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.

http://www.peds.umn.edu/education/residency/current-residents/index.htm

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 Pediatric Rheumatology Fellowship Program at the University of Minnesota is to train highly-motivated pediatricians in the specialty of Pediatric Rheumatology. A comprehensive training program will provide fellows with the clinical skills and acumen to diagnose and manage pediatric and young-adult patients with acute and chronic rheumatic and musculoskeletal diseases, including patients with life-threatening diseases. In addition, fellows will develop basic and clinical investigative skills required to be effective researchers in Pediatric Rheumatology, and teaching skills to be highly effective educators. Ultimately, the Program seeks to train outstanding physicians and physician/scientists to provide much-needed care for children with rheumatic diseases, to advance our understanding of the pathogenesis and treatment of these disorders, and to educate health care providers to enhance community-based pediatric rheumatology services regionally and nationally.
Contents

Introduction/Explanation of Manual ................................................................................................................ 2
Department Mission Statement ........................................................................................................................ 2
Program Mission Statement .......................................................................................................................... 3
SECTION 1 – STUDENT SERVICES .......................................................................................................... 6
  Department of Pediatrics: Division of Pediatric Rheumatology ............................................................. 6
  Department of Pediatrics: Administration ............................................................................................... 6
  Department of Pediatrics: Payroll ............................................................................................................. 6
SECTION 2 – BENEFITS ........................................................................................................................... 7
  Stipends ..................................................................................................................................................... 7
  Resident/Fellow Leave .............................................................................................................................. 7
    Leave: Bereavement ................................................................................................................................. 7
    Leave: Family Medical Leave Act (FMLA) ............................................................................................ 7
    Leave: Holidays ..................................................................................................................................... 7
    Leave: Medical ...................................................................................................................................... 7
    Leave: Military ....................................................................................................................................... 8
    Leave: Parental ....................................................................................................................................... 8
    Leave: Personal ...................................................................................................................................... 8
    Leave: Professional ............................................................................................................................... 9
    Leave: Sick ............................................................................................................................................ 9
    Leave: Vacation .................................................................................................................................... 9
    Leave: Witness and Jury Duty .............................................................................................................. 9
  Unauthorized Leave ................................................................................................................................ 9
  Professional Liability Insurance ............................................................................................................. 9
  Meal Tickets/Food Services ..................................................................................................................... 9
  Workers' Compensation Benefits ........................................................................................................... 10
  Educational Expense Allowance ............................................................................................................ 10
  Parking .................................................................................................................................................... 10
  Photocopying Privileges ........................................................................................................................ 10
  Scrub Suits, Lab coats, and ID Badges ..................................................................................................... 10
  Paychecks/Direct Deposit ....................................................................................................................... 10
  Tax Information ....................................................................................................................................... 11
SECTION 3 – DISCIPLINARY/GRIEVANCE PROCEDURES .............................................................. 11
  Institution Manual Policies .................................................................................................................... 11
  Grievance Procedure and Due Process .................................................................................................. 11
  Substance Use/Abuse .............................................................................................................................. 12
  Resident Review Committee .................................................................................................................. 13
SECTION 4 - GENERAL POLICIES AND PROCEDURES .............................................................. 14
  Institution Manual Policies .................................................................................................................... 14
  Department Academic Expectations for Pediatric Fellows ................................................................... 14
  Goals and Objectives ............................................................................................................................. 14
  Conferences .......................................................................................................................................... 15
  Core Curriculum ................................................................................................................................... 15
  Scholarly Activities ............................................................................................................................... 16
SECTION 1 – STUDENT SERVICES

Department of Pediatrics: Division of Pediatric Rheumatology
Program Director: Bryce A. Binstadt, M.D., Ph.D.
2-114, Medical Biosciences Building (MBB)
612-625-2953/ binstadt@umn.edu

Fellowship Coordinator: Lindsey Christ
Riverside East Building, M663
612-626-2710/ byra0002@umn.edu

Division Head: Richard Vehe, M.D.
Riverside East Building, M664
612-626-4598 / vehex001@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
Room 353-37, 717 Delaware Street SE, Minneapolis, MN 55414
SECTION 2 – BENEFITS

Stipends
Please refer to GME Resident and Fellow Resources at: http://www.gme.umn.edu/residents/home.html

Resident/Fellow Leave
University of Minnesota policies for all types of leave can be found under “Leave Policies and Procedures” here: http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm

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
Program holidays are: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, and Christmas Day. You may have these days off unless you are on call.

