University of Minnesota/
Gillette Children’s Specialty Healthcare

2017 – 2018
Fellowship Program

INFORMATION:

Policies, Guidelines,
& Reference Listings
Department of Pediatric Rehabilitation Medicine

Fellowship Addendum
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.


Introduction/Explanation of the Policy Manual
The fellowship addendum outlines policies, procedures and requirements specific to the Department of Pediatric Rehabilitation Medicine at Gillette children’s Specialty Healthcare. Please refer to the institutional Program Manual for further departmental policies and procedures.

Educational Mission Statement
Our goal is to train physicians to become excellent academic Pediatric Physiatrists who will provide the highest level of clinical care and advance the frontiers of Pediatric Rehabilitation Medicine through research and education.

Departmental Mission Statement
The mission of our Department is to provide: unmatched, interdisciplinary and comprehensive Pediatric Rehabilitation Medicine (PRM) services to our patients, to provide outstanding education to physicians, medical students, allied health care professionals, families and the community at large, to produce measurable, positive, cost-effective outcomes for persons with rehabilitation needs due to physical limitations and/or cognitive impairments, and to expand the scientific knowledge of the Pediatric Rehabilitation Medicine community through research, both individual and collaborative.

Fellowship Program Objectives
The Pediatric Rehabilitation Fellowship Program represents the strengths and the values of the Department of Physical Medicine and Rehabilitation at the University of Minnesota. These include a commitment to compassionate patient care, a supportive and collegial environment with an emphasis on working effectively with other professionals to provide rehabilitation care as a team and engagement in scholarship and education.

Our goals are to train fellows to become highly skilled physiatrists, who will excel in all aspects of the diverse field of pediatric rehabilitation medicine from general rehabilitation issues pertaining to patients to training in subspecialty areas, and research. We strive to promote scholarly inquiry and a commitment to lifelong learning to allow the continuous application of new knowledge to patient care and to encourage self-reflection and integration of personal and professional values into the practice of medicine.

Overall goals of our fellowship program include assisting fellows to:

- Acquire the knowledge and technical skills to provide rehabilitative care for a variety of conditions in a variety of settings.
• Gain an understanding of the foundations of clinical PM&R which form the basis of an evidence-based clinical practice and for lifelong continuing medical education.
• Develop the interpersonal skills necessary to work most effectively with patients, other health professionals and colleagues and to practice as part of a rehabilitation team.
• Gain an understanding of healthcare systems and administration so as to advocate for and deliver high quality, cost effective, ethical patient care.
• Obtain skills to be able to teach and counsel others.
Table of Contents

Page:

Cover Page 1
Introduction/Explanation of Manual 2
Department & Program Mission Statements 2
Table of Contents 3

Section I: Student Services

Gillette Pager 4
E-mail and Internet Access 4
Campus Mail 4
Meal Tickets 4
Laundry Services 4
HIPAA Training 5

Section II: Benefits

Stipends 6
Vacation 6
Sick Leave 6
PMR Resident Procedure for Vacation, Academic, or Professional Leave 7
Leave Request Form 8

Section III: Disciplinary and Grievance Procedures 9

Section IV: General Policies and Procedures

Duty Hours 10
Resident Evaluation 11
Laboratory/Pathology/Radiology Services 12
Medical Records 13
Security and Safety 13
Program Description 14
Program Goal and Objectives 15-16
Rotation Goals and Objectives 17-43
Gillette Didactics 44-45
Monitoring of Resident Well Being 46-47

Section V: Administration

Gillette Faculty Contact List 48

Section VI: Miscellaneous

Signature Sheet 49

INFORMATION IN THIS MANUAL IS SUBJECT TO CHANGE WITHOUT NOTICE.
SECTION I: STUDENT SERVICES
(“Gillette” refers to “Gillette Children’s Specialty Healthcare)

**Gillette Pager**
Pagers are assigned to fellows from Gillette. You will always be responsible for answering pages on this Gillette pager, no matter which site you are rotating at. You will turn in your pager to Gillette at the end of your two years of fellowship education.

Pagers must be returned before the last day of fellowship training. You will not be given a graduation certificate unless the Gillette pager is returned.

**E-Mail and Internet Access**
Your e-mail and internet account at Gillette will be set-up prior to your arrival at Gillette. When you are a fellow you must at all times use your Gillette e-mail account to receive information pertinent to the fellowship program and Gillette in general. Evaluations are to be completed on line and reminders for these are through your Gillette e-mail account.
A University internet account and email account with the University of Minnesota can be set up once residents are officially registered as a student. Call the email help line at 612-301-4357 (on-campus, 1-HELP) to set up a password. Fellows must use the University email account as this is the University’s official means of communication.

**Gillette Mail**
Each Fellow will have a mailbox in the Pediatric Physical Medicine and Rehab Departmental Office located in the 205 building on the St. Paul Campus in program coordinator’s cubicle. Check it at least weekly for mail, messages, announcements, etc. Your mailing address is: 200 University Avenue East, St. Paul, MN 55101.

**Meal Allowance**
Gillette provides a meal allowance of $150.00 per month. Your individual barcodes are located on the back of your Gillette ID badge. If you ever have an issue with your barcode, please contact Deb Loesch in the Pediatric/Palliative Care Department at x3818.

**Laundry Services**
Laundry of lab coats is not provided by our Department.

**HIPAA TRAINING**

**What is HIPAA?**
A: In 1996, Congress passed the Health Insurance Portability and Accountability Act, commonly referred to as HIPAA. One purpose of the act was to facilitate patients' transfer of health
insurance when they changed jobs. The issue of protecting the privacy of health information emerged as a factor in transferring that data. The HIPAA privacy regulations present standards to protect the privacy and security of individual health information and require health care organizations to create policies and procedures to implement the HIPAA regulations.

**Why do I have to complete HIPAA training?**

A: The federal government has mandated that affected workforce members must be trained on the HIPAA regulations and Gillette policies and procedures.

**How do I access training?**

Training Access:
All University employees and students can enter training through the “myU” portal at: **http://www.myu.umn.edu.**
Section II: BENEFITS

Stipends

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G5</td>
<td>$61,466</td>
</tr>
<tr>
<td>G6</td>
<td>$63,624</td>
</tr>
</tbody>
</table>

Paid Time Off (PTO)

All vacation and sick time are counted as paid time off.

<table>
<thead>
<tr>
<th>Year 1</th>
<th>20 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>25 Days</td>
</tr>
</tbody>
</table>

All “scheduled time off” (i.e. vacation, attendance at meetings or conferences, interviews) is to be scheduled a minimum of eight weeks in advance to avoid conflicts and ensure adequate coverage. Fellow and resident may not take time off at the same time while on an inpatient rotation. Scheduled time off requested less than eight weeks in advance may be available at the program director’s discretion. Fellows are responsible for maintaining enough PTO balance to cover unanticipated absences, such as sick days. Fellows are also responsible for maintaining enough PTO balance to cover interviews. Should this occur during the second year, the graduation date will be extended accordingly. Unused PTO is lost, it may not be carried over from year to year and it may not be sold back to the University. Vacations are to be formally approved by the Fellowship Program Director from Gillette. Fill out a vacation form and present to the Program Coordinator, who will then forward on to the Program Director for approval. No more than a total of six weeks of time away from duties is allowed during any academic year (per ACGME requirements). Greater than six weeks total per year away from duties will result in the extension of the academic year/fellowship program.

If Sick

If needing to take a sick day, call or e-mail your program coordinator no later than 8:00a.m that morning. Leaving a voice mail or email is sufficient in lieu of directly speaking with a staff member. Any illness resulting in an absence in excess of 48 hours requires a physician’s statement describing the medical condition, reason for absence and anticipated length of the illness. This policy applies only to personal illness.

Academic (Educational) and Professional Leave

Five days of education leave is allotted per academic year. Academic leave does NOT count against the maximum six weeks per year away from duties. Academic leave should be logged in RMS as conference time. If travel requires leaving from a rotation site early, or arriving late, log that time as vacation-conference travel. Note that this does not count against PTO totals. The fellow is expected to share information gained at the conferences with the group after the educational experience. This should be done via a presentation upon return. For those needing to take national Part I boards, one day educational leave is permitted, not in addition to the allotted five days of education leave.

Holidays

<table>
<thead>
<tr>
<th>Year 1</th>
<th>20 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>25 Days</td>
</tr>
</tbody>
</table>
Fellows are expected to take call on holidays on a pre-assigned, rotating basis. The fellow on call will be expected to round on the inpatient unit, answer questions and assist with any patient care, emergent or otherwise, that arises for the duration of the holiday. The fellows not on call will be released from their duties for the duration of the holiday.

**Family Medical Leave Act (FMLA)**
Department policy requires that a leave of absence for serious illness of the fellow, serious health condition of a spouse, parent, or child, or birth or adoption of a child, be granted through formal request to the program director. The length of the leave will be determined by the treating physician, based upon an individual’s particular circumstances and the needs of the department, not to exceed 12 weeks in any 12 month period. Please refer to the Office of Human Resources for further information: [http://www1.umn.edu/ohr/benefits/leaves/fmla/](http://www1.umn.edu/ohr/benefits/leaves/fmla/)

**Jury Duty**
*Please refer to the Institution Policy Manual for Medical School policy specifics.* Department policy requires formal written application for leave by the fellow and signed approval from the program director. Any leave exceeding 15 days must also have the approval of the department chair. All documentation must be kept in fellow’s file. No more than a total of six weeks of time away from duties is allowed during any academic year (per American Board of Physical Medicine and Rehabilitation requirements). Greater than six weeks total per year away from duties will result in the extension of the academic year/ fellowship program.

