Physical Medicine and Rehabilitation Residency Program Manual
2017-2018

University of Minnesota Department Rehabilitation Medicine
Last Updated 6/2/17
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Introduction to the PM&R Program Manual

The policies contained in this department-specific supplement are intended to be consistent with prevailing state and federal laws and regulations. In the event a University policy, whether in part or whole, conflicts with a state or federal law or regulation, the latter shall control.

The majority of information contained in this manual pertains to both residents and fellows in the Department of Rehabilitation Medicine at the University of Minnesota. Exceptions are noted.

PM&R Mission and Program Objectives

Educational Mission Statement
Our goal is to train academic physiatrists who will provide the highest level of clinical care and advance the frontiers in the field of physical medicine and rehabilitation (PM&R) through research and education.

Departmental Mission Statement
The Department of Rehabilitation Medicine’s mission is to provide outstanding education for physicians, resident physicians, medical students, allied health care professionals and the community. We strive to provide excellent comprehensive, interdisciplinary physical medicine and rehabilitation services to our clients in an effort to produce measurable positive cost-effective outcomes for persons with physical impairments, disabilities, limitations and other rehabilitation needs and to expand the scientific knowledge-base of PM&R through research and scholarly activity.

Residency Program Objectives
The Physical Medicine and Rehabilitation Residency Program at the University of Minnesota represents the strengths and the values of the Department of Rehabilitation Medicine and its affiliated sites. 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 residents to become highly skilled physiatrists, who will excel in all aspects of the diverse field of physical medicine and rehabilitation from general PM&R, to subspecialty areas, as well as 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 residency program include assisting the residents 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.

**Institutional Policies and Procedures for Graduate Medical Education (GME)**

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.


**HIPAA Training**

All residents need to complete HIPAA training prior to starting residency duties.

Training Access:

All University employees and students can enter training through the “myU” portal at: [http://www.myu.umn.edu](http://www.myu.umn.edu).

Alternative formats for training materials are available. Please contact the Privacy and Security Office at 612-624-7447 for additional information.

**HIPAA Definition:**

“HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information”

*Definition taken from: [http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatIsHIPAA.aspx](http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatIsHIPAA.aspx)*

**Reason for HIPAA Training Completion:**

The federal government has mandated that affected workforce members must be trained on the HIPAA regulations and University policies and procedures. In the Academic Health Center (AHC), all AHC faculty, staff and students, except those in the College of Veterinary Medicine, RAR, AHC Comparative Medicine and certain adjunct faculty members, complete the HIPAA training. HIPAA also affects areas outside of the AHC. The Privacy Office, with the assistance of the Office of the Executive Vice President and Provost, has identified individuals in the University community who may have contact with protected health information and must complete HIPAA training.
**Epic (refers to University campus only):**
The Caregiver Number is required before Epic entry can be done. Contact the program coordinator for this number.

*Note: Residents who are not starting their year on the University Rotation need to complete this training *at least one week prior* to the starting at the University.*

**Electronic Medical Records (EMR)**
Fill out all of the requested information for EMR access and direct it to: helpdesk@umphysicians.umn.edu.

**Fairview Epic Information**
Epic Innovations is Fairview's electronic health record (EHR) and is used in all Fairview hospitals and clinics. This helps create a complete picture of each patient's health history, regardless of where the patient is seen within our system.

Fairview Epic Technical Support: 612-672-6805

**Electronic Medical Record Access at Other Rotation Sites**
Contact the following administrative staff to help schedule training and/or set up access and/or training, *at least two weeks prior* to your upcoming rotation. Note: For rotations at the VA, it is best to be in contact with Michael Froats *a month prior* to the start of a rotation at the VA.

<table>
<thead>
<tr>
<th>Site</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courage Kenny Rehab Institute</td>
<td>Charlotte Manning</td>
<td><a href="mailto:charlotte.manning@allina.com">charlotte.manning@allina.com</a></td>
</tr>
<tr>
<td>Gillette Children's</td>
<td>Kim Stanton</td>
<td><a href="mailto:kstanton@gillettechildrens.com">kstanton@gillettechildrens.com</a></td>
</tr>
<tr>
<td>HCMC</td>
<td>Claudia Miller</td>
<td><a href="mailto:Claudia.Miller@hcmed.org">Claudia.Miller@hcmed.org</a></td>
</tr>
<tr>
<td>Regions</td>
<td>Karen Lee</td>
<td><a href="mailto:karen.o.lee@healthpartners.com">karen.o.lee@healthpartners.com</a></td>
</tr>
<tr>
<td>VAMC</td>
<td>Michael Froats</td>
<td><a href="mailto:michael.froats@va.gov">michael.froats@va.gov</a></td>
</tr>
</tbody>
</table>

**Medical Student Clerkships**

Medical student clerkships are available to medical students at the University of Minnesota in their third and fourth years and medical students outside of the University in their fourth year. For external students, refer to [http://www.meded.umn.edu/year34/visiting_scholars.php](http://www.meded.umn.edu/year34/visiting_scholars.php) for information related to eligibility and application information.

**Clerkship Opportunities Offered**
PMED 7410: Rehabilitation Medicine for Adults (UMMC Fairview)
PMED 7411: Rehabilitation Medicine-Ambulatory Care (UMMC Fairview)
PMED 7412: Rehabilitation Medicine for Adults (Veterans Affairs Medical Center)
PMED 7416: Pediatric Rehabilitation Medicine (Gillette Children’s Hospital)
Program-Specific Resident Selection Policy

Selection Policy
The PM&R residency program accepts G1 & G2 entry applications via ERAS. Paper applications, resumes, or other documentation received by mail or fax will not be reviewed.

Four letters of recommendation (LOR) are required for application:
- MSPE letter from the applicant’s medical school.
- Three LORs from clinical faculty who know the applicant well. Preferably, one should be from a Physiatrist under whom the candidate has studied.

Application and Interview Information/Requirements:
- Interviews will be scheduled from November to January by invitation.
- The deadline for application is November 1st.
- 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. No H-1B visa sponsorship is 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.
- Applicants must hold an M.D. or D.O. degree, or expect to graduate with an M.D. or D.O. degree by the time they matriculate to the G1 year.
- Applicants should have graduated from medical school or osteopathic school within the last 5 years or should not have been away from practicing clinical medicine for more than 3 years.
- The majority of considered applicants will have scores of 85 and above on USMLE Step 1 and 85 and above on Step 2 (both on the first attempt). For 3-digit scores, the Step 1 minimum is 200. The Step 2 minimum is 200. Step 2 (CS) is pass/fail; must pass on first attempt.
- At the time of interview, pending ECFMG certification must be in place. All IMG applicants must obtain an ECFMG certificate immediately upon graduating and be ECFMG certified by the program start date.
- The PM&R residency program participates in the couples match.
- Upon the conclusion of interviews, participating interviewers meet and evaluate the candidates to rank them for match entry. Ranking is based on the total package of their application and interview: strength of Dean’s letter and letters of recommendation, grades as recorded on transcript, USMLE scores, volunteer experiences and insightful personal statement. These materials, combined with the applicant’s communication, polish and professionalism with each interviewer, determine their ranking.
Resident Services

Tuition and Fees
Tuition and fees are waived at this time. Trainees who are enrolled in the Graduate School pay tuition and fees.

University Pager
Pagers are assigned to residents from the University. Residents are responsible for answering pages on this University pager, no matter which site the resident is currently rotating through, within 15 minutes of receiving the page. Pagers must be returned before the last day of residency training. Graduation certificates will be held until the University pager is returned.

Site Hospital Pager
At site hospitals, another pager may be given in addition to the University pager. Those pagers need to be returned to the respective site at the end of the rotation.

Email and Internet Access
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. Residents must use the University email account to receive information pertinent to the residency program and University. This is the University’s official means of communication.

Campus Mail
Each resident has a mailbox in the Department of Rehabilitation Medicine Office located in the Boynton Health Service Bridge Skyway. The mailbox is a vital link in the communication process. Check it, at least weekly, for mail, messages, announcements, etc.