University of Minnesota, University of Minnesota Physicians, or other organizations’ official holidays are not necessarily program holidays. Fellows will be required to work on some holidays, based on the call and or clinic schedule, as determined by each site. Check with your Program Coordinator in advance if you have any questions about holidays.

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.

For more information see the disability accommodation section on the Institution Policy Manual website (under Student Services).
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
In general, trainees are granted two weeks paid time away for the birth or adoption of a child. This time away will be count toward the one month per year (3 months/3 years) of time away allowed by the ABP.

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 paid time away and not extend training and/or 2) Go on unpaid leave from the program and extend their training.

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

An LOA Form MUST be completed and given to Fellowship Coordinator, Education Manager, 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:
- Lindsey Christ ([byra0002@umn.edu](mailto:byra0002@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.

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

Leave: Sick
An illness resulting in an absence from a rotation must be communicated to the Fellowship Program Director and the Fellowship Coordinator 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 will be deducted from the fellow’s PTO allotment. If no PTO is available, this leave may extend training.

Leave: Vacation
The Departmental PTO policy can be found here via the last link under the Programmatic Information section: [http://www.peds.umn.edu/education/fellowship-programs/current-fellows/index.htm](http://www.peds.umn.edu/education/fellowship-programs/current-fellows/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
The RUMINCO policy number: RUM-1005-14.
More information is available through the GME office: [https://sites.google.com/a/umn.edu/medcred/](https://sites.google.com/a/umn.edu/medcred/)

Meal Tickets/Food Services
Based on the call schedule, no meal cards are provided during Pediatric Rheumatology Fellowship training. Ask your Fellowship Coordinator if you have questions about food services.

Laundry Services
Laundry is the responsibility of the individual fellow.
Workers' Compensation Benefits
Please refer to Institution Policy Manual under “Administrative Policies and Procedures”:

Educational Expense Allowance
Pediatric Rheumatology fellows are allotted $2500 annually for continuing education expenses. This allowance must be used for professional educational expenses, such as those incurred in attending professional meetings, payment of journal subscriptions, reimbursement for payment of board examination fees or purchase of medical books or medical equipment. Since payments and reimbursements under this allowance need to be made in accordance with University business practices, fellows should contact the Pediatric Rheumatology Fellowship Program Coordinator in advance to assure that the expense is eligible and complete any necessary paperwork.

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

Parking on the East Bank of Campus is paid by the fellow if desired. 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
Fellows are allowed photocopying privileges. There is a sign-on code specifically for fellows' use for the photocopy machine. Please check with your coordinator for copy code when first using the copier. There will be no limit placed on this privilege as long as it is not abused.

Scrub Suits, Lab coats, and ID Badges
Badges must be worn for clear identification. Lost or broken UMMC/Fairview badges are replaced in the Fairview Parking Office (East Building, 2nd floor). Identification, such as a driver’s license, is required.

Professional attire is expected for clinical care and is the responsibility of the fellow. Scrubs are not needed during Pediatric Rheumatology Fellowship. Lab coats are not required for routine clinical care.

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 – DISCIPLINARY/GRIEVANCE PROCEDURES**

**Institution Manual Policies**
Please refer to Institution Policy Manual at:

**Grievance Procedure and Due Process**
The committee is ad hoc, appointed by the head of the department with representation of faculty, and affiliated hospital if pertinent, and one or all of three PL ranks of the residency program as well as chief residents as appropriate. All actions of this committee are considered advisory to the head of the Department of Pediatrics. All actions of this committee are by a simple majority vote with a quorum present. A quorum consists of one-half of all the named members of the committee, plus one.

**Areas of Potential Grievance Covered by These Guidelines**
The areas of possible grievance to be resolved by the following procedures will include, but not be limited to, the following:
- Evaluation of resident performance by the faculty.
- Assignment or definition of house staff duties.
- Interpretation and implementation of other policies and guidelines, such as those included in this document.
- Resident-resident conflicts.
- Resident-chief conflicts.
- 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 principles 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 principle 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.
   a. **Outcome:** resolved OR taken to step 2

2. Informal discussion with other persons deemed appropriate by parties to the complaint.
   a. **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.
   a. **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.
   a. **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.