**Personal/Bereavement Leave**
All family and/or personal emergency leave requires approval by the director. Up to five days of bereavement leave are allowed for the death of immediate family members. This time will be counted as PTO.

**Military Leave**
In the event a fellow is called to active military duty, it is incumbent upon the program director to notify both the individual Fellowship Review Committee and the Board of this change in status. Fellows on military leave, for up to five years, generally are eligible for reinstatement to their training programs once active duty is completed. Fellows may resume their training at the PGY level they were in when called to duty or may be required to repeat earlier training experiences. The appropriate level of training upon return will be determined based on several factors: length of leave; medical duties, if any, performed by the fellow while in military service; and curricular changes in the training program during the fellow’s absence.

**Biological Mother**
A biological mother shall be granted, upon request to the program director, up to six weeks parental (maternity) leave for the birth of a child, without needing to extend training. The maternity leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the expected birth. The leave must be consecutive and without interruption.
Trainees on maternity leave will receive the first two weeks of their leave as paid parental leave. This paid parental leave shall not be charged against the trainee’s vacation, sick or PTO allocation.

*Note: The first two weeks of this paid parental leave covers the required fourteen-day wait period before they may be eligible to receive the short-term disability benefit. See Short-Term Disability Policy at: [http://www.shb.umn.edu/twincities/residents-fellows-interns/index.htm](http://www.shb.umn.edu/twincities/residents-fellows-interns/index.htm).*

**Biological Father**
A biological father shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the expected birth. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the trainee’s vacation, sick or PTO allocation.

**Registered Same Sex Domestic Partner (through December 2014)**
Registered same sex domestic partner of someone giving birth shall be granted, upon request to the program director, up to two week paid parental leave. The leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the trainees’ vacation, sick, or PTO allocation.

**Adoptive Parent**
An adoptive parent shall be granted, upon request to the program director, up to two weeks paid parental leave for the adoption of a child. Trainees who are registered same sex domestic partners of someone adopting a child shall be granted two weeks paid leave. The leave may begin at the time requested by the trainee, but no later than six weeks after the adoption and no sooner than two weeks before the adoption. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the trainees’ vacation, sick or PTO allocation.

*Note: Parental leave typically is six weeks for the biological mother, two weeks for father. Other requests can be considered. All leave must be applied for by written request to program director, cc’d to program coordinator.*
**PM&R Fellow Procedure for PTO or Educational leave:**

**Procedure for PTO, Academic or Professional Leave:**

1. Fellow completes leave form and gives to program coordinator.
2. Coordinator will ascertain that leave is available, and does not exceed days allocated to that fellow.
3. If leave is available, program coordinator will forward form to Program Director for approval. If leave is not available, fellow will be made aware of it by the coordinator and further discussion with the program director will be arranged if necessary.
4. Program Director will inform Fellow of decision regarding leave by signature.
5. Program Coordinator will return copy of signed form with approval to Fellow and will keep original for Fellow’s file.

*EVERY FELLOW IS TRACKED FOR GME PURPOSES EVERY DAY.*

Please see next page for form.
PRM Fellow Leave Request Form

<table>
<thead>
<tr>
<th>Fellow Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTO requested for:</th>
<th>PTO</th>
<th>Education</th>
<th></th>
</tr>
</thead>
</table>

*Other absences are ONLY for Official University activities and must have prior approval by fellowship Program Associate or Director.

<table>
<thead>
<tr>
<th>Dates requested for PTO</th>
<th>Date of return to work:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Number of Days Requested:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rotation:</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
</table>

Fellow Signature: ____________________________________________

Administrative Use ONLY

<table>
<thead>
<tr>
<th>Date received request:</th>
<th>Program Coordinator's Initials</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Days Allowed per Academic Year:</th>
<th>Remaining Days Available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTO 1st year 20 days</td>
<td>PTO 1st year</td>
</tr>
<tr>
<td>PTO 2nd year 25 days</td>
<td>PTO 2nd year</td>
</tr>
<tr>
<td>Education 5</td>
<td>Education</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Approved Y N

<table>
<thead>
<tr>
<th>Program Director's Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fellow on IP Rotation</th>
<th>Attending on IP Service to be Notified</th>
<th>Date Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

11
Effect of Leave Policy for Satisfying Completion of Program
As per the requirements of the American Board of Physical Medicine and Rehabilitation (https://www.abpmr.org/boi/Cert_BOI.pdf):

A candidate must not be absent from residency or fellowship training for more than six weeks (30 working days) annually. Regardless of institutional policies regarding absences, any leave time beyond six weeks would need to be made up by arrangement with the program director. “Leave time” is defined as sick leave, vacation, or parental leave. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Insurance Coverage
Please refer to the Institution Policy Manual for Medical School policy on insurance availability.
The Department’s contact:

Maren Peterson
Human Resources Representative, Clinical Neuroscience Administrative Center
Phone: (612) 626-3021
Email: mmpeters@umn.edu

Insurance benefits available:
Health, Dental, Disability (short- and long-term), and Life (basic, voluntary and additional).
Please refer to the Office of Student Health Benefits at:
http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm

Professional Liability Insurance
Please refer to the Institution Policy Manual for Medical School policy for information on professional liability insurance.

RUMINCO Policy #: RUM-1005-14

Proof of Professional Liability coverage for residents can be obtained from:

Pam Ubel
Office of Risk Management
Phone: 612-624-5884
Email: novic002@umn.edu

Worker’s Compensation Program Policies and Procedures
Please refer to the Institution Policy Manual for Medical School Policy. There are no program-specific worker’s compensation policies and procedures.

SECTION 3 – INSTITUTION RESPONSIBILITIES
(Please refer to Institution Policy Manual at
SECTION IV: DISCIPLINARY AND GRIEVANCE PROCEDURES

Please refer to the Institution Policy Manual for specifics.


SECTION V – GENERAL POLICIES AND PROCEDURES

Pediatric Rehabilitation Medicine (PRM) - Program Goals and Objectives

The goal of our program is to train Fellows in PRM with an educational experience to ensure they possess the advanced knowledge and competencies necessary to practice PRM and ensure their ability to enhance the quality of care available to patients and families served.

Objectives of the program are designed to provide the fellow with opportunities to gain knowledge and psychomotor skills in PRM in order to meet the above goal.

Objective 1: Define growth and development in the context of children and adults with congenital and childhood onset disabilities, throughout the life course.

Objective 2: Identify age appropriate assessment and measurement tools to evaluate functional status and outcomes of interventions.

Objective 3: Manage medical issues in pediatric rehabilitation medicine.

Objective 4: Describe principles and techniques for general pediatric rehabilitative therapeutic management.

Objective 5: Prescribe appropriate assistive devices to enhance function.

Objective 6: Perform pediatric rehabilitative procedures.

Objective 7: Outline clinical course and functional prognosis for common pediatric disabilities.

Objective 8: Identify interventions to assist children, adults, and families in participating successfully in age-appropriate educational and recreational activities.

Objective 9: Advocate for the needs of patients, families, systems of care, and research to enhance the function of children and adults with disabilities.

Objective 10: Provide consultation to other physicians regarding PRM issues.

Objective 11: Participate in PRM research.

Objective 12: Apply principles of management and administration.
To summarize:

**Overall Educational Goals of the Fellowship Program:**

A. Further the diagnostic and treatment skills of Gillette’s Pediatric Rehabilitation Medicine Fellows through specialized clinical training, as well as, didactic lessons focused on the patient with congenital or childhood onset disabilities.
B. Foster advocacy and teaching skills in our Pediatric Rehabilitation Medicine Fellows.
C. Inspire evidence based medicine practices in the Pediatric Rehabilitation Medicine fellows and grow their research skills set.

The following rotations have been designed to aid the fellows in achieving the overall educational goals and clinical competencies mentioned above.

