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 the Pediatric Hematology/Oncology Fellowship Program will be both educational and enjoyable.

This Fellowship Addendum outlines policies and procedures specific to your training program. Policies in this addendum 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.


Institution Policy Manual:

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

Department Mission Statement
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.
Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Explanation of Manual</td>
<td>2</td>
</tr>
<tr>
<td>Department Mission Statement</td>
<td>2</td>
</tr>
<tr>
<td>SECTION 1 - ADMINISTRATION</td>
<td>5</td>
</tr>
<tr>
<td>Institution Manual Policies</td>
<td>5</td>
</tr>
<tr>
<td>Department of Pediatrics: Division of Hematology/Oncology</td>
<td>5</td>
</tr>
<tr>
<td>Department of Pediatrics: Administration</td>
<td>5</td>
</tr>
<tr>
<td>Department of Pediatrics: Payroll</td>
<td>5</td>
</tr>
<tr>
<td>SECTION 2 – BENEFITS</td>
<td>6</td>
</tr>
<tr>
<td>Institution Manual Policies</td>
<td>6</td>
</tr>
<tr>
<td>Educational Expense Allowance</td>
<td>6</td>
</tr>
<tr>
<td>Laundry Services</td>
<td>6</td>
</tr>
<tr>
<td>Leave/Time Away Policies</td>
<td>6</td>
</tr>
<tr>
<td>Policy on Effect of Leave/Time Away on Satisfying Program Requirements</td>
<td>6</td>
</tr>
<tr>
<td>Family Medical Leave Act (FMLA)</td>
<td>7</td>
</tr>
<tr>
<td>Bereavement, Jury/Witness Duty, and Military Leave</td>
<td>7</td>
</tr>
<tr>
<td>Vacation</td>
<td>7</td>
</tr>
<tr>
<td>Holidays</td>
<td>7</td>
</tr>
<tr>
<td>Interviewing Time</td>
<td>7</td>
</tr>
<tr>
<td>Professional/Academic Leave</td>
<td>9</td>
</tr>
<tr>
<td>Parental: Maternal/Paternal/Partner Leave</td>
<td>9</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>10</td>
</tr>
<tr>
<td>Medical Leave</td>
<td>10</td>
</tr>
<tr>
<td>Personal Leave of Absence</td>
<td>10</td>
</tr>
<tr>
<td>Unauthorized Leave</td>
<td>10</td>
</tr>
<tr>
<td>Meal Allotment</td>
<td>10</td>
</tr>
<tr>
<td>Parking</td>
<td>11</td>
</tr>
<tr>
<td>Photocopying Privileges</td>
<td>11</td>
</tr>
<tr>
<td>Scrub Suits, Labcoats, and ID Badges</td>
<td>11</td>
</tr>
<tr>
<td>Paychecks/Direct Deposit</td>
<td>11</td>
</tr>
<tr>
<td>Tax Information</td>
<td>11</td>
</tr>
<tr>
<td>SECTION 3 – DISCIPLINARY/GRIEVANCE PROCEDURES</td>
<td>12</td>
</tr>
<tr>
<td>Institution Manual Policies</td>
<td>12</td>
</tr>
<tr>
<td>Grievance Procedure and Due Process</td>
<td>12</td>
</tr>
<tr>
<td>Resident Review Committee</td>
<td>12</td>
</tr>
<tr>
<td>SECTION 4 - GENERAL POLICIES AND PROCEDURES</td>
<td>13</td>
</tr>
<tr>
<td>Institution Manual Policies</td>
<td>13</td>
</tr>
<tr>
<td>Academic Expectations for Pediatric Fellows</td>
<td>14</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>14</td>
</tr>
<tr>
<td>Conferences</td>
<td>14</td>
</tr>
<tr>
<td>Core Curriculum</td>
<td>15</td>
</tr>
<tr>
<td>Scholarly Activities</td>
<td>15</td>
</tr>
<tr>
<td>Work Product of Scholarly Activity</td>
<td>16</td>
</tr>
<tr>
<td>Scholarship Oversight Committee (SOC)</td>
<td>16</td>
</tr>
<tr>
<td>External Oversight</td>
<td>17</td>
</tr>
<tr>
<td>Responsibilities of the Training Program Director</td>
<td>17</td>
</tr>
<tr>
<td>ACGME Core Competencies</td>
<td>18</td>
</tr>
<tr>
<td>Evaluation and Advancement</td>
<td>19</td>
</tr>
<tr>
<td>Steps in the Evaluation Process</td>
<td>20</td>
</tr>
<tr>
<td>Types of Evaluations</td>
<td>20</td>
</tr>
</tbody>
</table>
Evaluation Confidentiality ................................................................. 20
Types of Assessments ........................................................................ 21
Annual Program Review ................................................................... 22
Subspecialty In-Training Examination (SITE) ................................... 22
ACLS/BLS/PALS/NRP Certification .................................................. 22
AMA Policy for Accepting Gifts ........................................................ 22
Back-Up Policy .................................................................................. 22
Continuity of Care .............................................................................. 23
Demonstration of English Language Proficiency by Non-Native Speakers Of English ............................................. 23
Medical Licensure .............................................................................. 23
Medical Records/Dictation Completion .............................................. 24
Monitoring of Fellow Well-Being ....................................................... 24
Moonlighting Policy ............................................................................ 24
On Call Rooms, Support Services, Laboratory/Pathology/Radiology Services ...................................................... 25
Professional Dress Guidelines ............................................................ 25
Professional Introduction Guidelines ............................................... 26
Residency Management Suite (RMS) ................................................ 26
Scheduling/Absence Coverage ........................................................... 26
Security/Safety .................................................................................... 26
Supervision of Fellows ...................................................................... 27
Teaching Responsibilities ................................................................... 28
Training/Graduation Requirements ................................................... 28
SECTION 5- INSTITUTION RESPONSIBILITIES .................................. 29
Institution Manual Policies ................................................................. 29
SECTION 6 - STUDENT SERVICES ..................................................... 30
Institution Manual Policies ................................................................. 30
Medical School Registration .............................................................. 30
Tuition and Fees/Additional Courses ............................................... 30
Late Fees .......................................................................................... 31
Campus Mail ...................................................................................... 31
Career Search Resources ................................................................... 31
E-Mail ................................................................................................. 31
Privacy and Data Security Training ................................................... 31
Pagers ................................................................................................. 32
Resident Assistance Program (RAP) .................................................... 32
Confirmation of Receipt of your Fellowship Addendum for Academic Year 2015-2016 ................................. 33
SECTION 1 - ADMINISTRATION

