (PL2) $300
- Pediatric Program Level 3 (PL3) $300
- Medicine Pediatrics Level 1 (MP1) $200 (additional amount received from Medicine)
- Medicine Pediatrics Level 2 (MP2) $200 (additional amount received from Medicine)
- Medicine Pediatrics Level 3 (MP3) $200 (additional amount received from Medicine)
- Medicine Pediatrics Level 4 (MP4) $200 (additional amount received from Medicine)
You may access your entire educational allowance immediately upon entering the residency program. If you leave the program for any reason prior to completing your residency, you will be required to repay the amount exceeding the pro-rated allowance.

**Laundry Services**

Laundry is the responsibility of the individual trainee. Residents receive a white coat from the program prior to starting residency. Residents also receive a pair of clean scrubs. Additional scrubs may be available at the hospital sites.

**Leave/Time Away Policies**

**Policy on Effect of Leave/Time Away on Satisfying Program Requirements**

All residents should first review the University of Minnesota Medical School’s Institution Policy Manual for the sections discussing LOAs and leaves.

The Department of Pediatrics provides residents Paid Time Off (PTO) for vacations, illnesses, and personal business. Compared to traditional vacation and sick time policies our program used to follow, the PTO program provides residents more choice in when and how to use time off. However, the program requires residents to self-manage their time-off balance. Each resident is responsible for ensuring that their accrued PTO does not reach the maximum accrual level, that they have enough time off available when they need it, and that they partner with their colleagues to ensure effective coverage for their rotations.

The current PTO policy and applicable forms are housed on the Pediatric Resident Moodle Site.

**Family Medical Leave Act (FMLA)**

FMLA is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for a serious health condition, for the birth or adoption of a child, and for the care of an immediate family member who has a serious health condition or who is called to certain active duty status in the Armed Forces. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity.

Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees are eligible for FMLA leave if they have worked at the University for at least 12 months. These 12 months need not be consecutive; however, if an employee has had a break in University service of greater than seven years, prior periods of employment will not be counted subject to certain exceptions. In addition, to be eligible, employees must have worked at least 1,250 hours in the 12 months preceding commencement of the leave. Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). The trainee may qualify for Short Term and Long Term Disability benefits.

Please refer to the Office of Human Resources website for further information.
Time away for these absences may extend training if they cause you to miss more time away from the program than allowed by the ABP. Contact your Program Director and coordinator if you plan to use FMLA for additional time away than the normal leave policies as outlined below.

**Parental: Maternal/Paternal/Partner Leave**
Notify the Chief Resident as soon as Parental Leave is known to begin planning for the leave. Residents may take at least two weeks off from training for this type of leave. PTO is generally used for this time.

After a 14-day waiting period, the birth mother may also qualify for short-term disability benefits for an additional four weeks (six weeks for c-section). During the time on short-term disability and any additional LOA time requested, the trainee can: 1. use their PTO and not extend training and/or 2. Go on unpaid leave from the program and extend their training.

An LOA Form MUST be completed and given to Program Coordinator, Office of Student Benefits and Payroll prior to leave. Additionally, you must notify the following people once your baby is born/adopted so we can insure we process the paperwork, payroll, etc correctly:

- Program Coordinator
- Chief Resident
- Deb Slavin (slavi002@umn.edu)
- Office of Student Benefits (umshbo@umn.edu)

**Medical Leave**
For a continuous absence due to personal illness or disability while under the care of a physician, see the disability policies outlined in Institution Policy Manual. Written confirmation by the fellow’s physician of the need for absence from the training program is required.

When it appears that a major illness will result in a continuous absence from service, it is essential that the trainee communicate with their Program Director, Program Coordinator, the Department of Pediatrics’ Payroll Office, and the Office of Student Benefits.

**Personal Leave of Absence**
Only under **UNUSUAL** circumstances, such as a personal or family emergency, will a Personal LOA be considered. Such an LOA is subject to the general conditions noted above.

Requests for a personal LOA should be considered carefully as they create scheduling stress in the program and may extend your training. When time away is made up at the end of training, the additional rotation(s) will conform to the requirements of the American Board of Pediatrics and to program requirements. These rotations and sites may not be the same rotations or sites that were changed to accommodate the LOA. Individual preferences may be accommodated when possible.

All LOAs must be discussed with your Program Director and approved in writing at least three (3) months in advance of the start of the LOA. Exceptions may be made if the request falls within the definition of the **Family Medical Leave Act (FMLA)**.
The insurance benefits noted previously in the Institution Manual may be continued at your own expense during any unpaid LOA. Please consult with the Deb Slavin (612-626-6910 or slavi002@umn.edu) and the Office of Student Benefits (612-624-0627 or umshbo@umn.edu) to arrange this.