**Inpatient PRM Fellowship Rotation**

1st year of 2 year program or 1st ½ of 1 year program

**Rotation Objectives:**

1. Describe the epidemiology and etiology of common inpatient pediatric disabilities and manage common pediatric inpatient rehabilitation medical issues (Patient Care and Medical Knowledge):

   | Table 1: Common Pediatric Rehabilitation Medicine Inpatient Conditions |
   |--------------------------|--------------------------|
   | 1. Brain injury          | Traumatic                |
   | 2. Spinal cord injuries  | Traumatic                |
   | 3. Neuropathies          | Traumatic                |
   | 4. Deconditioning       | Status post multilevel orthopedic surgery |
   | 5. Acute limb deficiency | Status post selective dorsal rhizotomy |

2. Evaluate and prescribe age-appropriate assistive devices and technologies to enhance patient and family function (Patient Care and Medical Knowledge):

   | Table 2: Common Pediatric Rehabilitation Medical Complications |
   |--------------------------|--------------------------|
   | 1. Nutrition             | Bowel Management         |
   | 2. Bowel Management      | Bladder Management       |
   | 3. Bladder Management    | Gastroesophageal Reflux  |
   | 4. Gastroesophageal Reflux| Skin Protection          |
   | 5. Skin Protection       | Pulmonary Hygiene        |
   | 6. Pulmonary Hygiene     | Ventilator Management    |
   | 7. Ventilator Management | Airway Protection        |
   | 8. Airway Protection     | Sensory Impairments      |
   | 9. Sensory Impairments   | Sleep Disorders          |
   | 10. Sleep Disorders      | Spasticity Management    |
   | 11. Spasticity Management| DVT Prophylaxis          |
   | 12. DVT Prophylaxis      | Feeding Disorders        |
   | 13. Feeding Disorders    | Swallowing Dysfunction   |
   | 14. Swallowing Dysfunction| Seizure Management       |
   | 15. Seizure Management   | Behavioral Problems      |
   | 16. Behavioral Problems  |                         |
3. Interpret diagnostic studies commonly ordered in pediatric rehabilitation medicine (Patient Care and Medical Knowledge):

<table>
<thead>
<tr>
<th>Table 3: Common Assistive Devices and Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wheelchair / Seating</td>
</tr>
<tr>
<td>2. Walkers</td>
</tr>
<tr>
<td>3. Standers</td>
</tr>
<tr>
<td>4. Bath equipment</td>
</tr>
<tr>
<td>5. Orthotics</td>
</tr>
<tr>
<td>6. Prosthetics</td>
</tr>
<tr>
<td>7. Dynamic splinting</td>
</tr>
<tr>
<td>8. Other rehabilitation technology</td>
</tr>
<tr>
<td>a) Environmental control</td>
</tr>
<tr>
<td>b) Electrical stimulation</td>
</tr>
<tr>
<td>c) Augmentative communication</td>
</tr>
</tbody>
</table>

4. Identify age-appropriate assessment and measurement tools to evaluate functional status or outcome of intervention (Patient Care, Medical Knowledge and Practice Based Learning and Improvement):

Developmental attainment measures
- Denver Developmental – II
- Bayley Scales
- Ages and Stages

Functional measures
- Wee FIM
- Pediatric Evaluation of Disability Inventory
- Tufts Assessment of Motor Performance

5. Develop physical examination skills in evaluating the pediatric patient and the developmentally impaired pediatric patient (Patient Care, Medical Knowledge and Practice Based Learning and Improvement):
- critically evaluate physical exam skills and improve skills in any weak areas

6. Review rotation evaluations by attending physicians, allied healthcare staff (Practice Based Learning and Improvement).
- critically self evaluate performance and identify areas that need improvement

7. Demonstrate ability to perform literature searches (Practice Based Learning and Improvement).
- critically evaluate literature
practice evidence based medicine and identify discrepancies of such in our field

8. Understand the need for and participate in a continuum of care that includes hospital and community service providers (Interpersonal Communication Skills, Professionalism, and Systems Based Practice).
   - discharge planning
   - educational/vocational planning
   - transitional planning
   - adjustment and support needs assessment
   - manage the rehabilitation team meetings to maximize the interdisciplinary team process
   - practice patient centered care in choosing resources

**Graded Responsibilities:**

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty's assessment of each individual Fellow’s capabilities, and the program's 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the first year (first ½ year) Fellow on the inpatient rotation.

   a) Obtain accurate and thorough history and physical, complete rehabilitation assessment and medical comorbidity assessment, and develop a treatment plan.
   b) Identify a general differential diagnosis, and work up and treat rehabilitation/medical complications.
   c) Follow inpatients daily throughout their rehabilitation hospitalization, reporting directly to the attending physician.
   d) Perform as team leader in many situations.
   e) Closely supervised by faculty on a day-to-day basis
   f) Manage medical emergencies with close supervision by faculty

**Inpatient PRM Fellowship Rotation**

2nd year of 2 year program or 2nd ½ of 1 year program

**Rotation Objectives:**

1. Outline the clinical course of and functional prognosis for common inpatient pediatric disabilities and manage common pediatric inpatient rehabilitation medical issues (Patient Care and Medical Knowledge).
2. Understand, integrate, and perform pediatric rehabilitation procedures (Patient Care and Medical Knowledge):

**Table 5: Common Procedures in Pediatric Rehabilitation Medicine**

1. Spasticity management
   - phenol blocks
   - botox injections
   - Intrathecal Baclofen management
2. Electrodiagnosis
   - EMG/NCS
   - SDR Monitoring
3. Conscious sedation
4. Other procedural / Interventional

3. Describe principles and techniques for general inpatient pediatric rehabilitative therapeutic management (Patient Care, Medical Knowledge and Systems Based Practice):

- Early intervention
- Age appropriate functional training
- Play/avocation

**Table 6: Pediatric Rehabilitation Therapies: Principles and Techniques**

1. Therapeutic exercise and manipulation
   a) Motor control
   b) Mobility and range of motion
   c) Strength and endurance
   d) Manipulation and massage
   e) Traction / Immobilization / Serial casting
   f) Pressure garments
2. Physical agents
   a) Heat / Cryotherapy
   b) Hydrotherapy
   c) Electrostimulation
   d) Ultrasound
   e) Biofeedback
3. Communication Strategies
   a) Dysarthria techniques
   b) Aphasia techniques
   c) Language deficit techniques
4. Identify resources to assist with the success of pediatric rehabilitation patients and their families and improve their quality of life (Systems Based Practice).
   - discharge planning
   - educational and vocational planning
   - transitional planning
   - adjustment and support

5. Provide consultation to general physiatrists, pediatricians, and other physicians regarding Pediatric Rehabilitation Medicine issues (Systems Based Practice).

6. Advocate for care needs of patients, systems of care, and research to enhance the function of children and adults with congenital or childhood-onset disabilities (Systems Based Practice and Interpersonal Communication Skills).
   - knowledge of healthcare systems
   - knowledge of community resources
   - knowledge of regulations pertaining to services
   - knowledge of support services
   - child protective services and laws
   - prevention strategies

7. Understand the need for and participate in a continuum of care that includes hospital and community service providers (Systems Based Practice and Interpersonal Communication Skills).
   - manage interdisciplinary team rounds

8. Apply principles of management and administration (Systems Based Practice, Interpersonal Communication Skills and Professionalism).
   - develop organizational skills
   - develop leadership skills
   - identify tools to achieve quality assurance
   - develop advocacy skills
   - learn medical-legal aspects of healthcare
   - learn cost efficiency
   - develop professionalism
   - maintain ethical standards and facilitate ethical medical practices

9. Participate in instruction (Practice Based Learning and Improvement).
   - educate residents and medical students during inpatient rounds with informal teaching as well as formal lectures
   - educate allied healthcare staff with informal teaching as well as formal lectures (Grand Rounds)
   - educate patients and families
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the second year (2nd ½ year) fellow on the inpatient rotation.

a) Obtain accurate and thorough, but focused history and physical, complete rehabilitation assessment, medical comorbidity assessment and develop a treatment plan.
b) Identify a thorough differential diagnosis, and work up and treat rehabilitation/medical complications.
c) Follow inpatients daily throughout their rehabilitation hospitalization, and supervise the PM&R resident for such. The resident reports to the fellow and the fellow reports to the attending.
d) Perform as team leader in all situations i.e.,
   - the patient with a poor prognosis or complication
   - the unhappy patient/family
   - the needy patient/family
   - medical/rehab errors
   - disputes among the team
e) Day-to-day faculty supervision is to consult, question, or teach the Fellow.
f) Manage medical emergencies with consultation of the attending.

Outpatient PRM Fellowship Rotation
1st year of 2 year program or 1st ½ of 1 year program

Objectives:

1. Describe aspects of growth and development in the context of children and adults with congenital and childhood-onset disabilities throughout the life course (Medical Knowledge).
   • Normal growth and development
   • Growth and development in the context of congenital and childhood-onset disabilities.
   • Life-span expectations.
   • transitional issues
   • sexuality
   • avocational interests
   • aging issues

<table>
<thead>
<tr>
<th>Table 7: Aspects of Growth and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Height and Weight</td>
</tr>
<tr>
<td>2. Speech and Language Skills</td>
</tr>
<tr>
<td>3. Gross Motor Skills</td>
</tr>
<tr>
<td>4. Fine Motor Skills</td>
</tr>
<tr>
<td>5. Social and Emotional Development</td>
</tr>
<tr>
<td>6. Academic and avocation development</td>
</tr>
</tbody>
</table>
2. Describe the epidemiology and etiology of common pediatric disabilities and manage common outpatient pediatric rehabilitation medical issues (Medical Knowledge and Patient Care):