Institution Manual Policies

- GME Administration contact list
- GME Mission statement
- GME Service philosophy and standards
- Goal for GME
- Medical School mission statement
- Policy statement
- University of Minnesota equal opportunity statement

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Mayo B664 (East Bank)
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Telephone: 612-624-4477, #1
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612-624-8788 / cole0430@umn.edu

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Payroll Specialist:
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717 Delaware Street SE
Minneapolis, MN 55414
SECTION 2 – BENEFITS

Institution Manual Policies

• Exercise room at UMMC-FV
• Immunization compliance requirements and EOHS services
• Insurance
• Leave: Bereavement
• Leave: Family medical leave act (FMLA)
• Leave: Holidays
• Leave: Medical
• Leave: Military
• Leave: Parental
• Leave: Personal
• Leave: Professional
• Leave: Vacation and Sick
• Leave: Witness and Jury Duty
• Effect of leave of absence for satisfying completion of program
• Loan deferment
• Minnesota Medical Association membership
• Professional liability insurance
• Stipends
• Veterans certification for educational benefits
• Workers' compensation benefits

Educational Expense Allowance

The following are provided to our fellows by the Division of Pediatric Hematology/Oncology:

• Master’s of Clinical Investigation (MCI) Program – 2 year master’s program paid for by the University for fellows that pursue the clinical research track (excludes books).
• Travel for scientific/educational meetings, up to $1,500 annually reimbursed.
• One Hematology, Oncology or BMT reference book (e.g. Oncology: Pizzo/Poplack, Hematology: Nathan/Oski).
• Trainee Membership Society dues (ASCO, ASPHO, ASH, ASBMT).
• ASPHO on-line Board Review Reimbursement.
• Individual computer and desk space are available for each fellow in the Fellows Office in Mayo B510.
• Business cards are also available upon request.

