UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2015-2016
FELLOWSHIP POLICY MANUAL

Department of Pediatrics
Neonatal-Perinatal Medicine Fellowship Program
Introduction/Explanation of Manual

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 our Fellowship Program will be both educational and enjoyable.

This Fellowship Addendum outlines policies and procedures specific to your training program. Policies in this program manual have been developed in accordance with standards set by the American Board of Pediatrics (ABP) and the Accreditation Council for Graduate Medical Education (ACGME), and are subject to periodic review and change by the Faculty, Program Director, and Department Chair.

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.

Institution Policy Manual:

Statement of inclusion of fellowship programs in Manual

This fellowship addendum outlines specific policies and procedures specific to your training program. Please refer to the Residency Program Manual for further departmental policies and procedures.

Department Mission Statement

The mission of the Department of Pediatrics is to generate new knowledge through research, to apply this new knowledge to the highest quality health care for the prevention and treatment of illness in children, and to provide the best possible education of the next generation of medical students, physicians, and other health professionals in childhood disease prevention, treatment, research, and advocacy. Through this mission the Department seeks to improve the lives of children in our community, nation, and the world.

The Department of Pediatrics at the University of Minnesota promotes excellence in academic subspecialty training with an emphasis on producing academic leaders who generate the new knowledge required to provide the best care for infants, children, and adolescents.

We will accomplish this through:

- Recruiting fellows with outstanding academic potential and commitment.
- Providing state-of-the-art clinical training.
- Providing exceptional training and mentorship in basic, translational, clinical, and epidemiologic research, medical education, academic leadership, and advocacy for pediatric health.
- Ensuring a scholarly work product during fellowship which serves to facilitate fellows’ professional transition into academic faculty positions.

Program Mission Statement

The mission of the NPM fellowship, in accord with the mandate put forth by the American Board of Pediatrics, is to train neonatal-perinatal medicine subspecialists as 1) the highest quality clinicians responsible for providing complex, technically expert, comprehensive and compassionate care to neonates with severe, complex or life-threatening health
problems in the setting of the NICU or SCN, 2) physician-investigators responsible for generating new knowledge through basic science or clinical research of neonatal physiology and disease states, and 3) educators responsible for imparting this new knowledge and clinical application to medical students, residents, generalists, obstetricians and non-physician providers who will be caring for neonates.

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SECTION 1 – STUDENT SERVICES

Institution Manual Policies
Administrative Information:

Department of Pediatrics: Division of Neonatology
Program Director:
Catherine Bendel, MD
Riverside East, Room MB626
626-626-3250, bende001@umn.edu

Fellowship Coordinator:
Ellen Jeffery
Riverside East, Room M663
612-626-2958, sull0380@umn.edu

Division Head:
Michael Georgieff, MD
Riverside East, Room MB638
612-626-2971, georg001@umn.edu

Department of Pediatrics: Administration
Department Head: Joseph Neglia, M.D.
Riverside East MB665
612-626-3113/ jneglia@umn.edu

Associate Head for Education: John Andrews, M.D.
Riverside East M136 (West Bank)/Mayo M664 (East Bank)
612-626-4009/ andrews@umn.edu

Department Education Office (also called the Pediatric Education Office)
Riverside East M136
Telephone: 612-624-4477, #1
FAX: 612-626-7042
Internet: http://www.peds.umn.edu/education/education-office/index.htm

Central Fellowship Administrator: Valerie Cole
Riverside East M136
612-624-8788/ cole0430@umn.edu

Education Manager: Emily Gray
Riverside East M667
612-624-0410/ elgray@umn.edu
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
SECTION 2 – BENEFITS

Stipends
Please refer to Institution Policy Manual at:

Resident/Fellow Leave

An illness resulting in an absence from a rotation must be communicated to the Fellowship Program Director to assure adequate coverage. Any illness resulting in an absence in excess of forty-eight (48) hours requires a physician’s letter describing the medical condition, reason for absence, and anticipated length of the illness. This policy applies only to personal illness. These absences must be documented with a physician’s letter. This time may extend training.

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 full Family Medical Leave Act policy can be found here in the Benefits section of the Institution Policy Manual: http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize any type of leave noted below. 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.

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.

**Leave: Bereavement**

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

**Leave: Family medical leave act (FMLA)**

Let your Program Director and Coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

**Leave: Holidays**

University of Minnesota, University of Minnesota Physicians, or other organizations’ official holidays are not program holidays. Fellows will be required to work on some holidays, based on the call and or clinic schedule, as determined by each site.
**Leave: Medical**
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, Fellowship Coordinator, the Department of Pediatrics’ Payroll Office, and the Office of Student Benefits.

**Leave: Military**
Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

**Leave: Parental**
The Departmental PTO policy can be found here via the last link under the Programmatic Information section: [http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm](http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm)

Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. Time away for parental leave may extend training if they cause you to miss more time away from the program than allowed by the ABP.

An LOA Form **MUST** be completed prior to the leave and is completed in collaboration with your Coordinator and Program Director. Additionally, you must notify the following people once your baby is born/adopted so we can insure we process the paperwork, payroll, etc correctly:

- Ellen Jeffery ([sull0380@umn.edu](mailto:sull0380@umn.edu))
- Deb Slavin ([slavi002@umn.edu](mailto:slavi002@umn.edu))
- Emily Gray ([elgray@umn.edu](mailto:elgray@umn.edu))
- Office of Student Benefits ([umshbo@umn.edu](mailto:umshbo@umn.edu))

**Leave: Personal**
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 fellowship 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.

**Leave: Professional**
The Departmental PTO policy can be found here via the last link under the Programmatic Information
Leave: Vacation and Sick
The Departmental PTO policy can be found here via the last link under the Programmatic Information section: [http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm](http://www.med.umn.edu/peds/education/fellowship-programs/fellowship-administration/index.htm)

Leave: Witness and Jury Duty
Let your Program Director and coordinator know as soon as possible when there may be a need for you to utilize this type of leave. 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.