*See next page
<table>
<thead>
<tr>
<th>Cerebral palsy</th>
<th>Myelodysplasia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriplegic</td>
<td>Lumbar level</td>
</tr>
<tr>
<td>Diplegic</td>
<td>Thoracic level</td>
</tr>
<tr>
<td>Triplegic</td>
<td>Sacral level</td>
</tr>
<tr>
<td>Monoplegic</td>
<td>Cervical level</td>
</tr>
<tr>
<td>Ataxic</td>
<td></td>
</tr>
<tr>
<td>Athetoid</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spinal cord injuries</th>
<th>Brain injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic</td>
<td>Traumatic</td>
</tr>
<tr>
<td>Tumor</td>
<td>Tumor</td>
</tr>
<tr>
<td>Other</td>
<td>Acquired</td>
</tr>
<tr>
<td></td>
<td>• stroke</td>
</tr>
<tr>
<td></td>
<td>• brain tumor</td>
</tr>
<tr>
<td></td>
<td>• encephalopathies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Developmental disabilities</th>
<th>Neuropathies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination disorders</td>
<td>Hereditary motor sensory neuropathies</td>
</tr>
<tr>
<td>Autism/Autism Spectrum Disorders</td>
<td>Brachial plexopathies</td>
</tr>
<tr>
<td></td>
<td>Acquired / Toxic</td>
</tr>
<tr>
<td></td>
<td>Entrapment neuropathies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dystrophies / Myopathies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duchenne / Becker muscular dystrophy</td>
</tr>
<tr>
<td>Limb-girdle dystrophy</td>
</tr>
<tr>
<td>Facioscapulohumeral muscular dystrophy</td>
</tr>
<tr>
<td>Myotonic</td>
</tr>
<tr>
<td>Other dystrophies</td>
</tr>
<tr>
<td>Congenital myopathies</td>
</tr>
<tr>
<td>Other myopathies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spinal muscular atrophy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dystonias</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Poliomyelitis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Polymyositis / Dermatomyositis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leukodystrophy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hereditary ataxias</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mental retardation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Arthrogryposis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cancer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Joint diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile rheumatoid arthritis</td>
</tr>
<tr>
<td>Spondyloarthropathy</td>
</tr>
<tr>
<td>Other autoimmune / infectious diseases (Lyme disease)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soft tissue and orthopedic problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Acute trauma</td>
</tr>
<tr>
<td>b) Chronic trauma / Overuse</td>
</tr>
<tr>
<td>c) Complex regional pain syndrome Type I (RSD)</td>
</tr>
<tr>
<td>d) Fibrositis / Myofascial pain / Fibromyalgia</td>
</tr>
<tr>
<td>e) Burns</td>
</tr>
<tr>
<td>f) Fractures</td>
</tr>
<tr>
<td>g) Osteogenesis imperfecta</td>
</tr>
<tr>
<td>h) Back and spine disorders</td>
</tr>
<tr>
<td>i) Strains / Sprains</td>
</tr>
<tr>
<td>j) Tendinitis / Bursitis / Synovitis</td>
</tr>
<tr>
<td>k) Congenital skeletal anomalies</td>
</tr>
<tr>
<td>l) Osteopenia / Osteoporosis</td>
</tr>
<tr>
<td>m) Scoliosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limb deficiency / Amputation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Upper extremity</td>
</tr>
<tr>
<td>b) Lower extremity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genetic disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Down syndrome</td>
</tr>
<tr>
<td>b) Prader Willi syndrome</td>
</tr>
<tr>
<td>c) Neurofibromatosis</td>
</tr>
<tr>
<td>d) Other genetics</td>
</tr>
</tbody>
</table>
3. Develop physical examination skills in evaluating the pediatric patient and the developmentally impaired pediatric patient (Patient Care and Medical Knowledge).

4. Evaluate and prescribe age-appropriate assistive devices and technologies to enhance function (Patient Care, Medical Knowledge and Systems Based Practice).

<table>
<thead>
<tr>
<th>Table 3: Common Assistive Devices and Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wheelchair / Seating</td>
</tr>
<tr>
<td>2. Walkers</td>
</tr>
<tr>
<td>3. Standers</td>
</tr>
<tr>
<td>4. Bath equipment</td>
</tr>
<tr>
<td>5. Orthotics</td>
</tr>
<tr>
<td>6. Prosthetics</td>
</tr>
<tr>
<td>7. Dynamic splinting</td>
</tr>
<tr>
<td>8. Other rehabilitation technology</td>
</tr>
<tr>
<td>a) Environmental control</td>
</tr>
<tr>
<td>b) Electrical stimulation</td>
</tr>
<tr>
<td>c) Augmentative communication</td>
</tr>
</tbody>
</table>

5. Identify age appropriate assessment and measurement tools to evaluate functional status or outcomes of interventions function (Patient Care, Medical Knowledge and Practice Based Learning and Improvement).

   Developmental attainment measures
   - Denver Developmental – II
   - Bayley Scales
   - Ages and Stages

   Functional measures
   - Wee FIM
   - Pediatric Evaluation of Disability Inventory
   - Tufts Assessment of Motor Performance

6. Review rotation evaluations by attending physicians, allied healthcare staff (Practice Based Learning and Improvement)

   - critically self evaluate performance and identify areas that need improvement

7. Demonstrate ability to perform literature searches (Practice Based Learning and Improvement)

   - critically evaluate literature
   - practice evidence based medicine and identify discrepancies of such in our field

8. Consult with other physicians and specialists to address complete medical needs of the PRM patient (Interpersonal Communication Skills, Professionalism and Systems Based Practice):

   - identify when other physician consultant is needed
   - identify allied physicians who are needed to maximize patient care (orthopedics, neurology, neurosurgery, urology, rheumatology, pulmonology, etc)
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the first year (first ½ year) Fellow during the outpatient clinic rotation.

a) The Fellow initially follows the attending in the outpatient clinic, then progresses to seeing patients prior to the attending’s evaluation and examination.
b) Obtain accurate and thorough, history and physical exam, including developmental history.
c) Identify a general differential diagnosis, work up, and treatment plan.
d) Focus on rationale for procedures and learning techniques for optimal performance of procedures, including botox and phenol injections, conscious sedation administration, and Intrathecal Baclofen Pump maintenance and management, with close supervision by faculty.
e) Communicate effectively with referring and consulting physicians, rehabilitation team members, clinic staff, patients and families.
f) Close supervision by faculty.
g) Begin to learn billing and coding.

Outpatient PRM Fellowship Rotation
2nd year of 2 year program or 2nd ½ of 1 year program

Rotation Objectives:

1. Outline the clinical course of and functional prognosis for common outpatient pediatric disabilities and manage their pediatric rehabilitation medical issues (Patient Care and Medical Knowledge):
   - See table 8 on the next page
<table>
<thead>
<tr>
<th>Table 8: Pediatric Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cerebral palsy</strong></td>
</tr>
<tr>
<td>Quadriplegic</td>
</tr>
<tr>
<td>Diplegic</td>
</tr>
<tr>
<td>Triplegic</td>
</tr>
<tr>
<td>Monoplegic</td>
</tr>
<tr>
<td>Ataxic</td>
</tr>
<tr>
<td>Athetoid</td>
</tr>
<tr>
<td><strong>Spinal cord injuries</strong></td>
</tr>
<tr>
<td>Traumatic</td>
</tr>
<tr>
<td>Tumor</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Developmental disabilities</strong></td>
</tr>
<tr>
<td>Coordination disorders</td>
</tr>
<tr>
<td>Autism/Autism Spectrum Disorders</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Dystrophies / Myopathies</strong></td>
</tr>
<tr>
<td>Duchenne / Becker muscular dystrophy</td>
</tr>
<tr>
<td>Limb-girdle dystrophy</td>
</tr>
<tr>
<td>Facioscapulohumeral muscular dystrophy</td>
</tr>
<tr>
<td>Myotonias</td>
</tr>
<tr>
<td>Other dystrophies</td>
</tr>
<tr>
<td>Congenital myopathies</td>
</tr>
<tr>
<td>Other myopathies</td>
</tr>
<tr>
<td><strong>Spinal muscular atrophy</strong></td>
</tr>
<tr>
<td><strong>Dystonias</strong></td>
</tr>
<tr>
<td><strong>Poliomyelitis</strong></td>
</tr>
<tr>
<td><strong>Polymyositis / Dermatomyositis</strong></td>
</tr>
<tr>
<td><strong>Leukodystrophy</strong></td>
</tr>
<tr>
<td><strong>Hereditary ataxias</strong></td>
</tr>
<tr>
<td><strong>Mental retardation</strong></td>
</tr>
<tr>
<td><strong>Arthrogryposis</strong></td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td><strong>Joint diseases</strong></td>
</tr>
<tr>
<td>Juvenile rheumatoid arthritis</td>
</tr>
<tr>
<td>Spondyloarthropathy</td>
</tr>
<tr>
<td>Other autoimmune / infectious diseases (Lyme disease)</td>
</tr>
<tr>
<td><strong>Soft tissue and orthopedic problems</strong></td>
</tr>
<tr>
<td>a) Acute trauma</td>
</tr>
<tr>
<td>b) Chronic trauma / Overuse</td>
</tr>
<tr>
<td>c) Complex regional pain syndrome Type I (RSD)</td>
</tr>
<tr>
<td>d) Fibrositis / Myofascial pain / Fibromyalgia</td>
</tr>
<tr>
<td>e) Burns</td>
</tr>
<tr>
<td>f) Fractures</td>
</tr>
<tr>
<td>g) Osteogenesis imperfecta</td>
</tr>
<tr>
<td>h) Back and spine disorders</td>
</tr>
<tr>
<td>i) Strains / Sprains</td>
</tr>
<tr>
<td>j) Tendinitis / Bursitis / Synovitis</td>
</tr>
<tr>
<td>k) Congenital skeletal anomalies</td>
</tr>
<tr>
<td>l) Osteopenia / Osteoporosis</td>
</tr>
<tr>
<td>m) Scoliosis</td>
</tr>
<tr>
<td><strong>Limb deficiency / Amputation</strong></td>
</tr>
<tr>
<td>a) Upper extremity</td>
</tr>
<tr>
<td>b) Lower extremity</td>
</tr>
<tr>
<td><strong>Genetic disorders</strong></td>
</tr>
<tr>
<td>a) Down syndrome</td>
</tr>
<tr>
<td>b) Prader Willi syndrome</td>
</tr>
<tr>
<td>c) Neurofibromatosis</td>
</tr>
<tr>
<td>d) Other genetics</td>
</tr>
</tbody>
</table>
2. Understand, integrate, and perform pediatric rehabilitation procedures (Patient Care and Medical Knowledge):