Unauthorized Leave
A resident taking unauthorized leave will be subject to disciplinary procedures, including probation and/or termination.

Meal Allotment
Based on your call schedule you will receive a preloaded meal card from Fairview. You are able to use Fairview meal cards in the Cafeteria, Coffee Shop and Doctors Lounge at UMACH.

The UMACH policy for meals is outlined at: http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html. If you qualify for a meal allotment under this policy, contact your coordinator if you do not receive a meal card.

Affiliate sites provide meal cards in alignment with their own policies.

Parking
Contract parking is provided for pediatric and medicine-pediatric residents for use at UMACH. Parking cards are only to be used for programmatic business on the campus. Parking cards used for non-programmatic use will be subject to loss of contract parking privileges. The Pediatric Education Office does not provide parking validation tickets.

Photocopying Privileges
Residents have photocopying privileges in the Pediatric Education Office. Please ask for assistance when first using the copier, or if you experience difficulties while using it. Residents may also photocopy articles using the photocopy machine in the biomedical library in Diehl Hall. Please contact the Program Coordinator for the budget number to use for this.

Scrub Suits, Labcoats, and ID Badges
A UMN AHC ID badge is provided in addition to any hospital badges you will receive. Badges must be worn for clear identification. If your AHC badge breaks or is lost, the department will provide a replacement. Other lost/broken badges are replaced by the institution (i.e. contact UMMC/UMACH security desk for Fairview badges).

Professional attire is expected for clinical care and is the responsibility of the resident. Labcoats are not required for routine clinical care. Scrubsuits are provided on-site and are not to be worn except for certain procedures.
**Paychecks/Direct Deposit**
Your check may be deposited directly into your checking or savings account if your banking institution accepts direct deposit transactions. Most financial institutions in the area accept direct deposit. Checks or direct deposit receipts will be automatically mailed to your home address. If you wish to pick up your check on payday, you must make prior arrangements with Deb Slavin in Payroll at (612) 626-6910.

Report lost checks to the payroll office IMMEDIATELY. Issuance of a duplicate check may take up to two (2) months. Therefore, always handle your paycheck carefully and deposit it promptly.

**Tax Information**
Other than providing the standard W-4 deduction claim forms, the Department of Pediatrics does not provide information or advice on tax matters.
• Resident-fellow conflicts.
• Resident-faculty conflicts.
• Chief resident-faculty conflicts.

**Potential Parties to the Process**
• Principals in the complaint.
• Mentors, as advisors and advocates.
• Grievance committee.
• Department head and/or a designee.

**Grievance Resolution Process**
As defined here, resolution will be considered an outcome deemed acceptable to the principals to the complaint. When resolution is reached, no further steps in the process will be taken and the matter will be considered closed. This policy assumes that any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the intradepartmental decisions to extra-departmental grievance procedures.

Steps in the Process:
1. Review of complaint with mentor or other ad hoc advisor.
   • **Outcome:** resolved OR taken to step 2
2. Informal discussion with other persons deemed appropriate by parties to the complaint.
   • **Outcome:** resolved OR taken to step 3
3. Formulation of a formal written complaint.
4. Forwarding of complaint to the grievance committee, with copies to principals to the complaint and to the head of the department.
5. Committee review of the complaint with consultation and written minutes, but without tape recording.
   • **Outcome:** resolved with report to the head of the department OR taken to step 6
6. Department head reviews the grievance committee actions and recommendations and then advises the parties to the complaint of his decision as to the dispensation of the complaint action.
   • **Outcome:** resolved OR taken to step 7
7. Appeal to the Medical School and the appropriate extra-departmental grievance process.

**Substance Use/Abuse**
It is the policy of the University of Minnesota that University personnel will be free of controlled substances. Chemical abuse affects the health, safety and well-being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Pediatrics recognizes that chemical/substance abuse or dependency may adversely affect the physician-in-training’s ability to perform efficiently, effectively and in a professional manner. The department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.
1. No resident shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs including those prescribed by a physician which affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.

2. Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on resident’s ability to perform his/her duties; therefore, no resident shall use, sell, possess, distribute, dispense, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.

3. Any violation of this policy may subject the resident to discipline, including, but not limited to, suspension and/or termination.