Laundry Services

Laundry is the responsibility of the individual fellow.

Leave/Time Away Policies

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

All fellows should first review the University of Minnesota Medical School’s Institution Policy Manual for the sections discussing LOAs and leaves.
As required by the American Board of Pediatrics, all fellows must complete three years (36 months) of pediatric training. Of these, 33 months must be spent in completing training requirements. This leaves one month for each year of training to be applied to paid time away that does not extend training for vacation, sick time, parental leave, and other absences. When accumulated absences from training exceed this three month allotment, training may be extended to satisfy ABP requirements.

If you have questions regarding training time requirements, please review these with your Program Director.

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

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

Please refer to the [Office of Human Resources website](#) for further information.

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

**Jury / Witness Duty, and Military Leave**
Let your program director and coordinator know as soon as possible when there may be a need for you to utilize one of these leaves. 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.

**Vacation/Holidays / Interviewing Time / Professional & Academic Leave**
The Department of Pediatrics provides subspecialty fellows Paid Time Off (PTO) for vacations, illnesses, and personal business. Compared to traditional vacation and sick time policies our program used to follow, the PTO program provides fellows more choice in when and how to use time off. However, the program also requires the individual to manage their overall time-off balance. Each fellow is responsible for ensuring that accrued PTO does not exceed the maximum accrual level and that they have enough time off available when they need it. Each
fellow is also responsible for letting the appropriate attending know at the beginning of any rotation the dates that they are scheduled to be absent. All PTO must be logged in the Duty Hours module at http://www.new-innov.com.

PTO Distribution
The maximum PTO for the entirety of fellowship is based on requirements for graduation and certification as set forth by the American Board of Pediatrics. The amount of PTO available depends on the year of fellowship. Specifically:

- FL1 fellows: 20 weekdays per academic year
- FL2 fellows: 20 weekdays per academic year
- FL3 fellows: 25 weekdays per academic year

NOTE: The above applies to all fellows funded through the Department of Pediatrics. For fellows on a training grant or with other unique funding sources, this policy may be superseded by the requirements of their program sponsor’s PTO policy.

Fellows are credited for the PTO on the first day of fellowship and on their annual promotion date each year. Days not used in one academic year will not carry forward to the next academic year. PTO is a benefit to be used while in the fellowship. When a fellow leaves the Pediatrics Subspecialty Fellowship training, any unused PTO will NOT be paid out.

In year one or two of fellowship training, a maximum of 5 days can be advanced from the next year’s PTO. (e.g. If a fellow uses all of his/her PTO before the end of the academic year, and then has an unexpected illness or injury, he/she can use up to 5 days from the PTO he/she would have been granted in the next year.)

PTO Balance
Fellows are expected to manage their PTO usage to assure they have time available when they need it. Official PTO balance and records are maintained by the program coordinator and are available upon request. PTO is to be used in 1-day increments. If plans change following a request, it is the fellow’s responsibility to notify their coordinator, prior to the day off.

Scheduled PTO
In general, scheduled PTO should only be taken during non-clinical rotations (e.g. scholarly activity/research rotations.)

All requests for time off must be approved in writing by the program director by the 15th of the preceding month. If required by your Program, clinical coverage arrangements must be made prior to submitting the request and indicated on the form. This includes all clinical responsibilities in the program – inpatient, outpatient, clinics and backup call.

We realize some things (e.g. interviews) cannot be planned that far in advance and will try to work with you when these situations arise.