<table>
<thead>
<tr>
<th>Table 5: Common Procedures in Pediatric Rehabilitation Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spasticity management</td>
</tr>
<tr>
<td>• phenol blocks</td>
</tr>
<tr>
<td>• botox injections</td>
</tr>
<tr>
<td>• Intrathecal Baclofen management</td>
</tr>
<tr>
<td>2. Electrodiagnosis</td>
</tr>
<tr>
<td>• EMG/NCS</td>
</tr>
<tr>
<td>• SDR monitoring</td>
</tr>
<tr>
<td>3. Conscious sedation</td>
</tr>
<tr>
<td>4. Other procedural / interventional</td>
</tr>
</tbody>
</table>

3. Describe principles and techniques for general pediatric rehabilitative therapeutic management (Patient Care, Medical Knowledge and Systems Based Practice).
   - Early intervention
   - Age appropriate functional training
   - Play/avocation

<table>
<thead>
<tr>
<th>Table 6: Pediatric Rehabilitation Therapies: Principles and Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Therapeutic exercise and manipulation</td>
</tr>
<tr>
<td>g) Motor control</td>
</tr>
<tr>
<td>h) Mobility and range of motion</td>
</tr>
<tr>
<td>i) Strength and endurance</td>
</tr>
<tr>
<td>j) Manipulation and massage</td>
</tr>
<tr>
<td>k) Traction / immobilization / Serial casting</td>
</tr>
<tr>
<td>l) Pressure garments</td>
</tr>
<tr>
<td>2. Physical agents</td>
</tr>
<tr>
<td>f) Heat / Cryotherapy</td>
</tr>
<tr>
<td>g) Hydrotherapy</td>
</tr>
<tr>
<td>h) Electrostimulation</td>
</tr>
<tr>
<td>i) Ultrasound</td>
</tr>
<tr>
<td>j) Biofeedback</td>
</tr>
<tr>
<td>3. Communication Strategies</td>
</tr>
<tr>
<td>e) dysarthria techniques</td>
</tr>
<tr>
<td>f) aphasia techniques</td>
</tr>
<tr>
<td>g) language deficit techniques</td>
</tr>
</tbody>
</table>

4. Identify resources to assist with the success of pediatric rehabilitation patients and their families and improve their quality of life (Systems Based Practice).
   - discharge planning
   - educational and vocational planning
   - transitional planning
   - adjustment and support
5. Advocate for patient care needs, systems of care, and research to enhance the function of children and adults with congenital or childhood-onset disabilities (Systems Based Practice and Interpersonal Communication Skills).
   - knowledge of healthcare systems
   - knowledge of community resources
   - knowledge of regulations pertaining to services
   - knowledge of support services
   - child protective services and laws
   - prevention strategies

6. Provide consultation to general physiatrists, pediatricians, and other physicians regarding Pediatric Rehabilitation Medicine issues (Systems Based Practice and Interpersonal Communication Skills).

7. Apply principles of management and administration (Systems Based Practice, Interpersonal Communication Skills and Professionalism).
   - develop organizational skills
   - develop leadership skills
   - identify tools to achieve quality assurance
   - develop advocacy skills
   - learn medical-legal aspects of healthcare
   - learn cost efficiency
   - develop professionalism
   - maintain ethical standards and facilitate ethical medical practices

8. Participate in instruction (Practice Based Learning and Improvement).
   - educate residents and medical students during inpatient rounds with informal teaching as well as formal lectures
   - educate allied healthcare staff with informal teaching as well as formal lectures (Grand Rounds)
   - educate patients and families
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the second year (second ½ year) Fellow during the outpatient clinic rotation.

a) The Fellow evaluates the patient and develops a plan prior to the evaluation and confirmation of the plan by the attending.

b) Obtain accurate and thorough, *but focused* history and physical exam, including developmental history.

c) Identify a thorough differential diagnosis, work up, and treatment plan.

d) Focus on performance of procedures and mastering clinical decision making regarding procedures, including botox and phenol injections, conscious sedation administration, and Intrathecal Baclofen Pump maintenance and management, with supervision by faculty aimed at increasing the Fellow’s future independence with procedures.

e) Communicate with patients and families during challenging situations such as a patient with a new diagnosis, or the unhappy patient/family. Learn efficient communication techniques to guide the timing and flow of patient encounters.

f) Faculty supervision is for consultation, questions, education of the fellow, and to confirm the fellow’s examination, assessment and plan.

g) Understand optimal billing and coding and the required documentation for such.
**Continuity Clinic for PRM Fellowship**  
1st year of 2 year program or 1st ½ of 1 year program

**Clinic Objectives:**

1. Identify patients with atypical development (Patient Care, Medical Knowledge).

2. Identify patients with atypical gait (Patient Care, Medical Knowledge).

3. Identify appropriate work up for the patient with atypical development (Patient Care, Medical Knowledge).

4. Order studies typically used in the evaluation of pediatric rehabilitation medicine patients (i.e.: pelvis x-rays, scoliosis films, ck levels, MRI scans, etc.) (Patient Care, Medical Knowledge)

5. Utilize appropriate assessment tools in clinic for thorough evaluation of your patients (Patient Care, Medical Knowledge).

6. Develop treatment plan to improve patient and family functional status (Patient Care, Medical Knowledge).

7. Formulate plans for the management of spasticity and implement (Patient Care, Medical Knowledge).

8. Prescribe appropriate orthotics for atypical gait pattern (Patient Care, Medical Knowledge).

9. Recognize your own limits in knowledge, and skills and seek appropriate consultation or referral as needed (Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Systems Based Practice).

10. Identify patients who are transitioning out of pediatric rehabilitation care needs, into adult rehabilitation care needs (Patient Care).

11. Evaluate your medical practice, noting strengths, and weaknesses in knowledge, physical exam skills, and skill set for procedures (Practice Based Learning and Improvement).

12. Develop therapeutic and appropriate relationships with your patients and families (Patient Care, Professionalism, Interpersonal and Communication Skills).

13. Communicate effectively with patients and families regarding diagnosis, treatment options, expected outcomes, and future plans (Patient Care, Interpersonal and Communication Skills).

14. Consult effectively with other physician providers for optimal treatment of pediatric rehabilitation medicine patients (i.e.: orthopedics, neurology, pediatrics, urology, rheumatology, neurodevelopment pediatrics, and neurosurgery.) (Interpersonal and Communication Skills, Professionalism, Systems Based Practice)
15. Maintain accurate and timely completion of medical documentation (Interpersonal and Communication Skills, Professionalism).

16. Demonstrate consistent compassion, empathy, and honesty with patients and families (Patient Care, Interpersonal and Communication Skills, Professionalism).

**Graded Responsibility:**

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the first year (first ½ year) Fellow during the continuity clinic rotation.

a) Fellow performs history taking and physical examination and the attending helps to focus the history and physical further.

b) The Fellow develops a differential diagnosis, which is then completed with the assistance of the attending.

c) A plan of care is developed by the fellow to address the patient and family needs and concerns. The plan for treatment is clarified by the attending.
Continuity Clinic for PRM Fellowship
2nd year of 2 year program or 2nd ½ of 1 year program

Clinic Objectives:

1. Educate patients and families on comorbid conditions associated with disability and impairment (i.e.: skin breakdown, pneumonia, DVT, contractures, UTI’s, obstipation, etc.) (Patient Care, Interpersonal and Communication Skills)

2. Assess patient and family psychological health and intervention needs (Patient Care, Interpersonal and Communication Skills, Systems Based Practice).

3. Understand the limitations of the Pediatric Physiatrist in working up developmental delays (Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice).

4. Evaluate efficacy of spasticity treatments and adjust plan as needed (Patient Care, Medical Knowledge).

5. Evaluate orthotics and prescribe replacement orthotics or new orthotics as needed (Patient Care, Medical Knowledge).

6. Identify stressors in your clinic and implement strategies to reduce them by systems change (Practice Based Learning and Improvement).

7. Transition patients effectively to adult rehabilitation care providers as needed (Patient Care, Systems Based Practice).