The campus mailing address is:
Department of Rehabilitation Medicine
University of Minnesota
500 Boynton Health Service Bridge
MMC 297
420 Delaware St. SE
Minneapolis, Minnesota 55455

Biomedical Library – Access to Archives of PM&R Journal
Rehabilitation-related journals are available through the Diehl Hall Biomedical Library, including the American Journal of Physical Medicine and Rehabilitation, Annals of Physical Medicine and Rehabilitation, Clinical Rehabilitation, Journal of Head Trauma Rehabilitation, Physical Medicine and Rehabilitation Clinics of North America and others. Diehl Hall Biomedical Library has hard copies of all Archives of PM&R journals, as do all sites. The journals can also be accessed online.

From the University campus, access will be granted by navigating to the link below. If off-campus, log in with the University x500 username and password.

Link: https://hsl.lib.umn.edu/biomed
Google Drive
All PM&R residents will have access to the Resident Google Drive. This is a great reference when looking for forms, articles for upcoming didactics sessions, and test preparation materials.

Meal Tickets
Some sites provide meal tickets. Please check with your site director at each site hospital. UMMC does not provide meal tickets.

Laundry Services
Laundering of lab coats is not provided by the Department.

Resident Benefits

Stipends (2017-2018 rates)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>$53,597</td>
</tr>
<tr>
<td>G2</td>
<td>$55,246</td>
</tr>
<tr>
<td>G3</td>
<td>$57,147</td>
</tr>
<tr>
<td>G4</td>
<td>$59,189</td>
</tr>
</tbody>
</table>

(Chief resident pay is $1500.00 per year greater than current year)

Pay checks are issued every other Wednesday. Enrolling in direct deposit will have your check automatically deposited into the elected bank account. Direct deposit enrollment can be done through myu.umn.edu.

Employment Verification for credit accounts or mortgages should be directed to Maren Peterson, the Department HR representative in the Clinical Neuroscience Administrative Center. Employment can be confirmed, but salary and additional information will not be released without written consent.

Maren Peterson
Clinical Neuroscience Administrative Center
MMC 915
D694 Mayo Memorial Building
420 Delaware St. SE
Minneapolis, MN 55455
612-626-3021
mmpeters@umn.edu

Paid Time Off (PTO)
All vacation and sick time are counted as paid time off.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>12</td>
</tr>
<tr>
<td>G2</td>
<td>20</td>
</tr>
<tr>
<td>G3</td>
<td>25</td>
</tr>
<tr>
<td>G4</td>
<td>30</td>
</tr>
</tbody>
</table>
All “scheduled time off” (i.e. vacation, attendance at meetings or conferences, interviews) is to be scheduled a minimum of six weeks in advance to avoid conflicts and ensure adequate coverage and must be taken in half day increments. The program coordinator must be cc’d on all requests.

Scheduled time off requested less than six weeks in advance may be available at the site director’s discretion. Residents are responsible for maintaining enough PTO balance to cover unanticipated absences, such as sick days. Should an unanticipated absence occur with no PTO remaining, that PTO will be deducted from the following year’s allotment. Should this occur during the G4 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. To ensure an appropriate educational experience occurs on each rotation, no excessive time off, to be determined at the site director’s and program director’s discretion, will be allowed from a single rotation. At the University, HCMC, Regions and Gillette Children’s, staff will cover clinics and/or inpatient services. At the VA, residents, along with staff, will cover for residents in clinics and inpatient services. Vacations are to be formally approved by attending staff and the site director from the appropriate site. It is the resident responsibility to arrange for necessary coverage, as requested by the site director. Additionally, residents should remind attendings close to the PTO date to ensure they remember that PTO has been approved.

Residents are able to take a maximum of two hours away from their site to attend doctor appointments without needing to use PTO time. This time away must be approved in advance by your attending(s) and site director.

In an effort to balance resident PTO throughout the year, the following chart displays time off allotted per rotation. Many sites will follow this as policy, but sites reserve the right to have their own specific way of managing PTO. Contact your site director for details.

<table>
<thead>
<tr>
<th>Training Year</th>
<th>PTO Per Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 2</td>
<td>5 Days</td>
</tr>
<tr>
<td>PGY 3</td>
<td>6 Days</td>
</tr>
<tr>
<td>PGY 4</td>
<td>7 Days</td>
</tr>
</tbody>
</table>

Note: This does not include educational days. Residents using educational days can increase that cap of days off per rotation by three additional days (raising the maximum to 8, 9 and 10 days, respectively). Chief resident workshops and days where a resident is presenting at a conference do not count towards this total.

Requesting PTO
Request PTO through the appropriate site director by email and receive email approval at least six weeks in advance. This approval must be forwarded to the program director, program coordinator and both chief residents for accountability before the absence. See the Academic (Educational) and Professional Leave section of the manual for information relating to requesting educational days. If rotating at the VA, set up necessary coverage in advance and articulate coverage plan in the PTO request email.

For sick days, residents must connect with all attending staff no later than the planned start time or 8AM, whichever comes first. Obtain the correct contact information on the first day of the rotation to ensure easy access to contact information. Residents must get confirmation that their attending(s) is aware of their absence. It is the sole responsibility of the residents to notify necessary staff. Failure to
report to appropriate staff is considered egregious behavior and subject to disciplinary action, including probation or dismissal. Residents also must email the chief residents, appropriate site director, program coordinator and program director by 9:00 AM to inform them of the medical leave for accountability purposes. No more than a total of 30 days away from duties is allowed during any academic year (per American Board of Physical Medicine and Rehabilitation requirements). Greater than 30 days per year away from duties will result in the extension of the academic year/residency program.

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.

**Holidays**
Residents are released from their rotation on holidays depending on the holiday schedule at specific rotation sites. Residents may be released for holiday time at the discretion of the site or rotation director. See the general overview of holidays on Residency Google Drive.

**Family Medical Leave Act (FMLA)**
*Please see the Institution Policy Manual for Medical School policy specifics.* Department policy requires that a leave of absence for serious illness of the resident, 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.

**Jury Duty**
*Please refer to the Institution Policy Manual for Medical School policy specifics.* Department policy requires formal written application for leave by the resident and signed approval from the site/rotation director(s) and program director. Any leave exceeding 15 days must also have the approval of the department chair. All documentation must be kept in resident’s file. No more than a total of 30 days of time away from duties is allowed during any academic year (per ABPMR requirements). Greater than 30 days per year away from duties will result in the extension of the academic year/residency program.

**Academic (Educational) and Professional Leave**
The following is the allowable number of days for academic leave:

<table>
<thead>
<tr>
<th>Level</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>0</td>
</tr>
<tr>
<td>G2</td>
<td>2</td>
</tr>
<tr>
<td>G3</td>
<td>3</td>
</tr>
<tr>
<td>G4</td>
<td>4</td>
</tr>
</tbody>
</table>

For those needing to take USMLE Part III, two days educational leave are permitted, not in addition to the approved educational leave per PGY year. For seniors who take Part I National Board exams, two days educational leave are permitted, but not in addition to the four total. No leaves of absence will be allowed to study for USMLE Part III or for National Boards. Academic or other non-PTO leave may NOT be used for interviews. Department policy requires that leave for examinations, attendance at non-department-sponsored scientific or professional meetings, or other absences be authorized by the site director(s) and residency program director. Consistent with other leave requests, email permission must be obtained from the site director, chief residents, program director and program coordinator.
If applying for educational time and/or conference funding six or more weeks in advance, first obtain approval from the program director. If obtaining approval less than six weeks in advance, approval must first be obtained from the appropriate site director.

Academic leave does NOT count against the maximum six weeks per year away from duties. As such, academic leave should be logged in RMS as *conference time* even if PTO is utilized. If travel requires leaving from a rotation site early, PTO must be used if you will be away from your site more than two hours. The resident is expected to share information gained at the conferences with fellow residents after the educational experience. This should be done via presenting at resident didactics upon return.