4. When there is reasonable cause to believe that a resident may be using, selling, possessing, distributing, dispensing, transferring or manufacturing any illegal drug, controlled substance or alcohol, the resident may be required to undergo medical evaluation and assessment. The resident’s ability to continue participation in the program will be determined by the Residency Program Director in consultation with attending faculty or the Resident Review Committee and the chairperson of the department. Actions may include, but are not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.

5. Depending upon the circumstances, the department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.

6. Residents who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform the Residency Program Director or Resident Review Committee or department head of the conviction (in writing) within five (5) calendar days thereof.

7. Other residents who have reasonable cause to believe that a colleague is using a substance that adversely impacts on the resident’s performance in the training program must report the factual basis for their concerns to the Residency Program Director.

8. If a resident is taking a medically authorized substance that may impair his or her job performance, the resident must notify his or her supervising resident, chief resident, attending faculty or the Residency Program Director of his or her temporary inability to perform assigned duties.

9. The policy of the American Board of Pediatrics maintains that physicians who have a history of chemical dependency, as reported to the American Board of Pediatrics, and who submit documentation acceptable to the American Board of Pediatrics that their disease is known to be under control, can apply for and take the certifying examination. Candidates who have a current problem of chemical dependency, as reported to the American Board of Pediatrics, will not be issued a certificate upon completion of all requirements for certification unless they submit documentation that their disease is known to be under control for five (5) years from the time of the most recent occurrence of the disease.

10. Residents are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse. The services of the Fairview University for Children Employee Assistance Program, Physicians Serving Physicians and the Minnesota Association of Public Teaching Hospitals Resident Assistance Program are available to all residents and their families. (Please refer to Institution Policy Manual for contact numbers and descriptive information on these programs.)
11. Residents must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture and fines.

**Resident Review Committee**

The Fellowship Program Director may involve the Resident Review Committee (RRC) for guidance on potential disciplinary situations for academic or non-academic reasons. In accord with the fellow contract, if at any time the Evaluator, the Fellowship Program Director and/or the Chairperson of the RRC determines that patient care or safety is jeopardized they may bring that information immediately to an emergency meeting of the RRC and/or to the head of the Division or Department of Pediatrics who may suspend the fellow from patient care responsibilities.

The RRC may recommend one or more of the following as courses of action for the Fellowship Program Director to pursue:

1. Normal advancement with commendation
2. Normal advancement within the training program.
3. Medical and/or psychiatric appraisal as to suitability for continuation of fellowship training.
4. Probation with continuation of normal rotations, but with more detailed and frequent evaluation. The fellow and his/her mentor are invited to appear before the RRC before an individual is placed on probation.
5. Probation with loss of credit for a specified rotation or rotations deemed unsatisfactory by the RRC. The RRC may recommend that such non-credited rotations be satisfactorily repeated or that the fellow be assigned to a comparable remedial service or rotation.
6. Immediate suspension with pay. The fellow is relieved of all duties relative to the fellowship training program. This action is temporary until one of the following is implemented.
7. Probation with certain rotations or services to be repeated.
8. Modification of the fellow's assigned program to provide remedial training in a special setting with a special assigned tutor(s).
9. Dismissal from the program.
10. Final written summary review on completion, of or departure from the program, to be entered into the fellow's permanent file.