It is the fellow’s responsibility to fill out the PTO Request Form, available from the program coordinator, for all scheduled time off. This includes any activity that is not part of fellowship training, such as vacations, personal business, interviews, scheduled medical procedures, parental leave, and academic conferences not part of subspecialty fellowship curriculum.
Fellows should expect any time away from training that exceeds 65 days during their fellowship to extend their training.

**Unscheduled PTO**
Unscheduled PTO should be a rare occurrence and should only occur in the case of an unexpected illness, injury, or other personal or family emergency. The fellow must contact the attending physician, fellowship director, and program coordinator as soon as the need arises for unscheduled PTO. Fellows must speak to the attending or program director directly to take unscheduled leave.

Any illness resulting in an absence in excess of forty-eight (48) hours requires a physician’s letter noting the reason for absence and anticipated length of illness.

Extended periods of time requested off due to fellow illness, injury, or to care for a dependent child/spouse/significant other/first degree relative are covered under the fellow’s Personal Leave policy.

**Holidays**
Program holidays are days off that are not considered part of PTO.

**Number of fellows away**
While the goal is for all fellows to have PTO per each individual’s request, program directors reserve the right to limit the number of fellows away at any given time. Consideration of PTO approval may include the timing of receipt of request for PTO and/or fellow seniority.

**Academic Conferences**
Attendance at academic conferences that are part of the subspecialty fellowship curriculum typically does not require use of PTO, unless attendance compromises further fellowship curriculum. Approval of time away for attendance at academic conferences should always be obtained from the program director.

**Parental: Maternal / Paternal / Partner Leave**
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 and may require use of your vacation, sick, or other time away allocation.

The birth mother may also qualify for short-term disability benefits for an additional four weeks (six weeks for c-section) after a 14-day waiting period. 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.

An LOA Form MUST be completed and given to Fellowship Coordinator, Education Manager (elgray@umn.edu), and Payroll (slavi002@umn.edu) prior to leave. Additionally, you must notify the following people once your baby is born or adopted so we can insure we process the paperwork, payroll, etc correctly:
- Rick Jacobson (rickj@umn.edu)
- Deb Slavin (slavi002@umn.edu)
- Emily Gray (elgray@umn.edu)
- Office of Student Benefits (umshbo@umn.edu)
**Sick 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.

**Medical Leave**
For a continuous absence due to personal illness or disability while under the care of a physician, see the disability policies outlined in Institutional 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.

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

Requests for a personal LOA should be considered carefully as they create scheduling stress in the program and may extend your training. When time away is made up at the end of 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 slavi002@umn.edu) and the Office of Student Benefits (612-624-0627 or umshbo@umn.edu) to arrange this.

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

**Meal Allotment**
You will not receive a meal card allotment from the Program or Fairview.
Parking
Parking is provided for Fellows at the University of Minnesota Children’s Hospital in the Purple Ramp and is established when new fellows are issued hospital badges. Parking is not provided for the East Bank of campus. Contact your fellowship coordinator for instructions on how to register for UMN parking (for East Bank contracts).

Photocopying Privileges
All Pediatric Hematology/Oncology fellows are allowed photocopying privileges in the Pediatric Hematology/Oncology Office. There is a sign-on code specifically for fellows' use for the photocopy machine. Please ask for assistance in Mayo D557 when first using the copier, or if you experience difficulties while using it. There will be no limit placed on this privilege as long as it is not abused.

Scrub Suits, Labcoats, and ID Badges
Badges must be worn for clear identification. Lost/broken badges are replaced by the institution (i.e. contact UMMC/UMCH security desk for Fairview badges). Fellows should contact their fellowship coordinator to arrange for their badges.

Professional attire is expected for clinical care and is the responsibility of the fellow. Labcoats are not required for routine clinical care. Scrubsuits are provided on-site and are not to be worn except for certain procedures. For fellows pursuing basic research, the laboratory in which the research is performed will be responsible for providing appropriate safety wear, including a labcoat.