**Continuing Medical Education (CME) Funding**

Each resident has $3,000 in CME funds to use throughout the course of their residency education. Funds may be used for PM&R related expenses, such as:

- Conference travel costs
- Textbooks and online test-prep resources
- National/Regional organization memberships
- iPad
- Other approved requests on a case-by-case basis

*Note: CME funds cannot be used to purchase a cell phone or personal computer/laptop.*

The 2017-2018 academic year will be a year of transition for this new policy, as some residents have already used funds, while others have not.

- PGY 1: $3,000 of CME funds to use over the course of residency education
- PGY 2: $2,500 of CME funds to use over the course of residency education
- PGY 3: $2,000 of CME funds to use in the final two years of training
- PGY 4: $2,000 of CME funds to use in the final year of training

**Reimbursement**

When using funds to attend a conference:

- Residents are required to be a presenter at the conference.
- All submissions for posters, articles, etc. must go through Dr. LeAnn Snow, Research Director, for approval prior to submission. Post-conference reimbursements will be withheld if residents do not work with Dr. Snow prior to submission.
- Residents are required to share information gained at the conference with fellow residents at didactics upon their return.
- You are encouraged to maximize the use of your funds – such as getting early-bird registration rates, affordable airline tickets, sharing hotel rooms, transportation, etc.

When using funds for items outside of conference travel:

- Approval from Program Director and Program Coordinator is required prior to purchase.

**Additional Funding Requests**

Residents accepted to present their research findings, lead a session/panel, or give an oral presentation at a national conference should inquire about the availability of additional funding.
Chief residents are funded to attend the ACGME Chief Resident Workshop in Chicago, IL, at the expense of the Department. These days off will be in addition to normal academic leave for the applicable PGY year and must be approved beforehand.

Note: The Division maintains the right to approve or deny funding requests as necessary. The program administration has the final discretion regarding how many residents can be away from each site for a conference.

**Personal/Bereavement Leave**

All family and/or personal emergency leaves must be requested to the director and program coordinator for approval. Up to five days of bereavement leave are allowed for the death of immediate family members. This time will be counted as PTO.

For all leave, residents must not exceed site restrictions for number of residents away.

<table>
<thead>
<tr>
<th>Site</th>
<th># of Residents Away</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMMC</td>
<td>2</td>
</tr>
<tr>
<td>VAMC</td>
<td>2</td>
</tr>
<tr>
<td>HCMC</td>
<td>1 (2 with site director’s permission)</td>
</tr>
<tr>
<td>Gillette Children’s</td>
<td>1</td>
</tr>
<tr>
<td>Regions</td>
<td>1</td>
</tr>
</tbody>
</table>

Additionally, residents must also adhere to the policies of their clinical site for all types of leave.

**Military Leave**

In the event a resident/fellow is called to active military duty, it is incumbent upon the program director to notify both the individual Residency Review Committee and the Board of this change in status. Residents/fellows on military leave, for up to five years, generally are eligible for reinstatement to their training programs once active duty is completed. Residents/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 resident/fellow while in military service; and curricular changes in the training program during the resident/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://shb.umn.edu/residents-fellows-and-interns/disability](http://shb.umn.edu/residents-fellows-and-interns/disability)
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.

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.

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](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:

Elsa Stork
Human Resources Representative, Clinical Neuroscience Administrative Center
Phone: (612) 625-6110
Email: ekstork@umn.edu

Insurance benefits include:
Health, Dental, Disability (short- and long-term), and Life (basic, voluntary and additional).
Please refer to the Institution Policy Manual for Medical School policy regarding any changes to insurance benefits.

Office of Student Health Benefits (they manage resident benefits): https://shb.umn.edu/

Professional Liability Insurance
Please refer to the Institution Policy Manual for Medical School policy for information on professional liability insurance.
Proof of Professional Liability coverage for residents can be obtained from:
Pam Ubel
Office of Risk Management
Phone: 612-624-5884
URL: https://sites.google.com/a/umn.edu/medcred/
Email: ORM@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.

ACGME General Competencies

The ACGME requires that all residents 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. Residents 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
Residents 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. Residents 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
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. Residents 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
Residents 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. Residents 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
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Residents 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
Residents 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. Residents 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 comprise 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.

**Physical Medicine and Rehabilitation Residency Supervision Policy**

Residents are expected to perform a history and physical examination, review any additional diagnostic or therapeutic information, develop an assessment and treatment plan, educate the patient, and document the encounter in the medical record for each assigned patient. Residents discuss any questions they have about any part of these activities with attending faculty/supervising resident.

The program ensures that all residents are supervised by qualified faculty members that are available for rapid and reliable communication. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are asked to monitor for signs of resident fatigue and make adjustments in resident schedules/responsibilities to counteract its potential negative effects.

Attending faculty will assess a senior resident’s ability to supervise a more junior resident. The senior resident must have an adequate command of the clinical activity, teaching skills and demeanor assuring comfort of the patient while junior residents are being supervised. The attending faculty must consider the patient’s acuity, complexity and severity of illness when assigning a senior resident to supervise a more junior resident. Attending faculty must be available for face-to-face assistance as needed by the senior or junior resident.

A guideline for levels of supervision is, as follows:

<table>
<thead>
<tr>
<th>Procedure-Activity</th>
<th>Direct Supervision</th>
<th>Indirect Supervision</th>
<th>Oversight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Note: Supervising physician to be physically present with resident and patient</td>
<td>Note: Direct supervision is immediately available</td>
<td>Note: Supervising physician available to provide review of encounter with feedback after care is delivered</td>
</tr>
<tr>
<td>Family Conference</td>
<td>All PGY levels</td>
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<tr>
<td>Team Conference</td>
<td>All PGY levels</td>
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<tr>
<td>Phenol Injection</td>
<td>All PGY levels</td>
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<td>Ultrasound</td>
<td>All PGY levels</td>
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<tr>
<td>Urodynamics</td>
<td>All PGY levels</td>
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<tr>
<td>Procedure</td>
<td>Requirement</td>
<td>Approval Level</td>
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<tr>
<td>Nerve Conduction Velocities</td>
<td>Until approval of attending physician</td>
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<td>to proceed to next level</td>
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<tr>
<td>EMG</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<tr>
<td>Botulinum Toxin Injections</td>
<td>All PGY levels</td>
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<tr>
<td>Trach Change</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<tr>
<td>Gastrostomy Tube Change</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<tr>
<td>Acupuncture</td>
<td>All PGY levels</td>
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<tr>
<td>Injections-Joint, Trigger Point, Etc.</td>
<td>All PGY levels</td>
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<tr>
<td>ASIA Exam</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<tr>
<td>Occipital Nerve Block</td>
<td>All PGY levels</td>
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<tr>
<td>ITB Pump Programming</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<tr>
<td>ITB Pump Refill</td>
<td>Until approval of attending physician</td>
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<td>to proceed to next level</td>
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<tr>
<td>ITB Catheter Access Port Aspiration</td>
<td>All PGY levels</td>
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<tr>
<td>Decubitus Ulcer Debridement</td>
<td>All PGY levels</td>
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<tr>
<td>Granuloma Cauterization</td>
<td>Until approval of attending physician</td>
<td>After approval</td>
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<td>to proceed to next level</td>
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**Graded Responsibility**

Resident responsibilities increase as they progress through the residency program. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty’s assessment of each individual resident’s capabilities and the residency program’s six-month evaluation of performance in each of the competencies. Below is a general outline of the responsibilities for beginner and advanced levels.

1. **Beginner Inpatient Rehabilitation Unit/Sub-Acute**
   a. Accurate and thorough history and physical examination (H&P), rehab assessments, medical comorbidities and treatment plan.
b. General differential diagnoses, work up, treatment of rehabilitation/medical complications.

c. Team leader in most situations.

d. Master the fund of knowledge of the pathophysiology, intervention and prognosis of common rehabilitation diagnoses and common complications.

e. Effectively communicate/coordinate with consultant physicians, rehabilitation team and patients/families.

f. Requires close supervision by faculty on a day-to-day basis.

g. Thorough, accurate, complete and timely documentation.

h. Manage medical emergencies with close supervision by faculty.