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

Professional liability insurance
On 7/1/14 the RUMINCO policy number will change to: RUM-1005-14.

Meal Tickets/Food Services
Based on your call schedule you will receive a meal card from Fairview. You are able to use Fairview meal cards in the Cafeteria and Coffee Shop at UMMCH. This expense is covered by the division of neonatology. The UMMCH policy for meals is outlined at: [http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html](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.

A CHCM-SP, fellows may dine in the United Hospital Doctors Lounge. The CHCM-SP Neonatology group will cover this expense.

Laundry Services
Laundry is the responsibility of the individual fellow.

Workers' compensation benefits

Educational Expense Allowance
Each NPM fellow is allotted $500 per academic year. This allowance must be used for professional or educational expenses, such as those associated with attending professional meetings, payment of journal subscriptions, reimbursement for payment of board examination fees, purchase of medical books/equipment
or purchases for scholarly activity that cannot be charge to a grant. Any fellow enrolled in a graduate degree must use these funds for textbook, learning materials and tuition. Since payments and reimbursements under this allowance must be made in accordance with University business practices, fellows should contact the NPM program director or coordinator in advance of making the purchase, to assure that the expense is eligible for reimbursement and to complete the necessary paperwork. The paperwork will be processed by the NPM program coordinator.

Reimbursement for expenses including Minnesota medical license, DEA certification, AAP membership with Perinatal Section membership and UMMCH credentialing are automatically covered by the program for all fellows and are not deducted from the allotted $500 per year.

Parking
All fellows will have parking contract in the Purple Ramp on the West Bank, Riverside Campus.

Parking on the East Bank of Campus is not provided. If desired, fellows may apply for East Bank parking at their own expense. More information on obtaining a University Parking Contract can be found on the Parking & Transportation Website here:
http://www1.umn.edu/pts/park/contract/index.html

Photocopying Privileges
All Neonatal-Perinatal Medicine Fellows have photocopying privileges in the Neonatology office on both the University West Bank campus and at CHCM–SP.

Scrub Suits, Lab coats, and ID Badges
Hospital badges must be worn for clear identification. Lost/broken badges are replaced by the institution (i.e. contact UMMC/UMMCH security desk for Fairview badges or ID badge office at CHCM-SP, 651-220-6130). Fellows should contact their fellowship coordinator to arrange for their initial badges.

Professional attire is expected for clinical care and is the responsibility of the fellow. Scrub suits are provided on-site and are acceptable attire while on the NICU. For fellows pursuing basic research, the laboratory in which the research is performed will be responsible for providing appropriate safety wear, including a lab coat.

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.

SECTION 3 – INSTITUTION RESPONSIBILITIES
Please refer to Institution Policy Manual at:

SECTION 4 – DISCIPLINARY/GRIEVANCE PROCEDURES
Institution Manual Policies
Please refer to Institution Policy Manual at:

Grievance Procedure and Due Process
Refer to the department policy at:
http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm

Substance Use/Abuse
Refer to the department policy at:
http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm

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.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

Institution Manual Policies

Please refer to Institution Policy Manual at:

Department Academic Expectations for Pediatric Fellows

The Department has identified a core list of academic expectations for all pediatric fellows in order to support
our mission. This list includes, but is not limited to, completion of ABP requirements (including eventual
generation of an acceptable work product and personal statement), development of an individualized learning
plan (ILP), scheduling Scholarship Oversight Committee meetings, identification of an academic mentor,
completion of Core Curriculum series, attendance and presentation of scholarly work at the annual Pediatric
Research, Education, and Scholarship Symposium (PRESS).

The current list of Academic Expectations for Fellows is located at:
http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm

Clinical Competency Committee

The role of the Clinical Competency Committee (CCC) is to track each fellow’s progress along the ACGME
Milestones for Pediatric Subspecialties.

The NPM Committee is comprised of division faculty members, at both UMMCH and CHCM-SP, who interact
with the fellows in clinical settings. The Fellowship Program Director is a member of the CCC, but cannot serve
as the chair.

The Committee meets twice a year to assess each fellow’s progress in the clinical domains. The data available
to the Committee will include all evaluations, procedure logs and SITE scores. All information is provided to
committee members via RMS. The Committee members are expected to incorporate their own personal
experience with the fellow’s clinical performance into the tracking of Competencies, based on the specific
Milestones described by the ABP/ACGME. This committee must assure the reporting of Milestones evaluations
for each fellow semi-annually to the ACGME. Additionally, this committee will be responsible for certifying
each fellow’s readiness to moonlight as a neonatal provider (NNP role or supervised MD).
After each meeting, the CCC chair is responsible for summarizing the committee opinion on each fellow - offering suggestions for improvement, or remediation, if necessary – and making a final designation with respect to the fellow’s milestone progression, overall clinical competence and whether or not the fellows is making appropriate progress toward becoming an independent neonatologist. The chair is responsible for transmitting the final report to the Program Director, who is responsible for reviewing the report with each fellow as part of the semi-annual review process and for reporting on milestones progression to the ACGME. If the committee has raised concerns, the CCC chair may be invited to also participate in the semi-annual review. If remediation is recommended, both the CCC chair (or their designee) and the PD must meet together with the fellow to review and address the concerns raised.

**Program Evaluation Committee**

I. PEC Members are appointed by the Program Director.

II. PEC membership is composed of at least three program faculty (two from UMN – one each representing clinical/research perspectives - and one from CHCSP), in addition to the program director, and at least one trainee.