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
- Discipline, dismissal, non-renewal
- Dispute resolution resources

University Senate sexual harassment policy
- Sexual harassment and discrimination reporting
- Sexual assault victim's rights policy

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:

i. Normal advancement with commendation

ii. Normal advancement within the training program.

iii. Medical and/or psychiatric appraisal as to suitability for continuation of fellowship training.

iv. 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.

v. 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.

vi. 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.

vii. Probation with certain rotations or services to be repeated.

viii. Modification of the fellow's assigned program to provide remedial training in a special setting with a special assigned tutor(s).

ix. Dismissal from the program.

x. 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*

- Academic Incivility: Resources for dealing with harassment
- Applicant privacy and record retention
- Appointment letter
- Background study
- Blood-borne pathogen exposure
- Cab voucher
- Certificate of completion
- Classification and Appointment
- Compact for teaching and learning
- Disaster and local extreme emergent situation planning
- Dress code policy
- Duty hours/on-call schedules
- ECFMG/J1 Visa holders: documentation required for FMLA
- Effective date for stipends and benefits
- Eligibility and selection of residents and fellows
- Evaluation
- Health Insurance Portability and Accountability Act (HIPAA)
- Immunizations and vaccinations requirements
- Impaired resident/fellow
- Institution policy on completion of Step 3 of the appropriate licensing exam including USMLE and COMLEX
- Licensure
- Life support certification
- Moonlighting
- National Provider Identification (NPI)
- Nepotism
- NRMP fees
- NIH NRSA grant appointment
- Observers
- Prioritization of call rooms
- Registered same-sex domestic partner
- Release of trainee contact information for solicitation purposes
- Residency/fellowship agreement
- Resignation Policy
- RMS: information maintenance for participating hospitals
- RMS: updating and approving assignments and duty hours
- Restrictive covenants
- Social networking
- Standing and promotion
- Stipend level policy
- Stipend and benefit funding from external organizations
- Supervision
- Training file contents and document retention
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, development of an individualized learning plan (ILP), Scholarship Oversight Committee meeting frequency, identification of an academic mentor, completion of Core Curriculum series, attendance at Pediatric Research, Education, and Scholarship Symposium (PRESS), and presentation of scholarly work. The current list of Academic Expectations for Fellows is provided during Department Orientation.

Goals and Objectives

Refer to the independent program document, Goals and Objectives, for this information. This information is distributed via the RMS Curriculum module as well as via a document is located at: http://www.med.umn.edu/peds/education/fellowship-programs/current-fellows/addenda-goals-objectives/index.htm.

Conferences

The table below provides a listing of the major conferences offered and the frequency at which they occur.

<table>
<thead>
<tr>
<th>Conference</th>
<th>Frequency</th>
<th>Role of the Fellow</th>
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<tbody>
<tr>
<td>Leukemia Conference</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Fellow Didactic Conference</td>
<td>Weekly</td>
<td>Participates in discussion and leads specified topics</td>
</tr>
<tr>
<td>Solid Tumor Conference</td>
<td>Monthly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Journal Club / Tumor Board / Division M &amp; M</td>
<td>Weekly – rotating schedule</td>
<td>Conducts conference</td>
</tr>
<tr>
<td>Hematology / Oncology / BMT Patient Care Conference</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Event</td>
<td>Frequency</td>
<td>Participation</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Bone Marrow Transplant Research Conference</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Neuro-oncology Conference</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Cancer Center Research Seminar Series</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Bone &amp; Soft Tissue Board</td>
<td>Monthly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Pediatric Grand Rounds</td>
<td>Weekly</td>
<td>Participates in discussion</td>
</tr>
<tr>
<td>Survivorship Research Conf.</td>
<td>Monthly</td>
<td>Participates in discussion</td>
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<td>Department Morbidity &amp; Mortality &amp; Management Conference</td>
<td>Weekly</td>
<td>Participates in discussion</td>
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**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.med.umn.edu/peds/education/fellowship-programs/current-fellows/core-curriculum/index.htm](http://www.med.umn.edu/peds/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.

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, 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.