2. Advanced Inpatient Rehabilitation Unit/Sub-Acute

a. Accurate, thorough but focused H&P, rehab assessment, medical comorbidities and treatment plan.

b. Complete differential diagnoses, work up and treatment of rehabilitation/medical complications.

c. Team leader in all situations i.e.,
   i. Patient with a poor prognosis or complication.
   ii. Unhappy patient/family.
   iii. Demanding patient/family.
   iv. Medical/rehab errors.
   v. Disputes among team members.

d. Master the fund of knowledge of the more uncommon rehab conditions and complications.

e. Understand billing and coding.

f. Able to work efficiently and manage time, so able to independently manage the entire service.

g. Day-to-day faculty supervision is to consult, question or stimulate the resident.

h. Thorough, accurate, complete, timely documentation.

i. Manage medical emergencies independently.

3. Inpatient Consults

a. Accurate, thorough, but focused PM&R consult.

b. Appropriate recommendation of the rehab program while on the acute service and long-term rehab recommendations.

c. Effectively communicate and coordinate with referral team.

d. Effectively communicate and coordinate with rehabilitation team.

e. Discuss rehab options and recommendations with patient/family.

f. Facilitate transition of patient to the long-term rehab program.

g. Integrate knowledge of health care providers and funding into recommendations for the patient.

h. Master the fund of knowledge of the rehab conditions seen with an emphasis on prognosis and treatment recommendations.

i. Understand billing and coding.

j. Able to work efficiently and manage time, so able to independently manage the entire service.

k. Understand admission criteria to inpatient rehab units.

l. Thorough, accurate, complete, timely documentation.

m. Day-to-Day faculty supervision is to consult, question, or stimulate the resident.

4. Pediatric Rehabilitation
b. Complete differential diagnoses, work up and treatment of pediatric rehab/medical complications.
c. Team leader in most situations.
d. Masters the fund of knowledge of the pathophysiology, intervention and prognosis of common pediatric rehab diagnosis and common complications.
e. Effectively communicate/coordinate with consulting physicians.
f. Effectively communicate/coordinate with rehabilitation team.
g. Effectively communicate with parents.
h. Requires close supervision by faculty on a day-to-day basis.
i. Thorough, accurate, complete, timely documentation.
j. Understand billing and coding.
k. Manage medical emergencies with close supervision of faculty.

5. **Beginner Outpatient**
   b. Understands general differential diagnoses, work up and treatment options.
   c. Procedures – TPI, joint injections, spine, Botulinum Toxin, phenol with close supervision of faculty.
   d. Effectively communicate with referring MD, rehab team, clinic staff, patient and family.
   e. Requires close supervision by faculty on a day-to-day basis.
   f. Thorough, accurate, complete, timely documentation.
   g. Masters the fund of knowledge of the pathophysiology, intervention and prognosis of common outpatient rehab conditions.

6. **Advanced Outpatient**
   b. Thorough differential diagnosis, work up and treatment options.
   c. Independent with procedures.
   d. Communicate with patient and family during difficult situations i.e.:
      i. Patient with a poor prognosis.
      ii. Unhappy patient/family.
      iii. Demanding patient/family.
      iv. Medical/rehab errors.
   e. Able to work efficiently and manage time, so able to independently manage the entire service.
   f. Day-to-day faculty supervision is to consult, question or stimulate the resident.
   g. Thorough, accurate, complete, timely documentation.
   h. Master the fund of knowledge of the pathophysiology, intervention and prognosis of uncommon outpatient rehab conditions.
   i. Understand coding and billing.

7. **Beginner EMG**
   a. Perform a clinical assessment, develop a differential diagnosis and design an electrodiagnostic exam for a patient.
   b. Under direct supervision, competently perform commonly performed nerve conduction studies and needle exam.
   c. Under direct supervision, competently complete a report.
   d. Under direct supervision communicate preliminary results to the patient.

8. **Advanced EMG**
a. Under nearby supervision, competently perform all nerve conduction studies and needle exams.
b. Under nearby consultation, competently complete a report.
c. Under nearby consultation, communicate preliminary results to the patient.
d. Under nearby consultation; communicate with referring physicians regarding questions or results of electrodiagnostic examinations.
e. Perform examinations efficiently and average 90 minutes for a typical entire examination.
f. Complete coding and billing.

**Monitoring of Resident Well-Being**

The PM&R resident’s wellbeing is important to the program and will be monitored continuously by program administrators, faculty and other residents. Signs and symptoms of resident fatigue and/or stress include, but are not limited to, the following:

- Inattentiveness to details.
- Forgetfulness.
- Emotional lability.
- Mood swings.
- Increased conflict with others.
- Lack of attention to proper attire or hygiene.
- Difficulty with novel tasks and multitasking.
- Impaired awareness (fall back on rote memory).

The PM&R resident’s well-being is determined through direct observation by faculty and staff. If there is concern, the issue will be addressed as soon as it is brought to the program director’s attention or may be brought up during the resident’s evaluation period with the program director. If a resident does not feel comfortable speaking to the program director regarding what is bothering him or her, alternate options are available. Residents are encouraged to contact the program coordinator when they feel uncomfortable directly discussing their worries with the program director. Residents can also contact the GME Office with any concerns.

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 residents and/or family members of the resident. Information regarding RAP can be found at: [http://www.gme.umn.edu/residents/rap/home.html](http://www.gme.umn.edu/residents/rap/home.html).

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

**Resident privacy is a primary concern. Therefore, an outside firm provides the RAP services. Counselors will keep everything strictly confidential. Nothing is disclosed to faculty or to others without written consent.**
The RAP services are free for the initial assessment. Depending on further needs, residents may be referred to outside sources of help. If so, residents receive assistance in finding an appropriate, affordable resource. Resident health insurance provides portions of coverage for personal counseling, psychiatric care, chemical dependency and drug treatment.

Whether an emergency or simply in need of someone to help you sort out things, help is available. A counselor will quickly respond to calls. When the Sand Creek's Office is closed, an answering service will take calls and relay messages. In an emergency, a counselor will be in contact immediately.

Concerns can be discussed with a counselor at the Sand Creek office or a counselor will come to the resident’s rotation hospital. The RAP is designed to be flexible and to accommodate your busy schedule.

Sand Creek Group, Ltd.
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651-430-3383 or Toll Free: 1-800-632-7643
Website: http://www.sandcreekeap.com/default.aspx

### Resident Responsibilities and Activities

Note: For all resident presentations, it is recommended that you ask for guidance from senior residents, chief residents and/or your mentor or staff. Feedback for each presentation will be provided, in writing, by faculty and residents in attendance.

**Conference (Didactics) Information and Attendance Policy**

Didactics are conducted every Wednesday morning, 8:00AM – 12:00PM. The location for didactic sessions will vary. Typically, the start time is 8:00AM, though this may be slightly earlier or later depending on the speaker’s availability. Notification of didactics location, topics and start time will be sent out by the program coordinator to your University of Minnesota Email account prior to the session. Residents are responsible for knowing the location and start time each week. Questions should be directed to the chief residents.

Attendance records are maintained by the chief resident(s). As part of developing the educational objective of professionalism, residents are expected to be on time.

Absence:

- Absence from a didactic session will result in loss of ½ day of PTO (if not already an approved day off). If a resident has more than three unapproved absences from didactics for any reason in a quarter they will present an extra Metro Rehab presentation. Quarters are July-September, October-December, January- March and April- June. Chief residents are responsible for recording attendance. Absences and tardies will be tracked in the resident leave database. **Residents should NOT log any duty hours for didactic sessions.** Duty hours on Wednesdays should be recorded starting at noon at the appropriate site.
Tardiness:
- Tardiness is defined as arriving to didactics after 8:00:00AM. Any arrival time after 8AM is considered tardy.
- If tardy three times during any quarter, the resident will lose a ½ day of PTO. Any additional tardy(s) during the same quarter will result in loss of an additional ½ day of PTO per episode.