*Actions 5, 6, or 7 above will automatically require extension of the minimum training time necessary to become eligible for the examinations of the American Board of Pediatrics.*
• General Policies & Procedures: Background Study Policy & Procedure
• General Policies & Procedures: Blood-Borne Pathogen Exposure Policy & Procedure
• General Policies & Procedures: Cab Voucher Policy
• General Policies & Procedures: Certificate of Completion Policy
• General Policies & Procedures: Classification and Appointment Policy
• General Policies & Procedures: Compact for Teaching and Learning
• General Policies & Procedures: Disaster and Local Extreme Emergent Situation Planning Policy & Procedure
• General Policies & Procedures: Document Management Requirements
• General Policies & Procedures: Dress Code Policy
• General Policies & Procedures: Duty Hour Policy
• General Policies & Procedures: Duty Hours/On Call Schedules
• General Policies & Procedures: ECFMG/J1 Visa Holders: Documentation Required for FMLA
• General Policies & Procedures: Effective Date for Stipends and Benefits
• General Policies & Procedures: Eligibility and Selection of Residents/Fellows
• General Policies & Procedures: Essential Capacities for Matriculation, Promotion & Graduation for U of M GME Programs
• General Policies & Procedures: Evaluation Policy
• General Policies & Procedures: Health Insurance Portability & Accountability Act (HIPAA)
• General Policies & Procedures: Immunizations & Vaccinations
• General Policies & Procedures: Immunizations & Vaccinations: Hep B Declination Form
• General Policies & Procedures: Impaired Resident/Fellow Policy and Procedure
• General Policies & Procedures: Licensure Policy
• General Policies & Procedures: Life Support Certification Policy
• General Policies & Procedures: Moonlighting Policy
• General Policies & Procedures: National Provider Identification (NPI) Policy & Procedure
• General Policies & Procedures: Nepotism Policy
• General Policies & Procedures: NRMP Fees Policy and Procedure
• General Policies & Procedures: NIH NRSA Grant Appointment Policy
• General Policies & Procedures: Observer Policy
• General Policies & Procedures: Prioritization of Call Rooms
• General Policies & Procedures: Registered Same Sex Domestic Partner Policy
• General Policies & Procedures: Release of Trainee Contact Information for Solicitation Purposes
• General Policies & Procedures: Residency/Fellowship Agreement Policy and Procedure
• General Policies & Procedures: RMS Information Maintenance for Participating Hospitals
• General Policies & Procedures: Residency Management Suite (RMS) Updating and Approving Assignments and Hours in Duty Hour Module of RMS
• General Policies & Procedures: Restrictive Covenants
• General Policies & Procedures: Social Networking Policy
• General Policies & Procedures: Standing and Promotion Policy
• General Policies & Procedures: Stipend Level Policy
• General Policies & Procedures: Stipend and Benefit Funding from External Organizations
Goals and Objectives

Refer to the independent program document, Goals and Objectives, for this information. This document is located on the Pediatric Residency Moodle Site.

Block Education

Block Education is a protected conference occurring every other week on Friday afternoon.

Continuity Clinic

Clinic assignments are made prior to the start of residency and will extend through your entire training program. Residents attend the same clinic for their continuity clinic experience for all three (3) years of residency training. Clinic assignments are for a specific afternoon each week. Clinics, in general, run from 1:30 to 5:00 p.m. The only excused absences are during vacation, illness, LOA, or approved special elective out-of-state/country. You are also excused from continuity clinic when you are post-call. It is your responsibility to communicate post-call dates and vacation dates to your clinic. Residents are expected to attend while on all rotations. It is your responsibility to inform your preceptor directly of your schedule and work out details or conflicts. YOU MUST ATTEND A TOTAL OF A MINIMUM OF 36 CLINICS PER ACADEMIC YEAR. Please arrange for make-up sessions if you will not meet that minimum number.

ACGME Core Competencies

All University of Minnesota Medical School ACGME- accredited training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following:

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 inter-professional teams to enhance patient safety and improve patient care quality; and participate in identifying system errors and implementing potential systems solutions.
Evaluation and Advancement
Evaluation is an essential component of the educational process and should contribute to the professional growth of each fellow. Problems with expected performance or progress on the part of a fellow should be identified and reported early. The evaluations of all fellows should be subject to regular and frequent review. Mentors should be central to the review process. Evaluation shall extend to the fellow notice of all information which is pertinent to the evaluation and an opportunity for concerns to be communicated and heard.

Steps in the Evaluation Process
Appropriate faculty evaluator and evaluation setting are identified. The evaluation format and instrument is defined. The evaluator determines and reviews sources of information pertinent to the evaluation. Written evaluations are completed by the evaluator, using either the standard evaluation form found in our online tool or, in exceptional circumstances, an ad hoc evaluation. Evaluations are to be discussed with the fellow by the evaluator. The Fellowship Program Director can involve the Resident Review Committee (RRC) for guidance on potential remediation situations. In accord with the fellow contract, if at any time the Evaluator, the Fellowship Program Director and/or the Chairperson of the RRC determines that patient care or safety is jeopardized they may bring that information immediately to an emergency meeting of the RRC and/or to the head of the Department of Pediatrics who may suspend the fellow from patient care responsibilities. Copies of the written evaluations are readily available to the fellow and his or her mentor via our online tool, or sent upon request.

Fellows meet twice a year with the Program Director for evaluation, and the Program Director provides a final evaluation for each fellow completing the program. Records of the evaluations on each resident and fellow are accessible to them.