III. The Responsibilities of the PEC include the following:

- A. Participate in planning, implementing, and evaluating educational activities of the Program.
- B. Review and make recommendations for revision of competency-based curriculum goals and objectives.
- C. Identify and address areas of non-compliance with ACGME standards.
- D. Review the program annually using evaluations of faculty, trainees, and others to make concrete recommendations for program improvement.
- E. Render a written Annual Program Evaluation (APE) to be submitted to the University of Minnesota Associate Dean for Graduate Medical Education addressing the following areas:
  1) Trainee performance
  2) Faculty development
  3) Graduate performance, including performance on certification examination (boards)
  4) Program quality, based on the following measures:
    a. Trainee and faculty confidential written evaluations of the program, at least annually (this should include use of the annual ACGME fellow and resident surveys, along with national benchmarks)
    b. Other trainee and faculty assessments and any additional data or program evaluations available.
  5) Recommendations for program improvements based on trainee and faculty evaluations
  6) Progress on the previous year’s action plan(s)
- F. Prepare a written action plan to document initiatives to improve performance in one of more of the areas listed above (E.1-6), including delineation of how the initiatives will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
  Assist the Program Director in addressing concerns and responding to any special reviews by the University GMEC or the ACGME.
Goals and Objectives
Refer to the independent program document, Goals and Objectives, for this information. This document is located at: http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm

Conferences
The table below provides a listing of the major conferences offered and the frequency at which they occur. Attendance requirements are listed on the individual fellow tracking documents and will be reviewed annually.

<table>
<thead>
<tr>
<th>Conference</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal-Perinatal Medicine Fellows’ Conference</td>
<td>1/week</td>
</tr>
<tr>
<td>Clinical Standards Conference (Morbidity and Mortality/Pathology; UMMCH)</td>
<td>1/month</td>
</tr>
<tr>
<td>Morbidity and Mortality Conference (Pathology; CHCM-St. Paul)</td>
<td>1/month</td>
</tr>
<tr>
<td>NICU Resident Conference</td>
<td>2/week</td>
</tr>
<tr>
<td>Maternal-Fetal Medicine/Neonatal Conference</td>
<td>1/ 3 months</td>
</tr>
<tr>
<td>Pediatric Grand Rounds</td>
<td>1/week</td>
</tr>
<tr>
<td>Pediatric Department 3M Conference</td>
<td>1/week (Neo presents 1per year)</td>
</tr>
<tr>
<td>Pediatric Fellowship Core Curriculum Seminar</td>
<td>4/year</td>
</tr>
<tr>
<td>Center for Neurobehavioral Development Colloquia</td>
<td>2/month</td>
</tr>
<tr>
<td>ECMO Training Course</td>
<td>1 course/year</td>
</tr>
<tr>
<td>NRP Certification</td>
<td>1/ 2 years</td>
</tr>
<tr>
<td>Vermont Oxford Outcomes Network</td>
<td>1/month (6 months req)</td>
</tr>
<tr>
<td>NICU Collaborative Practice Council (UMMCH)</td>
<td>1/month</td>
</tr>
<tr>
<td>NICU Health Team Rounds (UMMCH)</td>
<td>1/week</td>
</tr>
<tr>
<td>Social Service Rounds (CHCM-SP)</td>
<td>1/week</td>
</tr>
<tr>
<td>Pediatric Research, Education and Scholarship Symposium (P.R.E.S.S.)</td>
<td>1/year (required)</td>
</tr>
<tr>
<td>Fetal Diagnosis &amp; Treatment Center Conference</td>
<td>1/month</td>
</tr>
</tbody>
</table>

Core Curriculum
All pediatric fellowship programs participate in a mandatory core curriculum in scholarly activities. This curriculum provides experiences that lead to an in-depth understanding of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical or research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and the achievement of proficiency in teaching. Participation in the core curriculum should lead to an understanding of the principles of adult learning and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. We anticipate graduates will be effective in teaching both individual and group learners in clinical settings, classrooms, lectures and seminars, and also by electronic and print modalities.
The Department Education Office offers an annual department-wide core curriculum series for pediatric subspecialty programs. The core curriculum is managed at the Department level to optimize training, while minimizing duplication of effort across the various subspecialty programs participating. Current attendance requirements and schedule are located at:
http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm

Scholarly Activities
In addition to participating in a core curriculum in scholarly activities, all fellows are expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice, a critical analysis of public policy, or a curriculum development project with an assessment component.

Work Product of Scholarly Activity
Involvement in scholarly activities must result in the generation of a specific written "work product" as outlined by the ABP (www.abp.org). Examples of include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

The fellow’s Scholarship Oversight Committee (SOC) is instrumental in guiding the fellow’s activity towards an acceptable product. The SOC will be arranged by each fellow in collaboration with the Program Director. In addition to the work of the SOC, the department will provide all subspecialty fellows with the opportunity to participate in a departmental research, education, and scholarship forum to present their work product and receive feedback from department faculty.

Scholarship Oversight Committee (SOC)
The SOC, in conjunction with the trainee, the mentor, and the Program Director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities (www.abp.org). These activities require active participation by the fellow and must be mentored. The mentor(s) will be responsible for providing the continuous ongoing feedback essential to the trainee’s development.

Review of scholarly activity and the written work product will occur at the local level with each fellow having a SOC responsible for overseeing and assessing the progress of each fellow and verifying for the ABP that the requirement has been met. The SOC must consist of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship Program Director may serve as a trainee’s mentor and participate in the activities of the oversight committee, but should not be a standing (i.e. voting) member. Particular emphasis will be placed on encouraging identification of committee members whose professional and research responsibilities encompass elements of the trainee’s scholarly interest, but who do not
necessarily have a primary appointment in the Department of Pediatrics. Examples of such individuals include faculty in clinical departments in the University of Minnesota Academic Health Center (AHC), faculty in basic science departments, or faculty in the Schools of Public Health or Education.

This committee will:
1. Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity.
2. Provide guidance in charting a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project.
3. Evaluate the fellow's progress as related to scholarly activity.
4. Meet with the fellow early in the training period (within 6 months of initiation of fellowship training) and regularly thereafter.
5. Require the fellow to present/defend the project related to his/her scholarly activity.
6. Advise the Program Director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities.