Residency Management Suite (RMS) Responsibilities
RMS is a web-based electronic system that allows the user to complete evaluations and view completed evaluations others have done about them.

User access the system via the Internet at the RMS website address:
https://www.new-innov.com/Login/

Residents are responsible for logging in regularly, entering/approving duty hours, completing required evaluations and reading and verifying objectives for rotations. If evaluations are delinquent, individuals will be sent reminder emails until complete. If, after two email reminders, all is not up to date, residents will be pulled from their rotation and not permitted to return to the rotation until all necessary information is complete.

Online Residency/Faculty/Rotation Evaluations
Evaluations must be done, through RMS, each rotation. Residents evaluate the rotation and faculty, while the faculty evaluates the resident. 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.

ACGME Milestone Evaluations:
Per the ACGME (http://acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PMRMilestones.pdf):
“Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation.”

Milestones are determined by the Curriculum Competency Committee (CCC) that is made up of the residency site directors. The CCC will use the clinical evaluations, conference attendance, 360/ROCA/Patient Feedback evaluations, ACGME Milestone evaluations, SAE scores, teaching performance, professionalism, communication and interpersonal skills and record keeping habits to determine Milestone scores twice annually. Please note that these Milestones are not on a traditional Likert scale where a score of one is “bad” and a score of 5 is “good.” The areas are, as follows:
### ACMGE Milestone Level

<table>
<thead>
<tr>
<th>ACMGE Milestone Level</th>
<th>ACGME Milestone Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>The resident demonstrates milestones expected of an incoming resident.</td>
</tr>
<tr>
<td>Level 2</td>
<td>The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.</td>
</tr>
<tr>
<td>Level 3</td>
<td>The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.</td>
</tr>
<tr>
<td>Level 4 (Graduation Target)</td>
<td>The resident has advanced so that he/she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.</td>
</tr>
<tr>
<td>Level 5 (Aspirational)</td>
<td>The resident has advanced beyond performance targets set for residency and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.</td>
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</tbody>
</table>

### Semi-Annual Evaluations

The program director holds a face-to-face evaluation semi-annually to review each resident’s clinical evaluations, conference attendance, 360/ROCA/Patient Feedback evaluations, ACGME Milestone evaluations, SAE scores, teaching performance, professionalism, communication and interpersonal skills and record keeping habits. Suggestions for counseling of a particular resident may result from this meeting. At the end of year evaluation, this discussion of each resident 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.
4. If progress is not satisfactory, the resident’s progress will be reviewed by the Clinical Competency Committee which may decide on remediation, probation or dismissal from the program.

### Rotation Objectives

Objectives are found on the Residency Google Drive and should be reviewed at the beginning of each rotation. Residents must read over the objectives and confirm that they have read and understand the rotation objectives. It is required that residents read and confirm prior to the start of the rotation.

### Duty Hours

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 residency 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 residency program, must be counted toward the 80 hour weekly limits on duty hours.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Residents must be provided with one day per week that is free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Residents are responsible for contacting program administration if they find they are unable to stay within duty hours.
It is also important to remember the time free of duty that is required as residents work on building call schedules.

Duty hours vary from site to site, but generally are 8:00AM– 5:00PM. Check with your site director upon starting a new rotation.

**Minimum Time Off between Scheduled Duty Periods: Intermediate-Level Residents**
Intermediate-level residents should have 10 hours free of duty and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

**Minimum Time Off between Scheduled Duty Periods: Residents in Final Years of Education**
Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

**Tracking Duty Hours in 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 RMS. The hours and activities entered by residents into RMS are used to document and reconcile Medicare payments with the institutions where the residents rotate.

Per the University of Minnesota Medical School policy, **residents are required to enter duty hours on a daily basis and approve duty hours**. For G2-G4 residents who take call from home, there is a RMS designation for home call that should be used to record these hours. When called into the hospital, duty hours are to reflect that information.

**Note: Failure to ensure accuracy of your rotation activities will be considered an act of Medicare fraud.**

Logging into RMS to record duty hours:
1. Go to [https://www.new-innov.com/login/](https://www.new-innov.com/login/). Note: Internet Explorer is the preferred browser.
2. Enter MMCGME for the Institution ID.
3. Enter your User Name and Password.
4. Make sure that you have arrived at your Welcome Page. You should see PM&R in the upper section of the screen and your user name will be listed nearby.
5. From the main menu, select Duty Hours.
6. Select My Duty Hours, then Log Hours and ensure that graphical entry is selected. Select the appropriate date and click Continue.
7. Choose an assignment from the drop down menu and “paint” in your hours by holding your left mouse button down and dragging across the grid. Save regularly to avoid losing the hours entered. It is important to review this section of RMS at the end of every month. Hours will remain in the “approve existing hours” section of RMS if they were entered prior to being completed.
8. Select the Approve Existing Hours link.
9. Change the date range if needed, to view the hours you wish to approve or modify. Once the date range is entered, click the Update Table button. You may also wish to edit more than one duty hour entry at a time. To do this, use the Edit Range of Entries feature.
10. Where necessary, place a check in one or more of the checkboxes located to the left of the entries.

11. Click either the Approve Selected Entries or the Did Not Work button, found at the bottom of the screen.

**Note:** All duty hours must be approved by noon on the 5th day of the following month.

**On-Call Schedule**
All call is taken from home; however, call rooms are available if needed. Residents must be available by pager when on home call and able to go to the hospital for patient care activities if indicated.

**Cab Voucher Policies**

*University of Minnesota Medical Center – Fairview Cab Voucher Policy*
In order to provide for the wellbeing of trainees, all residents and fellows who are rotating at the University of Minnesota Medical Center - Fairview, but feel they are too impaired (or are identified by their peers as being impaired) to drive home safely will be able to return home using a cab voucher. The maximum voucher amount will be $35.00 per cab fare. Any additional cab fare will be the responsibility of the resident/fellow. The cab fare may be used to the trainee’s home or a closer location if the trainee so chooses.

Procedure:
Cab vouchers will be provided by University of Minnesota Medical Center - Fairview and distributed in the following way:

Monday-Friday Daytime Hours:
Social Work Services-University Campus: 612-273-3366
Social Work Services-Riverside Campus: 612-273-6797

Evening and Weekend Hours:
Administrative Supervisor-University Campus: 612-899-9000 (pager)
Administrative Supervisor-Riverside Campus: 612-612-8497 (pager)

If there are any problems or issues that arise as a result of this policy, please contact Fairview GME at 612-273-7482.

*Hennepin County Medical Center Cab Voucher Policy*
The University is committed to educate faculty and residents to recognize the signs of fatigue, to prevent and counteract its potential negative effects. We recognize that a fatigued individual is often not able to recognize their own limitations. In order to provide for the wellbeing of trainees, all residents and fellows at Hennepin County Medical who feel they are too impaired (or are identified by their peers as being impaired) to drive home safely will have the opportunity to return home using a cab voucher. The maximum voucher amount will be $35.00 per post call date and any additional cab fare will be borne by the resident. The maximum reimbursement will be to the resident’s home or to a closer destination if the resident so chooses.

Procedure:
For resident that would like a cab ride after a call shift, they should call Yellow Cab directly at 312-788-
8888 and tell them that this is a non-patient transport for account Hennepin County Medical Center, Taxi MR# 612-873-3922 and give your name.

*Gillette Children’s Specialty Healthcare Cab Voucher Policy*
Gillette Children’s Specialty Healthcare provides one-way cab vouchers to trainees who are too fatigued to safely drive home.

Procedure: Contact the site director.

*Minneapolis Veterans Affairs Health Care System*
The MVAHCS will reimburse trainees who are too fatigued to safely drive home.

Procedure: Contact the site director.

*Regions Hospital*
Regions Hospital will provide a cab voucher to trainees who are too fatigued to safely drive home.

Procedure: Contact the site director.