8. Interpret studies typically used in the evaluation of pediatric rehabilitation medicine patients (i.e.: pelvis x-rays, scoliosis films, ck levels, MRI scans, etc.) (Patient Care, Medical Knowledge)

9. Implement strategies for improving your deficiencies in knowledge, physical exam skills, and skill set for procedures (Practice Based Learning and Improvement).

10. Communicate clearly and concisely in the medical record for optimal communication with other healthcare providers, patients, and families (Interpersonal and Communication Skills, Professionalism, Systems Based Practice).

11. Practice cost effective healthcare management (Professionalism, Systems Based Practice).

12. Understand fair and accurate billing for clinic visits including coding (Professionalism, Systems Based Practice).
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the second year (second ½ year) Fellow during the continuity clinic rotation.

a) The Fellow performs thorough history and physical exam.

b) The Fellow develops a complete differential diagnosis.

c) The Fellow based on previous encounters with patients and families develops a refined plan for treatment and care.

d) The attending evaluates the patient to confirm or correct the Fellow’s findings. The attending verifies or amends the fellow’s differential diagnosis and plan.

Inpatient Consults
1st year of 2 year program or 1st ½ of 1 year program

Consult Service Goals:

1. Evaluate patients who need inpatient pediatric rehabilitation medicine consults and report accurate history, and physical exam findings to the attending staff (Patient Care, Medical Knowledge).

2. Determine acute rehabilitation needs for new inpatient consults (Patient Care, Medical Knowledge).

3. Determine long-term rehabilitation needs for inpatient consults (Patient Care, Medical Knowledge).

4. Select proper inpatient rehabilitation patients for transfer to the pediatric rehabilitation medicine floor (Patient Care, Medical Knowledge).

5. Learn appropriate bedside physical exam techniques to evaluate the acutely ill/injured patient (Patient Care, Medical Knowledge).
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the first year (first ½ year) Fellow on the inpatient consult service.

a) The Fellow evaluates the patient and develops a plan prior to the evaluation and confirmation of the plan by the attending.

b) Obtain accurate and thorough, history and physical exam, including developmental history.

c) Identify an acute and long-term rehabilitation treatment plan.

d) Focus on learning clinical decision making skills regarding the care and transfer of patients to the pediatric rehabilitation medicine unit.

e) Communicate effectively with referring physicians, patients and families during the inpatient consultation.

f) Close faculty supervision is necessary to confirm the Fellow’s examination, assessment and plan.

g) Begin to learn billing and coding and the required documentation for such.
Inpatient Consults
2nd year of 2 year program or 2nd ½ of 1 year program

Consult Service Goals:

1. Evaluate patients who need inpatient pediatric rehabilitation medicine consults and report accurate, but focused history, and physical exam findings to the attending staff with pertinent positive findings highlighted (Patient Care, Medical Knowledge).

2. Determine acute rehabilitation needs for new inpatient consults and consult appropriate therapies to better define the patient’s potential needs (Patient Care, Medical Knowledge, Systems Based Practice).

3. Determine long-term rehabilitation needs for inpatient consults, and begin to predict for family’s length of stay and length of long-term rehabilitation needs (Patient Care, Medical Knowledge, Interpersonal and Communication Skills).

4. Select proper inpatient rehabilitation patients for transfer to the pediatric rehabilitation medicine floor (Patient Care, Medical Knowledge, Systems-Based Practice).

5. Master bedside physical exam techniques to evaluate the acutely ill/injured patient (Patient Care, Medical Knowledge).
Graded Responsibility:

Fellow responsibilities increase as they progress through the Fellowship program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual Fellow’s capabilities, and the program’s 6 month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for the second year (second ½ year) Fellow on the inpatient consult service.

   a) The Fellow evaluates the patient and develops a plan prior to the evaluation and confirmation of the plan by the attending.
   b) Obtain accurate and thorough, but focused history and physical exam, including developmental history.
   c) Identify an acute and long-term rehabilitation treatment plan.
   d) Focus on mastering clinical decision making regarding the care and transfer of patients to the pediatric rehabilitation medicine unit.
   e) Communicate with patients and families during challenging situations such as a patient with a new diagnosis, or the unhappy patient/family. Learn efficient communication techniques to guide the timing and flow of patient encounters.
   f) Faculty supervision is for consultation, questions, education of the Fellow, and to confirm the fellow’s examination, assessment and plan.
   g) Understand optimal billing and coding and the required documentation for such.
Research Requirement for PRM Fellowship
1st year of 2 year program or 1st ½ of 1 year program

Project Objectives:

1. Participate in conducting research in PRM (Practice Based Learning and Improvement, Systems Based Practice).
   - Describe the basic principles of research:
     - How research is conducted
     - Research design
     - How research is evaluated
   - Work with an existing research team on a project to experience how research teams work and get a feeling for the long-term aspects of research.
   - Develop a research protocol with the assistance of PRM attending staff.
   - Complete basic training in research subjects protections
   - Apply for research project approval through the IRB.

2. Advocate for research to enhance the care and function of children and adults with congenital or childhood onset disabilities (Patient Care, Systems Based Practice).

3. Learn to utilize electronic resources to search for pertinent literature and to manage references (Patient Care, Systems Based Practice).

4. Participate in Journal Club monthly to learn critical review of literature in PRM (Interpersonal and Communication Skills, Practice Based Learning and Improvement).
   - Choose journal club articles once annually and lead the multidisciplinary team's discussion.

5. Assimilate scientific evidence to improve patient care based on critical review of the literature (Patient Care, Practice Based Learning and Improvement). Document clinical decisions that were made based on critical review of the literature.

6. Participate as a member of a Root Cause Analysis and identify an area for systems improvement within the organization (Patient Care, Systems Based Practice, Practice Based Learning and Improvement).

7. Identify an area of the institution that needs quality improvement, research the need and develop a plan to improve system practice (Practice Based Learning and Improvement, Systems Based Practice).
Research Requirement for PRM Fellowship
2nd year of 2 year program or 2nd ½ of 1 year program

Project Objectives:

1. Participate in conducting research in PRM (Practice Based Learning and Improvement, Systems Based Practice).
   - Describe the basic principles of statistical evaluation
   - Complete a research project with the assistance of PRM attending staff.
   - Submit research findings for publication in an associated journal/periodical and/or presentation at a national meeting.
   - Continue working with established research project team.

2. Advocate for research to enhance the care and function of children and adults with congenital or childhood onset disabilities (Patient Care, Systems Based Practice).

3. Utilize electronic resources to search for pertinent literature and manage references. Become familiar with other available electronic for teaching (Practice Based Learning and Improvement, Interpersonal and Communication Skills).

4. Participate in Journal Club monthly to learn critical review of literature in PRM (Practice Based Learning and Improvement, Interpersonal and Communication Skills). Choose journal club articles twice annually and lead the multidisciplinary team’s discussion.

5. Assimilate scientific evidence to improve patient care based on critical review of the literature (Patient Care, Practice Based Learning and Improvement). Document clinical decisions that were made based on critical review of the literature and put into practice in clinical settings (particularly, continuity clinic).

6. Participate as a member of a Root Cause Analysis and identify an area for systems improvement within the organization (Patient Care, Systems Based Practice).

7. Identify an area of the institution that needs quality improvement, research the need and develop a plan to improve system practice (Patient Care, Systems Based Practice).
**Pediatric Rehabilitation Medicine Didactics**

**Didactic lectures:**

1. **Pediatric Rehabilitation Lecture Series**
   This lecture series is directed specifically at the Pediatric Rehabilitation Medicine fellows, covering topics specific to their specialty, including normal growth and development, the many causes of congenital and childhood onset disabilities, the management, epidemiology, and outcomes of such disabilities, and additional lectures relevant to the field. Faculty will give the lectures approximately twice a month at a time dictated by the speaking faculty’s schedule and the PRM fellows’ schedules. All PRM faculty are encouraged to attend whenever their schedule permits.

2. **General Pediatrics Lecture Series**
   The Pediatric Lecture Series is organized through the Pediatric Medicine department, and its lectures are directed toward the Pediatric Residents and Med-Peds Residents about two to three days per week, mostly during the lunch hour. The lecture series rotates on a monthly basis, so the bulk of these lectures can be heard over the first two months of the fellows first year. If, however, the fellow can benefit from review of the previously received lecture, they will be encouraged to attend a second time in the second year (or 2nd ½ year) of their fellowship. They are delivered by Pediatric specialists including pediatric medicine, pediatric critical care, pediatric pulmonology, pediatric infectious disease, pediatric endocrinology, pediatric neurology, pediatric neurosurgery, pediatric rehabilitation medicine, neurodevelopmental pediatrics, pediatric orthopedics, and others. The wide range of topics includes typical/atypical development, pediatric nutrition, airway management, ventilator management, emergency seizure management, hypotonia, and septic arthritis to name a few.

3. **Pediatric Orthopedic Lecture Series**
   The Orthopedic staff at Gillette Children’s Specialty Healthcare has morning lectures four days per week and cover many topics pertinent to the care of children by the pediatric physiatrist. This lecture series rotates every 6 months, so the fellow should receive the bulk of the lectures during the first year of fellowship. If, however, the fellow can benefit from review of the previously received lecture, they will be encouraged to attend a second time in the second year their fellowship. The pediatric orthopedic staff almost exclusively gives the lectures. Topics include typical and atypical gait patterns, overuse musculoskeletal injuries, basic fracture management, scoliosis (idiopathic and pathologic), myelomeningocele, back pain, pathologic hip development, neurofibromatosis, genetic disorders of musculoskeletal disorders, mitochondrial disorders, and osteomyelitis, to name a few.