The fellow, in conjunction with the Program Director or designee and research mentor, should identify the direction for the scholarly activity. At the first SOC meeting, the purpose will be to hear the general path the fellow has chosen, to help further outline the path, and determine the specific steps for the fellow to meet the outlined path. The SOC should meet again within 4-6 months of the first meeting and at least semi-annually thereafter to further update and guide the fellow on developing their scholarly path.

A written report by the chair of each trainee's SOC should be completed twice a year and forwarded to the fellowship Program Director. The Department Education Office will provide the subspecialty training programs with standard forms for documenting each SOC meeting. The Program Director and the head of the fellow's SOC are expected to monitor whether additional SOC meetings are necessary for fellows who need more help or may be changing their scholarly activity.

The final responsibility of the SOC is to review and approve the final scholarly “work product” of the applicant prior to submission to the ABP.

A list of potential SOC members and their research interests are available from the Department Education Office. Fellows are encouraged to recruit their own SOC members with guidance from their Program Director.

**External Oversight**
A program’s ability to provide a satisfactory scholarly experience for all trainees will be evaluated periodically, as described below.

- For ACGME-accredited programs, the Pediatric Residency Review Committee (RRC) of the ACGME reviews the training program’s structure as it relates to the ACGME clinical, administrative, and scholarly activity requirements.
- Periodic peer review of the quality of the training environment related to scholarly activity, in addition to that undertaken by the RRC, occurs. Currently, the Department of Pediatrics’ Associate Head for Education serves in this peer review role.
Responsibilities of the Training Program Director

In addition to meeting the requirements of the ACGME related to the six general competencies, the responsibilities of the training Program Director shall include the creation of a core curriculum in scholarly activities, the identification of a mentor for each trainee, the creation of the Scholarship Oversight Committee responsible for overseeing and assessing the progress of each trainee, and providing verification to the ABP of the successful completion of training. Additional duties are as assigned by the Department of Pediatrics’ Department Head and the University of Minnesota Medical School.

It is the responsibility of the training director to review the SOC documentation and clarify the responsibilities and outcomes for each fellow. The SOC and the Fellowship Program Director are both accountable for scholarly progress of individual fellows and will share their recommendations with the Department Chair.

Verification of Scholarly Activity

Upon completion of training, the ABP will require:

- Verification from the training Program Director that the clinical and scholarly skills requirements have been met
- A personal statement: a comprehensive document written by the fellow, describing the scholarly activity. It should include a description of his/her role in each aspect of research and how the scholarly activity relates to the trainee’s own career development plan
- The actual “work product” as described above
- Signature of the fellow, Program Director, and members of the Scholarship Oversight Committee on both the personal statement and work product of the fellow as described above

The fellow will need to produce the work product and personal statement, as well as obtain approval from the SOC to be eligible to sit for the Subspecialty Board Examination. The decision about the adequacy of the work product is the responsibility of the SOC and the Program Director.

ACGME Core Competencies

All University of Minnesota Medical School Fellowship 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** - Fellows 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** - Fellows 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** – Fellows 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. Fellows 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** - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows 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** - Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows 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** - Fellows 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. Fellows 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 are subject to regular and frequent review by the CCC and SOC. 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:

- 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 (3X per year at minimum) - completed in RMS before semiannual progression meeting with Program Director, completed for the ACGME in March
- Faculty Eval of Fellow in various roles (2X per year at minimum) - completed quarterly during first year, semi-annually during second and third year, and end of specific rotations (cardiology, follow-up clinic, electives, VON, M&M eval)
- Faculty Eval of Program (2X per year at minimum) – completed in March for the ACGME and in June in RMS
- Fellow Eval of Rotation (2X per year at minimum) – completed in Dec/June
- Fellow Eval of Core Curriculum (4X per year at minimum) – completed after each attended session
- Fellow Eval of Faculty (2X per year at minimum) – completed Dec/June
• Allied Health Professional Eval of Fellow (2X per year at minimum) – completed by core group of nurses, NNPs, RTs, dietician, discharge planner, social worker, HUC, etc. Additional evaluations can be requested in a 360° fashion where fellow asks the Fellowship coordinator to assign an evaluation in RMS to a specific individual.
• For patient/family 360° evaluations, standard department forms are distributed by the Fellowship Coordinator and each fellow is required to request evaluations by 3-5 families per site per year. The forms the coordinator will collate the responses for the fellow file.
• Clinical Competency Committee Evaluation (2X per year) – completed in Dec and June.

Evaluation Confidentiality
Evaluation confidentiality is of high importance in the department. A grid outlining evaluation confidentiality is available at: [http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm](http://www.peds.umn.edu/education/fellowship-programs/fellowship-administration/index.htm)

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 fellow identity for evaluations the fellow 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.

Types of Assessments
Demonstration of basic clinical competency in NICU at each site, as well as in Follow-up Clinic and on the cardiology rotation, should be achieved during the first year. Written evaluation scores should be in the satisfactory range. During the second year, refinements should occur such that by the third year, fellows should be able to demonstrate competency at the level of a new junior attending, and written evaluation scores should be above satisfactory. The following methods are used by the program director to assess the fellows’ achievement of the clinical goals, objective and competencies:

<table>
<thead>
<tr>
<th>PATIENT CARE</th>
<th>MEDICAL KNOWLEDGE</th>
<th>INTERPERSONAL/COMMUNICATION SKILLS</th>
<th>PROFESSIONALISM</th>
<th>PRACTICE-BASED LEARNING</th>
<th>SYSTEMS-BASED PRACTICE</th>
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<tr>
<td></td>
<td>Written evaluations of competency in all areas of clinical care are completed by the faculty, through RMS. These evaluations/assessments are completed quarterly during the first year and semi-annually during the second and third years. The NPM subspecialty resident’s technical abilities are also assessed.</td>
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<td>2.</td>
<td>Assigned and 360° evaluations of the fellows are completed by the neonatal nurse practitioners, respiratory therapists, social workers, discharge planners and NICU nursing staff. The program director also meets semi-annually with the chief NNP to review the performance of each fellow, with particular attention paid to an assessment of procedural skills.</td>
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<td>3.</td>
<td>Each fellow must keep a procedural log in RMS. Any procedural complications are reviewed at the respective M&amp;M conference equivalents.</td>
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<td>4.</td>
<td>Parent evaluations of each fellow are completed – minimum 3/year/ NICU.</td>
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<td>5.</td>
<td>ABP Subspecialty In-Service Examination (SITE)</td>
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<td>6.</td>
<td>NRP certification</td>
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<td>7.</td>
<td>Participation in health team/social service rounds -- as assessed by allied health professionals and faculty</td>
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<td>8.</td>
<td>Participation in M&amp;M conferences and evaluation of care provided – assessed by M&amp;M faculty at each site</td>
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<td>9.</td>
<td>Participation in NPM fellow’s conference – assessed by PD and faculty</td>
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<td>10.</td>
<td>NeoReviews self-assessment scores. The Division provides each NPM subspecialty resident with a subscription to NeoReviews, offering another opportunity for learning, self-assessment and the establishment of habits which will lead to life-long learning and participation in regular CME. Participation self-reported and reviewed w PD.</td>
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<td>11.</td>
<td>Participation in family conferences with written evaluations – as assessed by faculty and allied health care professionals</td>
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<td>12.</td>
<td>Participation in Collaborative Practice Counsel – as</td>
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Annual Program Review
Guidance on completing the Annual Program Review is provided at:
http://www.gme.umn.edu/education/resources/programEvaluation/index.htm. In addition to the previously describe review by the PEC, 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, SITE 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 fellow and faculty evals)
- Action plan (any follow-up, address deficiencies)

Subspecialty In-Training Examination (SITE)
Every fellow is required to be assessed annually through their SITE. Fellows will be notified by email when SITE registration opens in the fall. Follow up with your fellowship coordinator to complete the 2 step process to register and reserve a seat at the desired testing site.

The results are discussed between the Program Director and fellow at their semi-annual review.

NRP Certification
Individual hospitals will provide training for required certifications. The policy for certification requirements at UMMCH is outlined at: http://www.gme.umn.edu/residents/UniversityOfMinnesotaMedicalCenterFairview-Resources/ummcresources.html.

AMA Policy for Accepting Gifts
The program supports the AMA Opinion 8.061: Gifts to Physicians from Industry. This opinion as well as clarification is at http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8061.shtml.

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).

Back-Up Policy
Resident and fellow well-being will be closely monitored by the training program and supervising faculty. Faculty and fellows 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, 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, fellow or member of the health care team who identifies a fellow as being fatigued should also contact the supervising faculty to suggest removal of the fellow until safe patient care can once again be provided.

Continuity of Care
Fellows 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.

Demonstration of English Language Proficiency by Non-Native Speakers of English
Recognizing the critical role that communication plays in medicine, we wish to assure that everyone in the fellowship 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 Scott Slattery if they feel they would like language assistance.
Contact: Scott Slattery, PhD, LP, B-609 Mayo, slatt008@umn.edu, (612) 626-7196

Medical Licensure
You are required to have a state license to participate in University of Minnesota NPM fellowship program. If you do not qualify for a state license, state law does mandate that each fellow have a residency permit. This is a one-time application and is valid throughout your fellowship.

Your fellowship coordinator will contact you directly with instructions on how to obtain your MN medical license.

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

**Monitoring of Fellow 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 fellow 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.gme.umn.edu/residents/orientation/home.html](http://www.gme.umn.edu/residents/orientation/home.html)

**Moonlighting Policy**
Moonlighting activities are not included in fellowship programs. 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
Fellows that must remain at UMMC/UMMCH on call overnight are guaranteed a room. We have designated call rooms for our team. For access to an additional room at UMMCH 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.
- White coats are not allowed on the NICU.
- 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. 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 Neonatal (or Newborn Medicine) Fellow. 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 fellowship coordinator. You may also e-mail pedrsms@umn.edu with questions about use of RMS or login assistance. Our department RMS website with helpful information is located at http://www.peds.umn.edu/education/fellowship-programs/current-fellows/RMS/index.htm

Scheduling/Absence Coverage
Fellows will meet with the Fellowship Program Director in the spring of each year to discuss scheduling options based on educational considerations.

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/UMMCH 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.childrensminn.org/health-professionals/education/graduate-medical-education

Supervision of Fellows
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. Fellows are provided with rapid, reliable systems for communication with supervising faculty. On-call schedules for attending faculty are structured to ensure that supervision is readily available to residents and fellows on duty. The attending faculty must determine the level of responsibility given to each fellow, according to their level of training and experience. A fellow may request the physical presence of an attending at any time and is never to be refused. Faculty and fellows are educated to recognize the signs of fatigue and will apply institutional policies to prevent and counteract the potential negative effects.
The Institution Manual policy is located at

Teaching Responsibilities
Teaching of Medical Students, Refer to Pediatric Program Manual at:
http://www.peds.umn.edu/prod/groups/med/@pub/@med/@peds/documents/content/med_content_435793.pdf

Training/Graduation Requirements
Upon successful completion of all program requirements, the Program Director will provide a final summative evaluation for each fellow who completes the program. The program requirements are in accordance with the requirements outlined by the ABP and ACGME. This evaluation will include a review of the fellow’s performance during the final period of training and will include verification that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation will be part of the fellow’s permanent record.
SECTION 6- NEONATAL-PERINATAL MEDICINE FELLOWSHIP PROGRAM CURRICULUM

The NPM fellowship program consists of the following components as outlined by the Program Requirements for Education developed by the American Board of Pediatrics (ABP) and ACGME Resident Review Committee (RRC) for Neonatal-Perinatal Medicine. Fellows are assigned to these components in an educationally appropriate sequence over the usual 36 months of training.