*ACGME Resident Case Log*
The Accreditation Council for Graduate Medical Education (ACGME) requires that G2, G3 and G4 residents log their cases/procedures via their website. The case log system and instructions can be found at: [http://www.acgme.org/acgmeweb/tabid/161/DataCollectionSystems/ResidentCaseLogSystem.aspx](http://www.acgme.org/acgmeweb/tabid/161/DataCollectionSystems/ResidentCaseLogSystem.aspx)

By the conclusion of residency, trainees are required to log the minimum number of required procedures into the case log system. It is highly recommended that all procedures are logged, even if minimum requirements have been met. This will ensure an accurate account of work as well as to demonstrate competency for potential career opportunities that may arise post-training.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum</th>
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<tbody>
<tr>
<td>EMG/NCS (Total performed and observed)</td>
<td>200</td>
</tr>
<tr>
<td>EMG/NCS (Performed)</td>
<td>150</td>
</tr>
<tr>
<td>Axial Epidural Injection (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Axial: facet, SI joint, nerve block (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Botulinum toxin injection (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Botulinum toxin injection (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Ultrasound (Total)</td>
<td>10</td>
</tr>
</tbody>
</table>
**Seminars**
Each resident will give one seminar annually. This is to be an in-depth review of a focused topic. Each seminar must include a 40-minute lecture with 10 minutes for Q&A. Handouts, including a bibliography, are required.

**Metro Rehab**
One Grand Round presentation is required annually. For the presentation, each resident will give a 15-minute presentation with five minutes for Q&A. This is to be a case presentation that engages those in attendance. Limited case information is presented and then a discussion is facilitated, to elicit opinions regarding additional evaluation needed, differential diagnosis, intervention options, etc. At the conclusion of this discussion, residents provide a brief summary of the literature relevant to the case. Attendance is open to all faculty, interested physicians, fellows and peer residents.

**Journal Club**
Journal Club is traditionally held the first Wednesday of each month. Articles are presented by residents and discussion is facilitated by the presenting resident. The department chair, program director, or a faculty member is present to participate in the discussion. The presenting resident will give a brief summary of each article (10-15 minutes maximum) followed by a facilitated discussion for 15-20 minutes. The resident will fill out a self-evaluation form related to this activity.

Approximately once per year, each resident will be responsible for Journal Club and will select and distribute two articles at least one week prior to the Journal Club date.

**Licht Lecture**
The Licht Lecture is an annual dinner/lectureship held each fall. The presenter is a nationally known speaker from the field of PM&R. Attendance is mandatory for G2-G4 residents and recommended for G1 residents.

Additionally, G2-G4 residents are required to attend an educational conference with the Licht Lecture speaker that typically occurs the morning after the dinner presentation. It is recommended that G1 residents attend as well.

**Scholarly Activity Policy and Continuity Clinic**
Scholarly activity is required during the residency program. Residents should investigate one topic in depth. This requirement can be met by preparing a chapter or review article for submission to a journal; a local, regional, or national presentation; a case report or series presented as a poster or platform presentation at a national meeting; submission of a manuscript for publication; or a research project.

Residents have protected time every other Thursday afternoon starting in their G3 year to work on scholarly projects. Residents should meet with their research mentors quarterly to discuss progress, goals and barriers. This meeting should be documented on the “Resident Mentor Quarterly Meeting” form and submitted to the program coordinator to be put in the resident file.

G2 residents should choose a mentor and email the program coordinator the name of their mentor and planned scholarly activity by June 30th of their PGY-2 year. Contact the residency coordinator if you have questions related to finding a faculty mentor/research project.
By the end of the G2 year, all residents must have made arrangements for their continuity clinic to commence concurrently with their G3 years. This clinic will take place every other Thursday, staggering with the scholarly activity time. Attending staff for this clinic are typically faculty members of the residency program. In special circumstances, consideration can be given to having other physicians staff this experience, depending on their specialty qualifications and the resident’s expressed interest. This must be discussed with, and approved by, the program director.

It is expected that if you are not at continuity clinic, you will be working on scholarly activity. PGY 4 residents that have already completed their scholarly activity requirement have the option of continuing with an additional research project or arranging studying for boards on site with the director or coordinator.

Each resident will inform the program coordinator of his/her continuity clinic plans no later than four weeks prior to the start of the G3 year.

There are general Continuity Clinic objectives to be reviewed. The resident and their supervising faculty member shall discuss specific objectives/learning goals on a regular basis to be at least semi-annually. The supervising faculty member shall also evaluate the resident’s progress on a semi-annual basis by completing an RMS evaluation.

**Moonlighting**

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit. G1 residents are not permitted to moonlight (ACGME Program Guidelines July 1, 2011).

All residents 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 residency requirements. Generally, we strongly recommend no moonlighting during the PGY2 year; however, exception may be made, again on a case-by-case basis.

Please note:

1. Malpractice insurance must be provided by the employer.
2. Residents must have available support and supervision.
3. Moonlighting is not allowed on weekdays from 8:00 AM – 5:00 PM, as residents are expected to be involved with residency matters during that time, nor is moonlighting allowed while resident is on call.
4. Moonlighting will not involve continuous care of patients.
5. Residents 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 and faculty must monitor the moonlighting resident for excessive fatigue due to moonlighting. If excessive fatigue is noted, the moonlighting hours must be decreased to correct and prevent further fatigue.
7. Once residents secure a MN Medical License to moonlight, they are required to maintain their medical license for the remainder of training, as the residency permit will no longer be valid.
Failure to provide moonlighting forms to the residency office prior to the start of moonlighting will be considered grounds for dismissal from the training program.

**Chief Resident Job Description**

The chief resident shall function under the supervision of the residency program director and attending medical staff. The chief resident will develop administrative skills appropriate to the residency program to act as a liaison for residents. During the academic year, the chief resident will develop his/her personal leadership style, learn the complexities of conflict negotiation and resolution and gain understanding of institutional administrative policies.

*Note: Chief bonus is an additional $1500.00 to annual salary.*

**Attributes of a Successful Chief Resident**

- **Communicator**
  - Conflict resolution – there is more than one point of view and more than one perception of the truth.
  - Situations may call for the need to validate complaints and try to have each person see the conflict from the other’s point of view.
  - Success is measured by perceived fairness and thorough attempts to resolve the situation.
  - Encourage dialogue between all residents, program coordinator, program director.

- **Leader**
  - Respect of constituents.
  - Relies on people skills, management skills, leadership skills.
  - Lead by example, not demanding.
  - Focus on goals, be clear about these goals.

- **Manager/Role Model**
  - Chief’s actions and behaviors are under heightened scrutiny from others.
  - Other residents will follow his/her lead.
  - Morale is built or damaged by managerial/role modeling.
  - Remember adage to praise publicly and criticize privately.

- **Agent for Program Director and Coordinator**
  - Helps to monitor stress level of residents.
  - Grasps the importance of confidentiality.
  - Chief needs input of program director and program coordinator for situations that make him/her uncomfortable.
  - Equally, the chief acts as a resource for program director and program coordinator.

- **High Standards of Professionalism**
  - Act as the model of behavior for all other residents.
  - Counsel residents on improving inappropriate behavior.

- **Respected and Respectful, Honest, Consistent**
  - All to be treated equally, fairly and without biases.
- Understand and embrace the difference between being liked and being respected.
- Know you will make both popular and unpopular decisions.
- Remain consistent and maintain integrity.
- Emphasize how decisions will help achieve goals.

• **Active in Scholarly Work**
  - Learn and develop administrative skills – chief conference.
  - Be an academic leader – involvement in an academic project(s).
  - Academic project to be presented to all faculty and residents at annual faculty meeting.

• **Open and Accessible**
  - Dedicate time for personal growth and development.
  - Dedicate time for medical students and resident applicants.

**Chief Resident Duties**
Overall, the chief resident must be willing and able to establish and maintain effective working relationships with residents, medical students, administrative staff, residency faculty and administration, hospital staff, attending physicians, patients, families and the public. The following are key duties that the chief resident will take on either individually or collaboratively:

**Administrative**
- Coordinate Metro Rehab and seminar lectures, assure that faculty sign-in at these sessions.
- Follow-up after each didactic session to thank speakers, obtain feedback from residents and communicate the attendance to the program coordinator.
- Coordinate yearly rotation schedule for the following year. Finished schedule must be completed by mid-March.
- Monitor outstanding RMS issues, as needed by program coordinator.