4. **Gillette Children’s Grand Rounds**
   Given approximately once monthly, this lecture will cover a topic pertinent to the patients we care for here at Gillette Children’s Specialty Healthcare. Physicians, nurses, therapists, researchers, guest speakers and more give the lectures.
5. **Children’s Hospital Grand Rounds**
   As these lectures are given at the Children’s St. Paul and Children’s Minneapolis hospitals, they are not all required. The lectures, which are deemed most directly relevant to the care of pediatric rehabilitation patients, are required.

*Didactic Conferences:*

1. **Neuroradiology Rounds**
   Neuroradiology rounds are held twice monthly to cover interesting or challenging cases in a multidisciplinary conference. This conference is attended by pediatric neurology, pediatric physiatry, any other interested consulting physicians, and directed by pediatric neuroradiology.

2. **Journal Club**
   The Gillette Children’s Specialty Healthcare Journal Club is a multidisciplinary conference where all allied healthcare providers are invited to attend. This generally includes physicians, nurses, therapists, researchers, and a variety of others. The articles covered must be related to the population of patients we care for here at Gillette.

*Training/Graduation Requirements*

1. **Inpatient:** 4 months/year. Fellows are required to find coverage for their work if on vacation. A senior fellow will be requested to cover IP service the first week of their second year of fellowship to help transition the junior fellow.

2. **Consult coverage:**
   - IP Fellow primary. If the service is busy, the outpatient fellow will be required to assist.
   - If no resident on inpatient unit, outpatient Fellows will take over consult coverage.

3. **Outpatient:** 8 months/year. Set tracks including one elective month.
   - If the clinic the Fellow is scheduled for is cancelled, he/she should find another clinic to attend and inform Denise Allen Benjamin.
   - If the Fellow has a special clinical experience request that will interfere with set schedule he/she is required to obtain prior approval from the director.
   - Fellow may not change assigned clinics without prior notice of 2 weeks and preapproval.

4. **Call average once a month, week at a time, no in-house call but required to round on weekends and holidays. OK to switch call week with resident or fellow. If wanting to switch to a week where there is no learner scheduled, 6 week prior notice and preapproval required.** We will make every effort to avoid placing a fellow on call the week prior to their board exams.
5. Continuity clinic 2 half days/month, may be at main hospital or any of our offsite clinics. If planning a vacation, please inform Denise Allen Benjamin and the attending mentoring your clinic in advance and assure your clinic is blocked.

6. Research:
   - Protected research time included in schedule. Consideration for additional time for research only under special circumstances and on a case by case basis at director’s discretion.
   - 1 project to be initiated and completed. Encouraged to start early, create a timeline and try to keep to it.
   - You are expected to present your findings at a national meeting and submit a paper prior to completion of fellowship.
   - If you need to keep your IRB open past your fellowship time, you will have to transfer the PI role to a Gillette employee and you may keep your data once it is de-identified.
   - Each fellow will participate in a substantial way in one other study that is in progress and chosen by the Neuroscience Clinical Scientist.

Timeline for research:
   - April-Denise will send Laura Lange contact information for new Fellows starting so that training information can be sent out to them
   - Research compulsory training completed prior to starting
   - By August 31, fellow will have chosen research MD mentor, met with Sam and Bill and have chosen and defined a project. Sam will have added them to one of his studies that is currently running.
   - By September 30, will have a protocol completed including a research question, hypothesis, literature review and data dictionary. They will need to be asking for assistance and meeting regularly with MD mentor, Sam and Bill to get this complete in one month.
   - September 30 - Submit for Scientific Review
   - October 15 IRB application submitted
   - October 31 REDCap training completed with Jennifer Carpenter and/or Sam
   - By August of year 2: data should be collected and analyzed.
   - Conference presentation and manuscript writing to be completed by June 30th of year two.

7. One QI project to be initiated and completed. Project to be identified by October 1st of 1st year of fellowship.

8. Grand rounds presentation 1 per year. Date of presentation to be picked by August 31.

9. Journal club: Mandatory to attend, required to facilitate 1 per year, date to be picked by August 31.

10. M and M: 1 per year

11. Conferences and educational activities:
   - $2000 per year available to cover expenses
• The assumption is that all fellows will be attending the AACPDM.
• Fellows are allowed to attend other national conferences without needing to find coverage for their assigned work. It is required that they give an eight week notice of their intent to attend conferences.
• If fellows are presenting at a national conference and have used up their budget, we will try to help cover the cost.
• Encouraged to attend Gillette-hosted conferences.

12. Lectures/teaching/committees:
• PRM required lecture series two times per month on 1st and 3rd Mondays.
• Ortho lecture series held on 4 month rotations. Required to complete one cycle through fellowship.
• Pediatric lectures 4-week rotations, required to complete one cycle through fellowship
• Children's grand rounds
• National PRM lectures
• Neuroradiology rounds 1st and 3rd Friday morning
• Teaching rounds with Dr. Gormley and Dr. Deshpande
• QI rounds
• Monday afternoon teaching rounds
• Ethics rounds (No teaching rounds on days when ethics rounds are scheduled)
• Schwartz rounds
• Log of attendance to be maintained
• Participate in rehab systems meetings on a rotating basis.
• Join two committees.

13. Meetings:
• Monthly meeting with director on first Thursday morning, 10 min each starting at 12:30 A.M.
• Semi-annual and year end evaluations
• Clinical responsibilities will take precedence and director may cancel/reschedule meetings on short notice if patient care issues arise.

14. Consequences for non-compliance with required scholarly activities/administrative requirements.
• Additional grand rounds
• Additional weekend call
• Taking away a vacation day
• May not be allowed to go to a conference.

15. Requirements for procedures being added (to satisfy ACGME requirements):
• Side port access 1/year
• Pump refills 2/rotation
• Botox injections 10/rotation
• Phenol injections 5/rotation
ACGME General Competencies

The ACGME requires that all Fellows demonstrate competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system based practice.

Patient Care
Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Fellows are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Gather essential and accurate information about their patients.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures considered essential for the area of practice.
- Provide health care services aimed at preventing health problems or maintaining health.
- Work with health care professionals, including those from other disciplines, to provide patient-focused care.

Medical Knowledge
Fellows must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Fellows are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations.
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

Practice-Based Learning and Improvement
Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. Fellows are expected to:
• Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

• Locate, appraise and assimilate evidence from scientific studies related to their patients’ health problems.

• Obtain and use information about their own population of patients and the larger population from which their patients are drawn.

• Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

• Use information technology to manage information, access online medical information; and support their own education.

• Facilitate the learning of students and other health care professionals.

**Interpersonal and Communication Skills**
Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families and professional associates. Fellows are expected to:

• Create and sustain a therapeutic and ethically sound relationship with patients.

• Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.

• Work effectively with others as a member or leader of a health care team or other professional group.

**Professionalism**
Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Fellows are expected to:

• Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development.

• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices.

• Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.

**Systems-Based Practice**
Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows are expected to:

• Understand how their patient care and other professional practices affect other health care professionals, the healthcare organization and the larger society and how these elements of the system affect their own practice.
• Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

• Practice cost-effective health care and resource allocation that does not compromise quality of care.

• Advocate for quality patient care and assist patients in dealing with system complexities.

• Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance.

**Duty Hours**

**Duty Hours**
Duty hours generally are 7:30 a.m. – 5:00 p.m. but may vary by rotation. Duty hours are strictly adhered to as dictated by the ACGME guidelines. Duty hours are defined as all clinical and academic activities related to the fellowship program. This includes both inpatient and outpatient care, administrative duties related to patient care, call activities and scheduled academic activities such as conferences. In addition, moonlighting that occurs within the fellowship program, must be counted toward the 80 hour weekly limit on duty hours.

Effective July 1, 2003, duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

**Tracking Duty Hours via Residency Management Suite (RMS)**
In order to better assess the program’s compliance with ACGME working condition stipulations, the Department of Physical Medicine and Rehabilitation at the University of Minnesota has implemented a duty hour tracking system within the RMS program. RMS is a web-based electronic evaluation system in which the user accesses the system via the Internet at the RMS website address (www.new-innov.com/login.htm).

**On-Call Schedule and Duty Hours**
Fellows are required to log all their duty hours using the RMS system. In addition, a weekly RMS survey on duty hours is required for one four-week period per year.

Training for this computer application will proceed upon arrival.

Fellows are expected to enter their duty hours on a daily basis. When on-call, only those hours when the Fellow is physically at the hospital need be recorded. Call hours away from the hospital, therefore, are not documented.
All call is taken from home as Gillette does not provide on-call rooms to its PRM Fellows. Fellows must be available by pager when on home call and able to go to the hospital for patient care activities if indicated.