Types of Evaluations
In accordance with ACGME requirements, all UMN pediatric fellowship programs are required to collect multiple types of evaluations. The evaluations required to be collected via RMS include (<change as needed for specific program>):

- Program Director Eval of Fellow (2x per year at minimum) - completed semiannually before progression meeting with Program Director
- Fellow Self-Eval (2x per year at minimum) - completed semiannually before progression meeting with Program Director
- Fellow Eval of Program (2x per year at minimum) - completed before semiannual progression meeting with Program Director
- Faculty Eval of Fellow (2x per year at minimum) - completed quarterly during clinical year (CHMS-SP) or end of monthly rotation
- Faculty Eval of Program (1x per year at minimum)
- Fellow Eval of Rotation (2x per year at minimum)
- Fellow Eval of Core Curriculum (after each attended session)
- Fellow Eval of Faculty (1x per year at minimum)
- For patient/family evaluation and nurse evaluation, standard department forms are available from Fellowship Coordinator. At least 2x/year (or more if the PD prefers), the coordinator will give the fellow
5-10 of each of these evaluations to distribute. After distribution, the coordinator will collate the responses for the fellow file.

**Evaluation Confidentiality**

Evaluation confidentiality is of high importance in the department.

In order to maintain a confidential feedback system, there are several mechanisms in place:

- Only the program coordinator and Department Education Office have access to view the resident identity for evaluations the resident has completed on faculty.
- Evaluation of faculty teaching performance is included in all annual faculty performance evaluations. These evaluations are completed either by the Department Chair or Division Chair.
- In cases where there are few evaluators and evaluation results are inaccessible to the subject, summary results can be obtained from the coordinator or the Department Education Office.
- Coordinators receive annual guidance on how to collate evaluations to promote confidentiality.

**Annual Program Review**

Guidance on completing the Annual Program Review is provided at: [http://www.gme.umn.edu/educresources/programevaluation/index.htm](http://www.gme.umn.edu/educresources/programevaluation/index.htm). The program is evaluated in detail at least once per year. Minutes of the program review are to include five key areas of performance. These five areas are:

- Current fellow performance (scholarly activity, # of procedures, ITE results)
- Faculty development (development opportunities including new clinical skills, admin skills, and teaching, scholarly activity, statement that performance has been reviewed)
- Graduate performance (board results)
- Overall program evaluation (discussion of resident and faculty evals)
- Action plan (any follow-up, address deficiencies)

**In-Training Examination (ITE)**

Every resident is required to be assessed annually through their ITE. The program will provide multiple days for the ITE to be administered in order to maximize schedule flexibility. The full cost of this examination is paid by the department. The results assist individual residents and the Residency Program Director in identifying strengths and weaknesses and in assessing year-to-year progress. The results are discussed between the Program Director/mentor and resident at their semi-annual review.

**ACLS/BLS/PALS/NRP Certification**

Residents are required to become and remain certified in PALS and NRP. It is the responsibility of the individual resident to arrange for recertification in PALS and NRP after two years. This can generally be accomplished at either UMACH or one of the affiliated sites. The policy for certification requirements at UMACH is outlined at: [http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html](http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html).
**AMA Policy for Accepting Gifts**

Please keep these guidelines in mind when dealing with pharmaceutical representatives. The program will not distribute information on any events or promotions that we feel violate these guidelines. A commonsense approach to acceptance of gifts is to think about whether you would want your patients, professors or mentors to know of the gift. Contact any of us or visit the AMA website for further information ([www.ama-assn.org](http://www.ama-assn.org)).

**Back-Up Policy**
Resident well-being will be closely monitored by the training program and supervising faculty. 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. If a trainee feels they cannot provide safe patient care, they should immediately contact the supervising faculty and chief resident, who will excuse the trainee from patient care responsibilities until the trainee is rested and able to provide safe patient care again. Once the trainee is excused, their patient care duties will become the responsibility of the supervising physician, utilizing any additional identified back-up systems as needed. Any other faculty member, resident or member of the health care team who identifies a resident as being fatigued should also contact the supervising faculty to suggest removal of the resident until safe patient care can once again be provided.

**Continuity of Care**
Residents are responsible for ensuring good communication and provision of continuity of care for all patients on their service. This is particularly important at times of care transition, such as finishing a rotation or patient discharge.

**Program Responsibility:**
- Must design clinical assignments to minimize the number of transitions in patient care.
- Programs must ensure that trainees are competent in communication with team members in handover process.
- Attending physicians and trainees must inform patients and family members of their roles in their care.

Residents are expected to provide off-service notes for all patients who have been in the hospital more than 24 hours. At time of discharge, residents are responsible for identifying an attending physician to provide ongoing management.