SECTION 4 - 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), 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

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/current-fellows/addenda-goals-objectives/index.htm
## Conferences

<table>
<thead>
<tr>
<th>Conference</th>
<th>Optional/Required</th>
<th>Frequency</th>
<th>Attendance required of the fellow (%)</th>
<th>Purpose/Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ped. Rheumatology Patient Care Meeting</td>
<td>Required</td>
<td>Friday 12:30-1pm</td>
<td>90%</td>
<td>Discussion of current patients</td>
</tr>
<tr>
<td>Ped. Rheumatology Clinical Conference</td>
<td>Required</td>
<td>Friday 1-2pm</td>
<td>90%</td>
<td>Interdisciplinary conference, case discussions, or journal club meetings</td>
</tr>
<tr>
<td>Citywide Rheumatology Conference</td>
<td>Required</td>
<td>Tuesday 5:30-6:30pm</td>
<td>90%</td>
<td>PED/DOM Rheumatology meeting, content varies</td>
</tr>
<tr>
<td>Immunology Tutorial</td>
<td>Recommended</td>
<td>3rd Thurs./mo. 2nd &amp; 3rd year</td>
<td>90%</td>
<td>Increase immunology foundational knowledge</td>
</tr>
<tr>
<td>Pediatric Grand Rounds</td>
<td>Optional</td>
<td>1/week</td>
<td>20%</td>
<td>Varies</td>
</tr>
<tr>
<td>Pediatric Department Morbidity, Mortality, Management (3M) Conference</td>
<td>Optional</td>
<td>1/week</td>
<td>20%</td>
<td>In depth review of a single case</td>
</tr>
<tr>
<td>Department of Pediatrics Fellows’ Research Symposium (P.R.E.S.S.)</td>
<td>Required</td>
<td>1/year</td>
<td>100%</td>
<td>Presentation of research by the Department fellows</td>
</tr>
<tr>
<td>Pediatric Fellows’ Core Curriculum</td>
<td>Required</td>
<td>4/year</td>
<td>100%</td>
<td>Attend lecture on core issues</td>
</tr>
<tr>
<td>New Resident and Fellow Orientation</td>
<td>Required</td>
<td>1/year</td>
<td>100%</td>
<td>Orientation</td>
</tr>
</tbody>
</table>

## Core Curriculum

All fellowship programs participate in a 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/current-fellows/core-curriculum/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.

Each fellow is required to generate a scholarly “work product” as outlined by the ABP. Fellows are to engage in scholarly work throughout their training and meet with a Scholarship Oversight Committee (SOC) regularly. Details regarding the scholarly activities, work product, SOC, responsibilities of the training program director and verification of scholarly activity are available on the Pediatric Department website for current fellows: http://www.peds.umn.edu/education/fellowship-programs/current-fellows/index.htm

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 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:
- Program Director Eval of Fellow (2x per year at minimum) - completed semiannually before progression meeting with Program Director
- Fellow Self-Eval (1x per year at minimum) - completed annually before progression meeting with Program Director
- Fellow Eval of Program (1x per year at minimum)
- Faculty Eval of Fellow (2x per year at minimum) - completed in October, February, and May
- 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. A grid outlining evaluation confidentiality is available at: http://www.peds.umn.edu/education/fellowship-programs/current-fellows/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

<table>
<thead>
<tr>
<th>Types of Assessments</th>
<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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<tbody>
<tr>
<td>1. Written evaluations of competency in all areas of clinical care are completed by faculty, through RMS. These evaluations/assessments are completed quarterly during the first year and semi-annually during the second and third years.</td>
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<td>2. 360° evaluations of the fellows are completed by patients/families and nursing staff.</td>
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<td>3. Each fellow must keep a procedural log. Any procedural complications are reviewed at the semi-annual meeting with Program Director conference equivalents.</td>
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<td>4. ABP Subspecialty In-Service Examination (SITE)</td>
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<td>5. Participation in fellows’ conference</td>
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Annual Program Review
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 your desired testing site.
The results are discussed between the Program Director and fellow at their semi-annual review.

**ACLS/BLS/PALS/NRP Certification**
Individual hospitals will provide training for required certifications. Pediatric rheumatology fellows are not required to maintain ACLS, BLS, PALS, or NRP certification.