Overview of the Neonatal-Perinatal Medicine Fellowship

The NPM fellowship program, accredited by the ACGME Residency Review Committee for Pediatrics, which includes the American Board of Pediatrics, is jointly sponsored by the University of Minnesota and Children’s Hospitals and Clinics—St. Paul (CHCM-SP). The University NICU is located on the West Bank Campus in the University of Minnesota Masonic Children’s Hospital (UMMCH), and has ~725 annual admissions. CHCM-SP has ~925 annual admissions. Twenty-two neonatologists direct patient care and provide education at both institutions. Both NICUs have residents from the University of Minnesota Pediatric Residency Program who receive training in neonatology.

The hospitals serve a wide referral area geographically and from all socioeconomic groups. The University service is a busy Level III+ service providing all aspects of neonatal intensive care. The NICU at UMMCH receives patient referrals from throughout Minnesota, as well as North Dakota, South Dakota and western Wisconsin. The NICU serves as a referral source for other NICUs in the area, receiving patients with cardiac and surgical problems from the four-state area. The NICU is also a national ECMO Center of Excellence, serving as a regional ECMO referral center, supporting 6-10 ECMO patients per year. Additionally, the University service is involved in many collaborative research projects with a dozen active clinical protocols enrolling at present.

Approximately 33% of the annual admissions are transported either by ground ambulance or via fixed-wing/helicopter air ambulance transport service. If interested, the neonatal-perinatal medicine fellows may participate in the transport service. The staff neonatologists are Indu Agarwal, M.D.; Catherine M. Bendel, M.D.; Nancy Fahim, M.D.; Cheryl A. Gale, M.D.; Thomas George, M.D.; Michael K. Georgieff, M.D.; Tate Gisslen, M.D.; Sixto F. Guiang, III, M.D.; Dana E. Johnson, M.D., Ph.D.; Anne Maliszewski Hall, M.D.; Erin Osterholm, M.D.; Kathleen Pfister, M.D.; Heather Podgorski, M.D.; Sara Ramel, M.D.; Raghavendra Rao, M.D.; Kari Roberts, M.D.; and Erin Stepka, M.D.

The NICU at Children’s Hospitals and Clinics–St. Paul serves the eastern metropolitan area and hospitals located in St. Paul, eastern Minnesota and western Wisconsin. Approximately 20 percent of the admissions are transported from these hospitals. The remaining 80 percent are born at United Hospital, located adjacent to CHCM-SP, an active perinatal referral center for Minnesota and western Wisconsin. This NICU is a referral source for infants requiring non-conventional ventilation and for infants requiring diagnostic evaluations of apnea. The staff neonatologists are Mark Bergeron, M.D., M.D; Erik Hagen, M.D.; Andrea Lampland, M.D.; Cristina Miller, M.D.; Tom Pokora, M.D.; Jill Therien, M.D.; and Tara Zamora, M.D.
Clinical Curriculum

The clinical curriculum is based on providing PL-4 fellows (1st year) with a high degree of direct patient contact and responsibility on the NICU, and providing PL-4/5/6 fellows graded supervisory responsibility for the PL-1/2/3 residents, medical students and their patients. The first year consists of predominately clinical activities and the second two years are primarily for scholarly activity. The fellowship requires 12-15 months of clinical rotations consisting of a minimum of 12 months assigned to the NICU critical service, one month on cardiology, one senior month on the UMMCH gold service and additional elective time as desired. Four to six months of the first year are spent rotating between the two NICUs as a clinical fellow (who functions as a junior staff person in the supervision of the hour-to-hour care of critically ill newborn infants). In addition, fellows generally have six to eight months of clinical experience during the second and third years. During the third year of clinical service, the fellow is expected to function fully as a junior attending neonatologist and that is when the month on the UMMCH gold service is generally scheduled. Formal training in NRP, transport of the critically ill newborn infant and ECMO will be provided. Participation in the NICU Follow-up Clinic is required during all three years of the fellowship. Participation in the Vermont Oxford Network is required for 6 months during the second year, with additional participation available on an elective basis. Completion of a QI project is necessary to meet board requirements. Elective rotations include Maternal-Fetal Medicine, Pediatric Surgery and International rotations.

The Maternal-Fetal Medicine rotation is a month-long elective that many fellows take during the first year. The goal of rotating with the UMMCH maternal-fetal medicine physicians is to provide exposure to and gain an appreciation of the prenatal diagnostic tests available, as well as the management of high-risk pregnancies and preterm labor. Fellows attend high-risk clinics and are involved in prenatal counseling of high-risk patients.

The Pediatric Surgery rotation is a month-long elective that fellows may choose to take at any time during their training. The primary goal of rotating with the UMMCH pediatric surgeons is to become proficient at the placement of central venous catheters, other than umbilical and PICC lines.

During the 2-week International rotation, a 2nd or 3rd year neonatal fellow has the opportunity to travel to Cuzco, Peru to work in the Neonatal Intensive Care Unit at Cuzco Regional Hospital. The goals of this rotation are to gain an understanding of neonatology in a developing country and to learn to provide education in this setting. This NICU contains 7 critical care beds and up to 20 mild/moderate acuity beds and cares for premature infants requiring mechanical ventilation and also has pediatric surgical services. The hospital serves a very diverse population both from the city of Cuzco and also many outlying highland communities of the Andes Mountains. Primary fellow responsibilities during this rotation including attending daily work rounds, assisting with admissions of new infants, and assisting with daily patient care duties. Supervision during this rotation is primarily with the attending neonatologist from Cuzco Regional Hospital, in conjunction with an attending neonatologist from the University of Minnesota Masonic Children’s Hospital. Fellows are expected to take part in educational and teaching opportunities with the NICU staff including teaching the AAP Neonatal Resuscitation Program Course. This rotation provides a unique opportunity to use advanced Spanish language skills in speaking and writing. It is an expectation that fellows have proficient Spanish knowledge prior to travel. There is also an opportunity to collaborate with several general pediatricians from Minnesota doing...
outreach at several local Peruvian orphanages. Fellows are expected to perform at the level of junior attending. This rotation provides a great deal of flexibility for an individualized learning plan based on interest in different international health topics. Participation in and funding for this rotation is not guaranteed and must be approved by the NPM program director. For more information on Global Pediatrics please visit the following website:  
http://www.globalpeds.umn.edu/index.htm