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**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)-completed semiannually before progression meeting with Program Director.
- Fellow Self-Eval (2x per year)-completed semiannually before progression meeting with Program Director
- Fellow Eval of Program (2x per year)-completed before semiannual progression meeting with Program Director
- Faculty Eval of Fellow (end of every clinical rotation)-completed at end of monthly rotation
- Faculty Eval of Program (1x per year)-completed before program review meeting with Program Director
- Fellow Eval of Rotation (end of every clinical rotation)-completed at end of monthly rotation
- Fellow Eval of Core Curriculum (after each attended session)
- Fellow Eval of Faculty (end of every clinical rotation)-completed at end of monthly rotation
- 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 distribute evaluations to nurses to distribute and return. After distribution, the coordinator will collate the responses for the fellow file.

Evaluation Confidentiality
Evaluation confidentiality is of high importance in the department. In order to maintain a confidential feedback system, there are several mechanisms in place:

- Only the program coordinator and Department Education Office have access to view the 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></th>
<th>PATIENT CARE</th>
<th>MEDICAL KNOWLEDGE</th>
<th>COMMUNICATION</th>
<th>PROFESSIONALISM</th>
<th>PRACTICE BASED LEARNING</th>
<th>SYSTEMS BASED PRACTICE</th>
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<tbody>
<tr>
<td>1.</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 subspecialty fellow’s technical abilities are also assessed.</td>
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<td>2.</td>
<td>360º evaluations of the fellows are completed by the Health Unit Coordinators (HUCs), respiratory therapists, social workers, interpreters, parents and nursing staff.</td>
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<td>2.</td>
<td>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.</td>
<td>ABP Subspecialty In-Service Examination (SITE)</td>
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<td>5.</td>
<td>Participation in M&amp;M conferences</td>
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<td>6.</td>
<td>Participation and presentation at weekly AM and PM fellow’s conferences</td>
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<td>7.</td>
<td>The Division provides each fellow access to Pediatric Notes and subscriptions to relevant professional journals providing further another opportunity for learning, self-assessment and hopefully establishing habits which will lead to life-long learning and regular CME. Participation is self reported and reviewed with PD</td>
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<td>8.</td>
<td>Mock Diagnosis</td>
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Annual Program Review
Guidance on completing the Annual Program Review is provided at: http://www.gme.umn.edu/educresources/programevaluation/index.htm. The program is evaluated in detail at least once per year. Minutes of the program review are to include five key areas of performance. These five areas are:

- Current fellow performance (scholarly activity, # of procedures, 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.

ACLS/BLS/PALS/NRP Certification
Individual hospitals will provide training for required certifications. The policy for certification requirements at UMCH can be obtained by visiting the hospital’s website.

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.page.

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
Residents 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 at 612-626-7196 or slatt008@umn.edu

Medical Licensure
You are not required to have a state license to participate in the University of Minnesota Pediatric Hematology/Oncology 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.

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

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

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

**Medical Records / Dictation Completion**

All 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.

**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**
Medical students, residents and fellows that must remain at UMMC/UMMCH on call overnight are guaranteed a room. For access to a 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.
- 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 <Subspecialty> 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 pedsrms@umn.edu with questions about use of RMS or login assistance. Our department RMS website with helpful information is located at: http://www.med.umn.edu/peds/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.childrensmn.org/web/meded/geninfo/065872.asp
**Supervision of Fellows**

**Overall Supervision**

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

**Lines of supervisory responsibility—Clinical**

For all patients, the core pediatric resident will be supervised by the fellow, who will report **directly** to the attending. The attending is responsible for providing appropriate supervision to the fellow and will always be available to provide oversight of the fellows’ work (the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered).

**UMMCH – Home call service**

During regular daytime working hours, the faculty members assigned to the clinical service will provide either “direct supervision” or “indirect supervision with direct supervision immediately available” of the fellow, dependent upon the situation. It is up to the judgment of the attending faculty to determine which fellow activities must be directly supervised. More junior or less experience fellows will require more direct supervision.