**Do not list the education office as a contact number for patient-related issues.** Pharmacy refills and other patient-related requests that are faxed to the education office violate HIPAA confidentiality rules and will be shredded upon receipt.
Recognizing the critical role that communication plays in medicine, we wish to assure that everyone in the residency program is comfortable and effective in spoken and written English.

Non-native speakers of English may be required to consult with the University of Minnesota Medical School Director of Learner Development for assistance and referral for ESL development for proficient language skills. Fellows may also choose to consult with Marilyn if they feel they would like language assistance. Contact: Marilyn Becker PhD 612-626-7196 or becke024@umn.edu

**Medical Licensure**

You are not required to have a state license to participate in the University of Minnesota pediatric residency program. State law does mandate that each resident have a residency permit. This is a one-time application and is valid throughout your residency.

To obtain an application for residency permit contact the Minnesota Board of Medical Practice. Send TO YOUR COORDINATOR the completed form along with a check made out to the “Minnesota Board of Medical Practice”. Your coordinator will obtain the final signature and seal before sending it to the MN Board. The permit will be mailed to your program coordinator. This must be received **BEFORE** starting any rotations.

If you choose to obtain a medical license instead of a residency permit, you are responsible for COMPLETION, COORDINATION AND MAINTAINENCE of all licensing activities! **If you obtain a medical license after you begin training under a permit, the license nullifies your residency permit. You MUST send a copy of your Minnesota license to your fellowship coordinator.** You may contact the state board directly at:

Minnesota Board of Medical Practice
University Park Plaza
2829 University Avenue SE, Suite 500
Minneapolis, Minnesota 55414-3246
(612) 617-2130 (612) 617-2166 (fax)

**Medical Records/Dictation Completion**

All UMACH and UMP clinic patient records can be accessed either via EPIC, or by calling the Health Information Management (HIM) offices at 612-626-3535. For instructions on medical record retrieval at additional sites, direct inquiries to the appropriate site.

Charts should be dictated within twenty-four (24) hours of patient discharge at all hospitals. At UMACH, the dictation should be in the form of a letter addressed to the referring physician. If applicable, a copy of the dictation should also be sent to any consulting physicians as well as any subspecialty physician involved in the patient’s care.

**Monitoring of Resident Well-Being**

The Program Director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the Program
Director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified. Refer to the Back-Up Policy for instruction on what to do if a resident is fatigued or stressed, especially if unable to provide safe patient care.

Educational resources on Fatigue, Stress and Deprivation, Burnout, and other well-being topics are available at: [http://www.med.umn.edu/gme/eduresources/competteachres/home.html](http://www.med.umn.edu/gme/eduresources/competteachres/home.html).

**Moonlighting Policy**

Moonlighting activities are not included in residency education. Trainees are not required to engage in moonlighting activities. Those who elect to participate in moonlighting activities must assure they do not conflict with the scheduled and unscheduled time demands of the educational program and its faculty. All moonlighting, regardless of where it occurs, must be logged in RMS and will be counted towards the trainees' weekly 80 hour duty limit in accordance with the revised ACGME Duty Hour Requirements.

**Written Permission Required**

Trainees who wish to moonlight are required to obtain prospective permission, in writing, from their Program Director. Failure to provide this information is grounds for discipline under Section VII of the Residency/Fellowship Agreement.

Program Directors must approve in writing a trainee’s moonlighting schedule. This information will be kept in their training file. Program Directors may withdraw permission to moonlight for any trainee if those activities have been shown to interfere with their performance or violate duty hours.

**Visa Requirements**

Trainees on J-1 visas are not permitted to be employed outside the residency/fellowship program. Therefore they are not allowed to moonlight. A trainee on an H-1B visa wishing to moonlight must obtain a separate H1-B visa for each facility where the trainee works outside the training program.

**Professional Liability**

Moonlighting activities and any activities that are not part of the formal education program are not covered under the University of Minnesota professional liability policy.

**On Call Rooms, Support Services, Laboratory/Pathology/Radiology Services**

**On-Call Rooms**

Medical students, residents and fellows that must remain at UMMC/UMACH on call overnight are guaranteed a room. For access to a room at UMACH contact the nursing supervisor: 612-613-8497

**Support Services**

A full range of patient support services are provided in a manner appropriate to and consistent with education objectives and patient care. These include but are not limited to Care Management Services, Employee Health Service, Health Information Management, Infection Control, Laboratory Medicine and Pathology, Nursing
Administration, Nutrition Services, Patient Relations, Patient Transport, Pharmacy Services, Radiology Film File Services, Rehabilitation Services, Security Services, Social Services, Spiritual Health Services, and Shuttle Service between the Riverside and University campuses. Similar patient support services are provided by all major participating hospitals.