**Interview Season**
- Help, as needed, to review applicant files.
- Interview and/or host breakfast or lunch all days.
- Assist in assembling rank order.
- Coordinate resident/applicant social event.

**Mentor**
- Monitor stress management.
- Mentor those struggling academically.
- Assist with orientation of new residents.

**Miscellaneous**
- Develops and maintains a personal program of self-study and professional growth with guidance from the PD and faculty.
- Functions with an awareness and application of standard operating procedures including OSHA, Workers Right to Know, Clinical Compliance, General Safety, HIPAA specific to his/her teaching site.
- Active membership on assigned hospital committees as needed
- Demonstrates excellent communication skills.
- Participates in the resolution of residents’ staffing conflicts and maintains flexibility regarding staffing patterns, including on-call schedule and daily schedules.
• Demonstrates ability for effective problem identification and resolution as well as independent judgment.
• Performs such duties, as assigned by the PD or program coordinator, in accordance with the description of the residency, to the best of his/her ability and under the highest personal bond of professional morals and ethics.

Chief Resident Selection Policy

Policy
The selection of a resident to the chief resident position represents an honor and recognition of additional dedication to the program and additional skills in professionalism and leadership.

The Residency Program has two chief residents at all times, each with a one year term and with terms overlapping to facilitate orientation of the new chief resident. Terms begin January and July.

Chief residents selected will have the approval of the PD and the majority approval of the current residents. Current residents will indicate their choice for a chief resident via a written confidential voting process managed by the current chief residents.

Criteria for Eligibility
• All reports of resident performance in resident portfolio indicate an excellent level of performance in the areas of professionalism and communication.
• All individual questions on all written evaluations indicate passing performance.
• SAE scores indicate overall performance greater than 50% percentile when compared with same national PGY level.
• Applicants not meeting the above criteria may be considered as a candidate at the discretion of the program director.

Procedure
1. A potential chief resident candidate will email the program director asking for consideration to become chief resident. The program director, based on the above criteria, will grant or deny eligibility.
2. Current chief residents will arrange a date and time for the election process and notify all residents.
3. On the day of the resident election, candidates will present their interests and strengths to the residents.
4. Current chief residents will conduct a confidential, written election with the residents.
5. Current chief residents will notify the program director, program coordinator and residents of the results of the election.

Resident Promotion Policy

USMLE Step 2 or COMLEX Level 2 must be passed by the start of the G2 year. Step 3/Level 3 must be passed no later than January 1st of the G2 year. We recommend that Step 3/Level 3 is taken no later than June 30th of the G1 year. Failure to pass these tests in these time frames will result in no promotion to the next level of training. You will be required to take a leave of absence until all three steps/levels are passed and certification has been presented to the program coordinator.
The following must be given to the program coordinator:
1. Provide a copy of your Step 1 & Step 2 letters indicating passing scores.
2. Provide a copy of the USMLE email sent indicating a passing score for Step 3/Level 3.

Residency Performance
The following information will be used in evaluating residents for recommendation of promotion or probation:
- Faculty evaluations of resident.
- ACGME Milestone Evaluations
- SAE scores.
- Metro Rehab evaluations.
- Seminar evaluations.
- 360 evaluations.
- Patient evaluations of resident.
- Didactic attendance records.
- Resident semiannual self-evaluations.
- Committee participation self-evaluations.
- Journal Club self-evaluations.
- Resident Observation and Competency Assessments (ROCA).
- CQI self-evaluations.
- Portfolios.

Special consideration will be required for residents with any of the following:
- Scoring a two or less on faculty evaluations.
- Scoring less than 20% at same class comparison on overall score of SAE.
- Scoring a four or less for the overall evaluation by faculty.
- Lack of compliance with didactic attendance.
- Lack of compliance with RMS systems documentation.
- Lack of compliance with procedure log reporting.
- Discretion of program director.

The site directors and program director serve as the Clinical Competency Committee. This committee will meet at least quarterly, or more frequently if necessary. Resident progress will be reviewed by the committee and, if necessary, recommendations will be made for remedial action. The committee can also investigate any situation it to gather additional information that could be helpful to the evaluation and understanding of the resident’s progress and planning for any remedial action.

The Clinical Competency Committee will review concerns, gather any additional information needed and make one of the following determinations:
- Develop a remediation plan.
- Promote the resident.
- Place the resident on probation, indicating length of time of remediation.
- Requirements, method of re-evaluation.
- Dismiss the resident.
PM&R Resident Evaluation System

Purpose of Evaluation System:
- To make informed decisions on resident promotion.
- To provide data to specialty boards for certification.
- To write letters of recommendation.
- Identify deficits to improve resident performance.
- Identify program strengths and weaknesses and target areas for modification in the curriculum.

Disciplinary and Grievance Procedures

Disciplinary & Grievance Procedures
The Department of PM&R adheres to the disciplinary policies and procedures outlined in the Institutional Policy Manual. Please refer to the Institution Policy Manual for specifics.


Resident Feedback and Conflict Management Guidelines

The PM&R staff recognizes that good communication and conflict management are key components to a successful residency program. The PM&R staff value resident input and are interested in hearing feedback and concerns from residents. The Program will strive to create an atmosphere of respect whereby residents can openly express their concerns and engage constructively in conflict. The following is a list of opportunities for promoting good communication and conflict management between members of the PM&R program.

Using RMS, residents will provide a written, anonymous evaluation of PM&R and of the program director annually. This is an ACGME requirement.

Residents can express concerns within the Program directly to:

- The chief resident during didactics, resident business meetings, or any other time pending their availability.
- Their faculty or peer mentor.
- The program director during semiannual evaluations, resident business meetings, or by appointment. Email contact is encouraged to initiate the discussion of any concerns.
- The department chair, program coordinator, or site directors at any time, pending their availability.

If attempts to use internal resources are unsuccessful, residents may contact the following resources for support and assistance:
1. Janet C. Morse, Ombudsman and Director, Student Conflict Resolution Center, 612-626-0689, http://www.sos.umn.edu/
2. John Andrews, MD, Associate Dean for GME, UMMC 612-626-4009
Resident Feedback
Resident feedback is valued as information that can improve the program. Attending faculty, site directors, chief residents, chairs, the program coordinator and the program director are all available for verbal feedback as needed. Verbal feedback is also part of the semi-annual evaluation. Written feedback of the program is required annually and feedback of the attending faculty and rotation quarterly. These evaluations are found in New Innovations (RMS). Additionally, program administration evaluations are always available on Moodle. Feedback of program administration will be more formally requested semi-annually.

ACGME Resident Survey
Residents are required to complete the ACGME Resident Survey annually. Residents will be contacted when it comes time to complete the survey.

The American Board of Physical Medicine and Rehabilitation In-Training Exam: Self-Assessment Exam (SAE)
The American Board of Physical Medicine and Rehabilitation In-Training Exam (SAE) is an objective method used to evaluate the cognitive knowledge of the resident. In general, it is expected that residents score above the 20th percentile nationally at his/her level of training each year. This is a mandatory exam. Failure to sit for this exam may result in dismissal from the training program. The exam is offered once per year, usually the last Friday or Saturday of January (at the discretion of the program director).

Residents that score in less than the 50th percentile during their PGY 3 year will begin a mandatory study program in the spring of their PGY 4 year at the expense of their scholarly activity time. Residents on a study plan are required to check into a predetermined site to study in lieu of their scholarly activity time.