Scholarly Activity

The remainder of the Neonatal-Perinatal Medicine Fellowship consists of 18-20 months of scholarly activity. As per the ABP, “all fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical or translational biomedicine; health services; quality improvement; bioethics; education; and public policy.” Traditional clinical basic research or other scholarly activities, within neonatology, perinatology and developmental biology are facilitated by the mentors in neonatology or other related subspecialties. Neonatologists and subspecialists in other pediatric divisions supervise these studies and are instrumental in developing individual projects with appropriate specific curriculum (e.g., laboratory meetings, journal clubs, course work).

Fellows will work with the program director and their specific mentor, once an area of interest is identified, to develop an individualized learning plan (ILP) for scholarly activity along the Research Scholar track, preferred, or one of two additional tracks: either the Clinical Investigation in Neonatal-Perinatal Medicine or Clinical Scholar track. The goals and objectives will then be individualized to address the specific area of scholarly investigation.

Collaborative Research

The University of Minnesota and Children’s Hospitals and Clinics–St. Paul have been involved in many national collaborative trials over the past twenty-five years including trials of surfactant, inhaled nitric oxide and the STOP-ROP consortium. Additional collaborative research is ongoing between division members and members of the Divisions of Cardiology (Jamie Lohr, M.D.) and Infectious Diseases (Mark Schleiss, M.D.) in the Department of Pediatrics; the Department of Laboratory Medicine and Pathology (Carol L. Wells, Ph.D.); the Institute of Child Development (Kathleen Thomas, M.D., and Megan Gunnar, Ph.D.); the Department of Neurosurgery & Neuroscience (Walter Low, PhD); the Center for Immunology (Marc Jenkins, PhD) and the Department of Veterinary Pathobiology (Mathur Kannan, Ph.D., and David R. Brown, Ph.D.). Several fellows have been supported on the Infectious Disease Training Grant as part of a combined neonatal-infectious disease fellowship. The opportunity to work with researchers in other areas at the University of Minnesota is also possible. The following link provides a way to search for experts in your specific area of interest:
http://experts.umn.edu/

Fellows also have the opportunity to participate in graduate-level coursework offered by the University and to obtain a Masters of Clinical Research, Masters of Public Health, Masters in Health Informatics or Masters in Bioethics. The specific curricula for these programs are listed at their respective websites.
Potential Mentors within the Division of Neonatology

Catherine M. Bendel, M.D. ~ Dr. Bendel’s research has involved the pathogenesis of infections due to Candida albicans and other Candida species in neonates; as well as related multi-center clinical trials on the NICU. Her work is specifically oriented toward assessing yeast factors that account for adhesion, virulence and the host microbe interaction. She is currently collaborating with Dr. Gale to look at the role of these factors in the development of the neonatal fungal microbiome. Dr. Bendel has also been involved in clinical trials regarding fluconazole prophylaxis in ELBW infants. She is currently involved in the SCAMP trial to evaluate antibiotic therapy for NEC and complex intra-abdominal infections. Her work is supported by funding from the NHLBI and NIH.

Mark Bergeron, M.D., MPH ~ Dr. Bergeron is on faculty at Children’s Hospitals and Clinics–St. Paul, and has a Master’s in Public Health in the area of Maternal and Child Health. Dr. Bergeron has a strong interest in clinical research, maternal and child health health policy, and quality improvement initiatives, and has been actively involved in the Vermont Oxford Network NICQ Collaborative. Dr. Bergeron also serves as an adjunct faculty member for the School of Public Health.

Cheryl A. Gale, M.D. ~ Dr. Gale is an established investigator in the molecular pathogenesis of Candida albicans infections. She has a joint appointment in the Department of Genetics, Cell Biology and Development, and is a faculty member of the University of Minnesota’s Molecular, Cellular, Developmental Biology, and Genetics Graduate Program. Dr. Gale’s research focus is in molecular mechanisms of C. albicans morphogenesis and how fungal morphogenesis proteins are involved in tissue invasion and destruction. In addition, she studies how fungal microbial communities in the infant gut are associated with health and disease. The NIH, March of Dimes, MN Vikings, Minnesota Medical Foundation and University of Minnesota Graduate School have supported her research programs.

Thomas George, M.D. ~ Dr. George is Clinical Director of the UMMCH NICU and Associate Program Director for the Pediatric Residency Program. He is involved in studies of graduate medical education, clinical research projects on the NICU, participates in our Vermont-Oxford Network team, administrative/program development, outreach, and neonatal CME activities.

Michael K. Georgieff, M.D. ~ Dr. Georgieff is an established investigator in neonatal nutrition and metabolism and neurodevelopment. He has a joint appointment in Pediatrics and the Institute of Child Development and is a member of the Neuroscience Graduate Faculty. Dr. Georgieff is the chief of Neonatology and Co-Director of the Center for Neurobehavioral Development (CNBD) at the University of Minnesota. He also directs the Neonatal Nutrition Support Service and the NICU Follow-up Clinic at the University site. His research is on the impact of early nutrition on developmental outcome of infants, specifically studying the cellular and molecular mechanisms of placental iron transport and the neurologic sequelae of perinatal iron deficiency. He is supported by grants from the NIH (NICHD and NINDS). Dr. Georgieff is also the Vice Chair of the Department of Pediatrics.