**Laboratory/Pathology/Radiology Services**
Federal and state regulation and regulatory agencies mandate competency validation for testing personnel (including physicians), documentation, quality assurance, quality control, etc. The regulations cover hospitals, clinics, physicians’ offices, nursing homes, and any site where testing is performed. Testing performed by physicians, practitioners, nursing staff, and laboratory technicians must meet regularly guidelines. Failure to comply with the mandates can lead to suspension, revocation, or limitation of certification and denial of reimbursement. Laboratory, pathology, and radiology services are readily available through all the major participating hospitals.

**Professional Dress Guidelines**
A set of goals and standards was developed to improve the service we provide to patients and their families. In addition to professional and respectful behavior, it is important that our work habits include proper dress and personal appearance when interacting with patients. In addition, we are role models for future physicians; it is important to set a good example when supervising medical students. To help meet these goals a list of guidelines has been outlined. These guidelines serve as recommendations; they are not mandated. Our goal is to provide the best patient care in all areas.

- Appropriate scrubs include those provided by the program.
- Both patients and families appreciate having ways to identify the physicians; white coats serve this purpose. Additionally, they have not been found to be threatening to children.
- It is not appropriate to wear scrubs, even with a white coat, to continuity clinic.
- Dressing more comfortably on weekends is not an excuse to wear jeans, sweat pants, etc.
- Shoes should be clean, in good condition, and closed toe - no beat-up sneakers or sandals.

**Professional Introduction Guidelines**
When introducing yourself to a patient/family be sure to be clear about your role on the medical team and introduce yourself as a physician. It is recommended that you do these introductions at all times and in all experiences throughout your pediatric fellowship. (Example: "Hello! I'm Dr. ________, a Pediatric Resident. I'll be working with the attending physician Dr. _____.")

**Residency Management Suite (RMS)**
All residency and fellowship programs in the University of Minnesota Medical School utilize a web-based system called New Innovations’ Residency Management Suite (RMS) to manage training programs. All accredited training programs in Pediatrics use RMS for evaluations and Medicare reporting/duty hour reporting. For RMS questions, contact your program coordinator. You may also e-mail pedsrms@umn.edu with questions about use of RMS or login assistance.
Security/Safety
The Security Monitor Program, a branch of the UMPD, offers free walking and biking security escorts to and from University campus locations and nearby adjacent neighborhoods for all students, staff, faculty and visitors. All Security Monitors are given training in First Aid, CPR, and Body Substance Isolation. All Security Monitors are equipped with a First Aid Kit and a portable police radio in the event of an emergency. To request an escort from a trained student security monitor, please call 612-624-WALK, or 4-WALK from any campus phone, shortly before your desired departure time.

Each hospital has its own security/safety policy and process. Contact the site coordinator for more information.

University of Minnesota Security Office
UMMC/UMACH Security: (612) 273-7275
Fairview Privacy Office by e-mail: privacy1@fairview.org or telephone: (612) 672-5647
Fairview Internal Reporting Hot Line at (612) 672-2300 or (800) 530-4694

Children’s Hospitals and Clinics – St. Paul and Minneapolis – GME Site Coordinator
http://www.childrensmn.org/web/meded/geninfo/065872.asp

Supervision of Residents
The Institution Manual policy is located at General Policies & Procedures: Supervision Policy

Teaching Responsibilities
Teaching of Medical Students, refer to Pediatric Courses Goals and Objectives at: https://www.meded.umn.edu/clerkships/index.php#MED
Institution Manual Policies

• Student Services: AHC Portal Access
• Student Services: Child Care
• Student Services: Computer Discount/University Bookstore
• Student Services: Credit Union
• Student Services: Disability Accommodations
• Student Services: Legal Services
• Student Services: Library Services
• Student Services: Medical School Campus Maps
• Student Services: Lactation Support
• Student Services: Resident and Fellow Assistance Program
• Student Services: Tuition and Fees
• Student Services: U Card
• Student Services: University Events Box Office
• Student Services: University Recreation Sports Centers

Medical School Registration

Our pediatric residency program is a professional graduate program leading to professional qualification, but not an advanced degree. All residents are formally enrolled as graduate-level students in the Medical School of the University of Minnesota, and are automatically registered each semester for their Medical School training course by the Department Education Office. Trainees are not involved in registration for Medical School courses. Residents are registered for 6 credits in the Medical School course PED 7910 Pediatric Medical Residency each semester during their program. If a registration "Hold" is placed on a student account due to library fines, dues, immunizations etc., the resident is responsible for taking IMMEDIATE action to eliminate those holds or the program may pursue disciplinary action until the hold is resolved. Certificates of completion and training verifications will not be released until all holds are resolved on student accounts.