Administration Contact Information

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<tr>
<th>Site Directors:</th>
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<tbody>
<tr>
<td><strong>Site</strong></td>
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<tr>
<td>HCMC</td>
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<tr>
<td>UMMC</td>
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<tr>
<td>Regions</td>
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<td>Gillette Children’s</td>
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<table>
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<tr>
<th>Department Contact List:</th>
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</thead>
<tbody>
<tr>
<td><strong>Name, Title</strong></td>
</tr>
<tr>
<td>Carly Anderson, MSEd, Learning and Development Manager</td>
</tr>
<tr>
<td>Tanya Baxter, PT, Clinic Coordinator for Dr. Dykstra</td>
</tr>
<tr>
<td>Lorie DesLauriers, RN, Baclofen Pump/Clinic Coordinator for Dr. Dykstra</td>
</tr>
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</table>
Various members of the Department of Rehabilitation Medicine office staff have direct dealings in connection with program activities.

**Security/Safety**
The Security Monitor Program (SMP) is a branch of the University of Minnesota Police Department. SMP offers a walking/biking escort service to and from campus locations and nearby adjacent neighborhoods. This service is available completely free to students, staff, faculty and visitors to the University of Minnesota Twin Cities campus. To request an escort from a trained student security monitor, please call 612-624-WALK shortly before your desired departure time and walk safely.

University of Minnesota Medical Center, Fairview security officers are on duty 24 hours a day to respond to emergencies and to escort persons to and from the parking facilities. Call 612-273-4544 if you wish to have an escort and a security officer will meet you at your location.

### Reference Contact Information

**American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)**  
Website: [http://www.aanem.org](http://www.aanem.org)  
Purpose: Sponsors electrodiagnostic self-assessment examination.

**Association of Academic Medical Colleges (AAMC)**  
Website: [http://www.aamc.org](http://www.aamc.org)  
Purpose: Association of medical schools, teaching hospitals and academic medical societies. Sponsors an annual meeting on education issues. Publishes the monthly journal Academic Medicine.

*Note:*
AAMC STAT is a weekly online newsletter. STAT summarizes the latest AAMC initiatives, policy statements and other activities, plus relevant national news. To subscribe to AAMC STAT, send an email to subscribe-aamcstat@lists.aamc.org, leave subject and body of email blank.

MedEdPORTAL
Website: http://www.aamc.org/mededportal
Purpose: Place to share peer-reviewed educational material.

Association of Academic Physiatrists (AAP)
Website: www.physiatry.org
Purpose: Information about the council for program directors, directory of training programs and directors, fellowships listings, sites for medical student clerkships, white papers on educational issues, sample goals and objectives for rotations.

American Academy of PM&R (AAPM&R)
Website: http://www.aapmr.org
Purpose: Membership benefits for residents and medical students, resident physician council programs and services, meeting dates, roster of members.

American Board of Electrodiagnostic Medicine (ABEM)
Website: http://www.abemexam.org/
Purpose: Information regarding board exam requirements, maintenance of certification and listing of diplomats.

American Board of Physical Medicine and Rehabilitation (ABPMR)
Website: https://www.abpmr.org/index.html
Purpose: Information about registration and annual evaluation of residents, listserv for sending messages to all current program directors, board examination dates, maintenance of certification requirements and statistics about diplomates certified.

Accreditation Council for Graduate Medical Education (ACGME)
Website: http://www.acgme.org
Purpose: The current residency program training requirements as developed by the PM&R Residency Review Committee (RRC) and the Program Information Form (PIF) can be downloaded from this site. Residency programs must complete the common PIF online and maintain annual resident rosters.

Educational Commission for Foreign Medical Graduates (ECFMG)
Website: http://www.ecfmg.org
Purpose: Certifies foreign medical graduates to enter US ACGME approved residencies, explains requirements for medical school certification and exams required, J-1 visa sponsor.

Electronic Residency Application Service (ERAS)
Website: https://www.aamc.org/students/medstudents/eras/
Purpose: Information about the electronic residency application service, frequently asked questions, how to obtain technical support.

Fellowship and Residency Electronic Interactive Database Access (FREIDA)
American Medical Association (AMA)
Website: http://www.ama-assn.org/ama/pub/news/newsletters-journals.page
Purpose: Monthly publication on news and updates about Graduate Medical Education.

National Resident Matching Program (NRMP)
Website: http://www.nrmp.org
Purpose: Policies of the match, data tables from the most recent match, process of matching algorithm.

United States Medical Licensing Examination (USMLE)
Website: http://www.usmle.org
Purpose: Provides performance data on the exams and information to program directors about Step 3, which many residents will need to take during the PM&R residency.

American Academy for Cerebral Palsy and Developmental Medicine (AACPDM)
Website: http://www.aacpdm.org/
Purpose: A multidisciplinary organization that fosters and stimulates medical professional education, research and understanding of cerebral palsy and other developmental disabilities. Goal to improve the quality of life for patients and their families, to research new and promising treatments and educate clinicians to provide the best care possible.

American Congress of Rehabilitation Medicine (ACRM)
Website: http://www.acrm.org
Purpose: An organization of rehabilitation professionals dedicated to serving people with disabling conditions by supporting research that promotes health, independence, productivity and quality of life and meets the needs of rehabilitation clinicians and people with disabilities.

Institute for Healthcare Improvement Open School (IHI)
Website: www.ihi.org/openschool
Purpose: The Institute was developed to advance health care improvement and patient safety competencies. IHI training is required of all residents.

Graduation

G4s typically graduate the end of June. Off-cycle graduates will take part in the graduation festivities before or after their graduation depending on the date and circumstances. Graduation certificates will be given at the actual time of graduation (not at the ceremony). Chief residents are also honored during graduation events.

Graduation is usually held the second half of June. G4s work with the program coordinator to plan their graduation party and send out invitations. Parents of graduates may be invited and dinner costs are paid.
for them. Spouses or significant others of all residents are invited. Faculty who bring a significant other will pay for the extra meal. No more than 60 people are to be accommodated at the festivities and formal invitations are sent by the graduating class. Generally a formal dinner is planned. In addition, G4s may wish to present awards, i.e. Site of the Year (certificate) and Teacher of the Year (certificate) and any other awards they deem appropriate. These are gifts given by the seniors; therefore, they prepare and pay the cost. These awards are NOT mandatory by any means. The program director will always plan to give recognition to residents that have performed well in academics, research, service, and teaching.

Please obtain your official diploma from the residency program coordinator on the last day of residency in the Department of Rehabilitation.

**Boards Preparation**

Upon graduation, graduates are eligible to take their boards. The following list contains suggested readings for board exam preparation.

**Title: Physical Medicine and Rehabilitation, 4th Edition**  
Author: Randall L. Braddom

**Title: Electromyography and Neuromuscular Disorders: Clinical-Electrophysiologic Correlations**  
Author: David C. Preston and Barbara E. Shapiro

**Title: Essentials of Musculoskeletal Care, 4th Edition**  
Author: John F. Sarwark

**Title: The Orthopaedic Physical Examination**  
Author: Bruce Reider

**Title: Physical Medicine and Rehabilitation Board Review**  
Author: Sara Cuccurullo

**Title: Pediatric Rehabilitation: Principles and Practice**  
Author: Michael A. Alexander and Dennis J. Matthews

**Title: Primer on Rheumatic Disease**  
Author: John H. Klippel

**Title: Practical Manual of Physical Medicine and Rehabilitation**  
Author: Jackson C. Tan

**Title: Essentials of Physical Medicine and Rehabilitation 2nd Edition**  
Author: Walter R. Frontera  
*Note: Available online at the U of MN Biomedical Library.*

**Title: Physical Medicine and Rehabilitation: Principles and Practice**  
Author: Joel DeLisa, Bruce Gans, William Bockenek, Walter Frontera  
*Note: Available online at U of MN Biomedical Library.*
Acknowledgement Page

A copy of this page will be placed into each resident’s personnel file. Please sign and date the following after reading the statement below.

I have received the 2017 - 2018 University of Minnesota PM&R Residency Program Manual and understand that I am responsible for the information found within this manual. If I have any questions regarding the information, I will contact the residency program coordinator for clarification.

Additionally, I have been informed of the Institutional Manual that can be found at: http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm and will make it my responsibility to review that website periodically for updated information.

_________________________________________                ___________________________________
Resident Signature    Date