**PM&R Fellow Evaluation System**

**RMS (Residency Management System):**
RMS is a web based electronic evaluation system that allows the user to complete evaluations and view completed evaluations others have done about them. The user accesses the system via the Internet at the RMS website address:


**Online Fellow/Faculty/Rotation Evaluations**
Evaluations must be done, through RMS, each rotation. Fellows evaluate the rotation and faculty, while the faculty evaluates the Fellow. Evaluations must be completed and it is important to do so in a timely manner. When evaluations are available to complete, an email notification will be sent out. If delinquent, reminder emails are sent until completion.

RMS allows the user to suspend any evaluations for which they feel they did not have sufficient contact to properly evaluate an individual.

**ROCA, 360 and Patient Feedback Evaluations**
Three paper evaluations (minimum) need to be turned in per rotation. There should be a minimum of one ROCA evaluation, one 360 evaluation and one Patient Feedback evaluation. Evaluations can be sent to the program coordinator via fax, email, or hard copy. While only a minimum of three are required, as many evaluations as possible are beneficial to have on file, as they are part of both semi-annual and annual evaluations.

**Semi-Annual Evaluations**
The program director holds a face-to-face evaluation semi-annually to review each Fellow’s clinical evaluations, conference attendance, 360/ROCA/Patient Feedback evaluations, teaching performance, professionalism, communication and interpersonal skills and record keeping habits. Suggestions for counseling of a particular Fellow may result from this meeting. At the end of year evaluation, this discussion of each Fellow is brought to conclusion with one of the following recommendations:

1. Advancement with statement of strengths and areas that need development.
2. Advancement with statement of deficiencies to be improved.
3. Advancement with notification of probation and statement of deficiencies to be improved.
The Fellow’s progress will be reviewed by the PRM faculty and if unsatisfactory, they may decide on remediation, probation or dismissal from the program

**Moonlighting**

Moonlighting must not interfere with the ability of the Fellow to achieve the goals and objectives of the educational program. Time spent by Fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit.

All Fellows must obtain approval of their moonlighting activities with the program director prior to instituting the activity. Requests to moonlight will be approved or denied on a case by case basis and may be terminated at any time if the program director believes that moonlighting is interfering with Fellowship requirements.

Please note:

1. Malpractice insurance must be provided by the employer.
2. Fellows must have available support and supervision.
3. Moonlighting is not allowed on weekdays from 8:00 AM – 5:00 PM, as Fellows are expected to be involved with Fellowship matters during that time, nor is moonlighting allowed while fellow is on call.
4. Moonlighting will not involve continuous care of patients.
5. Fellows must submit a Moonlighting Request Form with supervisors’ signatures, prior to initiation of a moonlighting position and on an annual basis thereafter.
6. The program director must monitor the moonlighting Fellow for excessive fatigue due to moonlighting. If excessive fatigue is noted, the moonlighting hours must be decreased to correct and prevent further fatigue.

Failure to provide moonlighting forms to the Fellowship office prior to the start of moonlighting will be considered grounds for dismissal from the training program.

The moonlighting form can be found at:

K:\PM&R\Fellowship\ Moonlighting Form – 072914

**Laboratory/Pathology/Radiology Services**

Laboratory, pathology, and radiology services are readily available through Gillette, Regions Hospital, and Children’s Hospitals and Clinics. Below is the contact information and location of each of these medical services:

- **Gillette Children’s Specialty Healthcare** (651) 291-2848
  Lab- See Regions Hospital listing
  Radiology-651-229-3817
• **Regions Hospital** (651) 254-3456  
  640 Jackson Street  
  St. Paul, MN 55101  
  Lab-651-254-4796  
  Radiology-651-254-3766

• **Children’s Hospitals and Clinics**

  **St. Paul Campus** (651)220-6000  
  345 North Smith Ave  
  St. Paul, MN 55102  
  Lab-651-220-6560  
  Radiology-651-767-1400

  **Minneapolis Campus** (612)813-6100  
  2525 Chicago Ave So.  
  Minneapolis, MN 55404  
  Lab-612-813-6711  
  Radiology-612-874-5399

**Medical Records**

• **Gillette Children’s Specialty Healthcare:**  
  Medical records can be obtained electronically through Gillette’s computer application, QCPR and cyber docs. Complete paper medical records can also be obtained by request on the main campus of Gillette (room N4572).

• **Regions Hospital:**  
  Medical records can be obtained electronically through Regions Hospital’s computer application, EPIC. Training for this application will be arranged upon arrival

• **Children’s Hospitals and Clinics, St. Paul and Minneapolis Campus:**  
  Medical records can be obtained electronically through Children’s computer application, Cerner. Training for this application will be arranged prior to arrival.

**Security/Safety**

Regions Hospital provides security for Gillette Children’s Specialty Healthcare. They are on duty 24 hours a day to respond to emergencies and to escort persons to and from the parking facilities. Call 651-254-3979 if you wish to have an escort, and a security officer will meet you at your location.
To report an **EMERGENCY**, call 651-254-3969. Please use this line ONLY TO REPORT AN EMERGENCY.

**Supervision**

Supervision will be provided primarily by pediatric rehabilitation medicine faculty and will also be provided by faculty from other specialties when appropriate. As a fellow progresses through training and demonstrates additional competencies, progressive responsibility with lesser degrees of supervision will be afforded to the fellow.

**Monitoring of Resident Well-Being/Support Services**

The PRM Fellow’s well-being is determined through direct observation by faculty and staff. If there is concern, the issue may be brought up during the Fellow’s evaluation period with the program director. If a Fellow does not feel comfortable speaking to the program director with regards to what is bothering him, alternate options are available.

Fellows are encouraged to address the program coordinator, Denise Allen-Benjamin, when they feel uncomfortable directly discussing their worries with the Program Director. Please see *Fellow Grievance Policy* for more information regarding this policy.

Also available is the Resident Assistance Program (RAP). In order to monitor resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction, the University Of Minnesota Medical School has contracted with an agency called Sand Creek to provide services for you or anyone in your family.

Sand Creek's counselors have particular expertise in dealing with the unique needs of individuals in their residency training programs. In contacting them, you will receive help in determining the problem, what should be done, and how to go about it.

*Your privacy is a primary concern. That is why an outside firm provides your RAP services. Your counselor will keep everything strictly confidential. Nothing is disclosed to your faculty or to others without your written consent.*

The RAP services cost you nothing for the initial assessment. Depending on your needs, you may be referred to outside sources of help. If so, you will receive assistance in finding an appropriate, affordable resource. Your health insurance does provide portions of coverage for personal counseling, psychiatric care, chemical dependency and drug treatment.

Whether you have an emergency on your hands or you simply need someone to help you sort things out, there is help. A counselor will quickly respond to your call. When the Sand Creek’s Office is closed, an answering service will take your call and relay your message. In an emergency, a counselor will contact you immediately.
You may discuss your concerns with a counselor at the Sand Creek Office or a counselor will meet you at your hospital. The RAP is designed to be flexible and to accommodate your busy schedule.

Sand Creek  
333 North Main Street, Suite 203  
Stillwater, MN 55082  
Tel: 651-430-3383  
Toll Free: 1-800-632-7643

In addition to the above resources, Gillette also offers the following:

**LifeWorks – Employee Assistance Program**

[www.lifeworks.com](http://www.lifeworks.com)  
User ID: gillet  
Password: 9510  
1.888.456.1234  
1.800.999.3004 TDD/TTY  
1.800.317.7264 en Espanol

LifeWorks is a service that provides a wealth of information to Gillette employees. The service offers assistance in many areas of life, including:

- Managing People  
- Emotional Well-Being  
- Addiction and Recovery  
- Legal  
- Everyday Issues  
- Work Relationships  
- Midlife and Retirement

**ACLS/BLS/PALS Certification Requirements**

Schedule is available at:  

If you have further questions, please contact John Wulfing, PCT/PALS program coordinator, at 651-578-5119.

**Program-Specific Visa Policies**

Application and Interview Information/Requirements:
• The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Physical Medicine and Rehabilitation sponsors only J-1 visas. H-1B visa sponsorship is not available.

• J-1 visa sponsorship is available for applicants who obtained an ECFMG certificate prior to visa application if the applicant is an international medical graduate.

SECTION VI: ADMINISTRATION

Department Contact List

Supreet Deshpande, MD
Program Director 651-229-3819

Mark Gormley, MD
Section Chair 651-229-3819

Marcie Ward, MD 651-325-2317

Marshall Taniguchi, MD 651-229-3819

Angela Sinner, DO 651-325-2317

Nanette Aldahondo, MD 651-325-2317

Amy Authement, MD 651-229-3819

Kelly Cho, MD 651-229-3819

Denise Allen-Benjamin
Fellowship Program Coordinator
Administrative Assistant to:
Supreet Deshpande, MD
Mark Gormley, MD
Marshall Taniguchi, MD
Kelly Cho, MD
dallen@gillettechildrens.com 651-229-3819

Kim Stanton
Administrative Assistant to:
Nanette Aldahondo, MD
Angela Sinner, DO
Marcie Ward, MD
Amy Authement, MD
kstanton@gillettechildrens.com 651-325-2317

Department Fax 651-265-7443
A copy of this last sheet will be placed in your personal file.

To Fellow:

I have received the 201-201 UM/GCSH PM&R Fellowship addendum and am responsible for the contained information. If I have any questions regarding the information, I will contact the Fellowship Program Director for clarification.

___________________________     ______________
Fellow Signature               Date