Tate Gisslen, M.D. ~ Dr. Gisslen joined the faculty in 2013 and is interested in the studying the effects of intrauterine inflammation/infection on neonatal outcomes – both short term and long-term neurodevelopmental outcomes.
Sixto F. Guiang, III, M.D. ~ Dr. Guiang’s research focuses on clinical issues associated with ECMO.

Anne Hall, M.D. ~ Dr. Hall’s research interests include developmental origins of adult disease. Specifically, she uses a rodent model of intrauterine growth restriction to study fetal metabolic adaptations to poor intrauterine conditions and how this affects both short and long-term neurodevelopment. She utilizes high-field NMR spectroscopy under the mentorship of Dr. Rao. She is a CHRC scholar and her research is funded by the Viking’s Children’s Fund and NIH CHRCDA K12.

Dana E. Johnson, M.D., Ph.D. ~ Dr. Johnson investigates the short- and long-term medical and developmental effects of early childhood institutionalization and the outcome of children adopted internationally. Of particular interest is the relationship between stress and somatic/brain growth. His work is supported by the Minnesota Medical Foundation, the Viking Children’s Fund, the NIH, and Genentec. He is also a member of the CNBD.

Andrea Lampland, M.D. ~ Dr. Lampland performs translational research regarding neonatal ventilation and short-term pulmonary physiology. She performs investigator-initiated local clinical studies in the NICU and utilizes a piglet model of RDS/ALI in her animal lab in the Infant Diagnostic and Research Center at CHCM-SP. Her work has been funded by industry and the Children’s Hospital Internal Research Grant Program.

Erin Osterholm, M.D. ~ Dr. Osterholm's primary area of research includes the effects of stress on the developing brain, especially alterations in the hypothalamic-pituitary-adrenal axis. She works in collaboration with members of the Institute of Child Development and Center for Neurobehavioral Development on research examining the HPA axis and nutrition in small for gestational age infants. Dr. Osterholm also has an interest in neonatal resuscitation education and is a member of the NICU Simulation Core Team leading simulation based learning for residents and fellows.

Kathleen Pfister, M.D. ~ Dr. Pfister joined the faculty in 2013. Her research interests are in studying neurodevelopmental outcomes of high-risk preterm and term infants, using ERP technology to evaluate memory function and speed of brain processing. She is continuing a project she started during fellowship looking at outcomes among term infants with HIE, including follow-up out to 1 year old.

Sara Ramel, M.D. ~ Dr. Ramel is involved in several clinical research projects and is a faculty member in the Center for Neurobehavioral Development. Her research interests are in growth and nutrition of preterm infants and their impact on long-term developmental outcomes. Specifically, she is focused on early body composition changes and the effect of nutritional manipulations and illness on these changes, as well as the long-term effects of these changes on later body composition and cognition. She is currently funded by the March of Dimes.

Raghavendra Rao, M.D. ~ Dr. Rao is a core faculty member and Chair of the Scientific Advisory Committee at the Center for Neurobehavioral Development and is a Senior Faculty in the Graduate Program in Neuroscience. His research focus is regional brain development under typical and adverse perinatal conditions. He is specifically interested in understanding the effects of hypoglycemia and hyperglycemia, iron deficiency, chronic hypoxia, acute hypoxia-ischemia on the developing brain regions in various animal models.
He utilizes high-field NMR spectroscopy, behavioral assessment, molecular analysis and histochemical analysis in his research, which is funded by the NICHD, and Viking Children’s Fund. He is the site-investigator for the multicenter Preterm Erythropoietin for Neuroprotection (PENUT) trial funded by the NINDS.

**Kari Roberts, M.D.** Dr Roberts is the Director of NICU Clinical Research. Her research area of interest is neonatal resuscitation and invasive procedures. She is currently Principle Investigator of a national, multi-center, randomized controlled trial investigating the use of the Laryngeal Mask Airway for Surfactant Administration in Neonates. Dr. Roberts is also the Director of NICU Simulation Training and has developed neonatal simulation labs and advanced procedural skills workshops for residents, fellows and neonatal nurse practitioners.

**Tara Zamora, M.D.** Dr. Zamora’s research interests include basic and translational research on the effects of anemia on the developing preterm brain and neurodevelopmental outcomes.

### SECTION 7- INSTITUTION RESPONSIBILITIES

**Institution Manual Policies**

Please refer to Institution Policy Manual at:


### SECTION 8 - STUDENT SERVICES

**Institution Manual Policies**

Please refer to Institution Policy Manual at:


**Medical School Registration**

Our pediatric fellowship program is a professional graduate program leading to professional qualification, but not an advanced degree. All fellows 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.

Fellows are registered for 6 credits in the Medical School course PED 7930 Pediatric Medical Fellowship each semester during their fellowship. If a registration "Hold" is placed on a student account due to library fines, dues, immunizations etc., the fellow 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 fellow student accounts.**
Tuition and Fees/Additional Courses
The tuition and ordinary fees for registration in the Medical School GME training, for fellowship 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 Fellowship Program Director is required to register for additional courses or seek an advanced degree.

When a fellow seeks an advanced degree, it is their responsibility to notify the Fellowship 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 fellows 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 fellowship training, including graduate programs, will incur tuition and fees. Your Program Director will determine whether or not the Division will financially support your course work.

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 fellows is available in each fellow's postal box located in Riverside East MB30.

Career Search Resources
To assist fellows with their post-fellowship career search, Pediatric Gastroenterology Faculty are available for questions and advice.

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.
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](http://www.privacysecurity.umn.edu/training/home.html).

Each hospital has its own data security policy and process. Contact the GME education coordinator on site if you have questions.

University of Minnesota:
UMMCH/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/health-professionals/education/graduate-medical-education](http://www.childrensmn.org/health-professionals/education/graduate-medical-education)

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 fellowship. Should you lose your pager, a temporary or permanent replacement can be obtained at the University of Minnesota Medical Center (UMMC/UMMCH) Information Desk. Notify your Fellowship 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.