Tuition and Fees/Additional Courses

The tuition and ordinary fees for registration in the Medical School GME training, for residency training, are waived at this time. Although trainees are paid through UMN, their student classification as a professional-in-training disqualifies them from receiving employee tuition benefits for additional courses e.g. Regent's Scholarship. Enrollment into other colleges (e.g. School of Public Health, Graduate School) may affect the trainee's student classification status. It is imperative that your program, Pediatric Education, and Payroll Office are aware of any courses you are taking or planning on taking, regardless if you are seeking an advanced degree. Permission in writing from the Program Director is required to register for additional courses or seek an advanced degree.
When a resident seeks an advanced degree, it is their responsibility to notify the Coordinator at least THREE MONTHS PRIOR to the beginning of the semester. Any expenses incurred as a result of non-disclosure (late fees, etc.) are the responsibility of the trainee.

In order for nonresident trainees to receive in-state tuition rates, they must complete the Verification of Appointment for Resident Tuition form. To access this form, go to: http://policy.umn.edu/forms and search form #1502. This form must be completed and delivered to your program coordinator two months prior to the beginning of the academic semester.

Course enrollment outside of medical residency training, including graduate programs, will incur tuition and fees.

**Late Fees**
Any late fees incurred due to holds on registration because of library fines, delinquent student loans, etc. are the responsibility of the trainee incurring the fees.

**Campus Mail**
Any personal or professional mail, journals, etc. must be forwarded to your home address. University-related mail addressed to residents is available in each resident's postal box located in the resident lounge.

**Career Search Resources**
To assist residents with their post-fellowship career search, <insert program> Faculty are available for questions and advice. <Individualize as needed>

**E-Mail**
As a University student, you automatically have an x500 account. This account provides access to electronic resources within the University community, including the BioMedical Library. Your x500 account is also a University e-mail account. The program requires the use of your UMN e-mail, as it is our primary method of communication. If you choose not to use the UMN account, you must forward your UMN account to your preferred account. You are responsible for being aware of messages and notices sent via e-mail to your UMN e-mail address.

**Privacy and Data Security Training**
You are required to be HIPAA compliant in order to participate in program rotations and activities. The Department of Pediatrics’ Privacy Coordinator will contact you if you are noncompliant. If you remain noncompliant, the Program Director will contact you directly to resolve the situation; clinical sites can remove you from patient care activities due to noncompliance. More information on privacy and data security training is available at: http://www.privacysecurity.umn.edu/training/home.html.

Each hospital has its own data security policy and process. Contact the site coordinator on site if you have questions.
University of Minnesota:
UMACH/Fairview Privacy Office by e-mail: privacy1@fairview.org or telephone: (612) 672-5647
Fairview Internal Reporting Hot Line at (612) 672-2300 or (800) 530-4694

Children’s Hospitals and Clinics – St. Paul and Minneapolis – GME Site Coordinator
http://www.childrensmn.org/web/meded/geninfo/065872.asp

**Pagers**

University alphanumeric pagers are required at all times (the only exceptions are during a leave of absence or vacation). You will be assigned one pager number to be used throughout your residency. Pagers are available through your Program Coordinator. Should you lose your pager, a temporary or permanent replacement can be obtained at the University of Minnesota Medical Center (UMMC/UMACH) Information Desk. Notify your Coordinator immediately of the loss. Please note: Once you locate your lost pager, please return the replacement to Communications and notify the Coordinator, or you may be billed by the department. Pagers are the property of Fairview and must be returned no later than 30 days after leaving/completing the program. If you lose your pager, do not return your pager or if your pager becomes damaged beyond repair, you may be charged the replacement pager fee.

For those residents entering a UMN fellowship, your residency pager number can be transferred into fellowship by having your Fellowship Program Coordinator contact the Education Manager at elgray@umn.edu.

**Resident Assistance Program (RAP)**

RAP offers expertise in dealing with unique needs of individuals in residency training programs. It is a free service available to all residents, fellows and immediate family members. The program is confidential and designed to be flexible to accommodate a resident’s busy schedule. RAP’s contact number is (651) 430-3383 or 1 (800) 632-7643.