During nighttime/on-call hours the faculty member will provide “indirect supervision with direct supervision available.” If the attending physician is not physically in the building, s/he is always immediately available by phone and/or other electronic modalities and is available to provide direct supervision.

Good communication and feedback is important to optimize both patient care and fellow education. If the fellow feels that he/she is not receiving adequate guidance/supervision, s/he must communicate this directly to the attending physician. If the attending is not immediately available, the fellow is responsible for reporting to the program, or other available faculty on call. A fellow may request the physical presence of an attending at any time and will never be refused. The admission of patients transferred from another hospital must be reported to the attending physician. Any significant change in a patient’s condition must be reported immediately to the attending physician. All cardiac arrests/code situations must be reported immediately to the attending physician. All patients scheduled for discharge/transfer must be discussed with the attending prior to the discharge/transfer.

**Lines of supervisory responsibility—Research / SCHOLARLY ACTIVITY**

Fellows are responsible for planning and executing their own scholarly activity projects, as well as generating a written work product for submission to the American Board of Pediatrics (ABP). Supervision of this work is provided by the primary research mentor. The mentor may
designate other members of his/her research team (Ph.D.s, technicians, etc.) to assist with supervision of portions of the work as indicated. However, the mentorship for the overall project must come from the research mentor. Periodic formal reviews by the SOC are required. The program director is responsible for supervising the individual faculty research mentors to ensure that each fellow is working toward achieving their scholarly goals. Concerns on the part of the fellow should be directed first to the research mentor and then, if unresolved, to the program director and SOC.

The Institution Manual Policy is located at:

**Teaching Responsibilities**
Fellows teach both medical students and residents when on service.

Teaching of Medical Students, refer to the Institutional Policy Manual at:

**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

Institution Manual Policies

- Agreements: master affiliation and program letters of agreement (MAA/PLA)
- Agreements: agreement of institution and program affiliation (AIPA)
- Competency teaching resources
- Confirmation of receipt of institution and program manuals
- Designated institution official designee policy
- Duty hour monitoring at the institution level
- Funding
- Graduate medical education committee responsibilities
- Graduate medical education committee: Resident Leadership Council (RLC)
- International medical graduates
- Institution and program requirements
- Orientation
- Setting annual stipend rates
- Visa sponsorship
SECTION 6 - STUDENT SERVICES

Institution Manual Policies

- AHC portal access
- Child care resources
- Computer discount/University bookstore
- Credit union
- Disability accommodations
- Learner disability assessments
- Legal services
- Library services
- Medical school campus maps
- Mental health resources
- Nursing Mothers Resources
- Resident and Fellow Assistance Program (RAP)
- Tuition and fees
- U Card
- University events and box office
- University recreation sports center

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](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 the Fellow’s Office in Mayo B510.

**Career Search Resources**
To assist fellows with their post-fellowship career search, Hematology/Oncology 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. If you choose not to use the UMN account, you must forward your UMN account to your preferred account. You are responsible for being aware of messages and notices sent via e-mail to your UMN e-mail address.

**Privacy and Data Security Training**
You are required to be HIPAA compliant in order to participate in program rotations and activities.
The Department of Pediatrics’ Privacy Coordinator will contact you if you are noncompliant. If you remain noncompliant, the Program Director will contact you directly to resolve the situation; clinical sites can remove you from patient care activities due to noncompliance. More information on privacy and data security training is available at: [http://www.privacysecurity.umn.edu/training/home.html](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/web/meded/geninfo/065872.asp

**Pagers**
University alphanumeric pagers are required at all times (the only exceptions are during a leave of absence or vacation). You will be assigned one pager number to be used throughout your fellowship. Pagers are available through your Fellowship Program Coordinator. 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.
Confirmation of Receipt of your Fellowship Addendum for Academic Year 2015-2016

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.

Fellow Name (Please print) ________________________________________________

Fellow Signature ________________________________________________________

Date __________________

Coordinator Initials ________________

Date __________________