Fellows who wish to maintain non-required certification during their fellowship training, may be able participate in recertification courses at their own expense. Courses are available through Fairview Organizational Learning. Contact their office at 612-273-6195 for scheduling and fee information.

**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 your program director or visit the AMA website for further information.

**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.

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.
Fellows are expected to provide off-service notes for all patients who have been in the hospital more than 24 hours.

At time of discharge, fellows 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.

**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 if they feel they would like language assistance. Contact: Scott Slattery, PhD, LP, B-609 Mayo, slatt008@umn.edu, (612) 626-7196. More information about the Office of Learner Development is available here: [http://www.meded.umn.edu/learner/](http://www.meded.umn.edu/learner/)

**Medical Licensure**
You are **not** required to have a state license to participate in University of Minnesota pediatric fellowship programs. State law does mandate that each fellow have a residency permit. This is a one-time application and is valid throughout your fellowship. If you choose to obtain a Minnesota license you are responsible for completion, coordination, and maintenance of all licensing activities. **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)
Or find information online at: [http://mn.gov/health-licensing-boards/medical-practice/applicants/](http://mn.gov/health-licensing-boards/medical-practice/applicants/)

**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 dictated within twenty-four (24) hours of patient discharge at all hospitals. At UMMCH, 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 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 under the LIFE Curriculum module at: [http://www.gme.umn.edu/residents/wellness/home.html](http://www.gme.umn.edu/residents/wellness/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.** Regardless of where it occurs, all moonlighting 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 UMMCH on call overnight are guaranteed a room. For access to a room, 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. 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 rheumatology 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.

Our department RMS website with helpful information is located at:

Log in at: [www.new-innov.com/login](http://www.new-innov.com/login)
Our institution: MMCGME

For RMS questions, including username and password contact your Fellowship Coordinator or the Pediatric Department Central Fellowship Administrator. You may also e-mail rmshelp@umn.edu with questions about use of RMS.

**Scheduling/Absence Coverage**
Pediatric rheumatology fellows are on clinical rotations for the first year and research rotations for the remaining 2 years. Pediatric rheumatology fellows are not required to find absence coverage. See leave and PTO policies for scheduling time off.

**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 Safety and Security**
UMMC/UMCH 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

**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.

**Teaching Responsibilities**

Teaching of Medical Students, Refer to Pediatric Program Manual at:  
https://sites.google.com/a/umn.edu/university-of-minnesota-pediatrics-residency-program/resources/program-policy-manual

**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 5 - INSTITUTION RESPONSIBILITIES**

Please refer to the [Institution Policy Manual](#) for institution responsibilities and policies including, but not limited to:

- Designated Institution Official Designee Policy
- Duty Hour Monitoring at the Institution Level
- Funding
- GME Core Competency Teaching Resources
- Graduate Medical Education Committee (GMEC) Responsibilities
- Graduate Medical Education Committee (GMEC) Resident Leadership Council Responsibilities
- Master Affiliation and Program Letters of Agreement
- Agreement of Institution and Program Affiliation
- International Medical Graduate Policy
- Institution and Program Requirements
- Orientation
- Visa Sponsorship

**SECTION 6 - STUDENT SERVICES**

Please refer to the [Institution Policy Manual](#) for student services and policies including, but not limited to:

- AHC Portal Access
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 your mailbox in the Pediatric Rheumatology office, M668 Riverside East Building.

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

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
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 Masonic Children’s Hospital (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 contacting your Fellowship Program Coordinator.

Resident Assistance Program (RAP)
RAP offers expertise in helping residents and fellows deal with challenges that may arise during your training. It is a free service available to all residents, fellows and their immediate family members and can offer assistance with issues such as relationship tensions, financial problems, or career-related stresses. The program is offered through an outside agency, confidential and designed to be flexible to accommodate a fellow’s busy schedule. RAP’s contact number is (651) 430-3383 or 1 (800) 632-7643. Information about the program is available here: [http://www.gme.umn.edu/residents/rap/home.html](http://www.gme.umn.edu/residents/rap/home.html)
Confirmation of Receipt of your Fellowship Addendum

By signing this document you are confirming that you have received and reviewed your Fellowship Addendum for this academic year. This policy manual contains policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Academic Year: _________________________________________

Fellow Name (Please print) _______________________________________________

Fellow Signature ________________________________________________________

Date __________________

Coordinator Initials ________________

Date __________________