Introduction to the SCI/D Fellowship 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 fellows in the SCI/D Fellowship at the University of Minnesota. Exceptions are noted.

SCI/D Fellowship Program Objectives

SCI/D Fellowship Mission
Welcome to the University of Minnesota SCI/D Fellowship. We hope to have an exciting, challenging, interesting, and fulfilling year. The mission of the SCI/D Fellowship is to provide trainees with an intellectual environment conducive to acquiring the knowledge, skills, clinical judgment and attitudes that are essential for becoming an exceptional SCI/D physician.

SCI/D Fellowship Objectives
SCI/D medicine and management draws from many disciplines including physical medicine and rehabilitation, urology, neurology, neurosurgery, orthopedics, plastic surgery, pulmonary, psychiatry, palliative care, and general medicine. In order to meet the diverse educational needs of fellows specializing in SCI/D medicine, the SCI/D Fellowship must provide a diverse patient and faculty base to promote a well-rounded educational experience.

Educational Goals
At the completion of this fellowship, the fellow will be able to:
- Understand the fundamental principles and skills involved in the evaluation and management of acute, chronic and preventive care of the SCI/D patient
- Characterize complications post SCI/D and develop appropriate treatment plans
- Participate in an interdisciplinary management team for SCI/D and understand the biopsychosocial model of SCI/D.
- Participate in shared care of a SCI/D patient and understand the concept of interdisciplinary care
- Demonstrate independent thought and action in assessing and managing a problem appropriate for the level of experience or expertise
- Demonstrate independence in performing basic SCI/D procedures to include ITB pump management, Botox injections, and joint injections

Overall Goals of the Fellowship Program
- Support opportunities to individualize the fellowship program to match the objectives of the trainee
- Maintain a diverse faculty and patient group to create a balanced and varied educational experience
- Educate and train fellows in superior patient care
- Foster an environment for personal learning and research in the field of SCI/D management
Program Accreditation
The University of Minnesota SCI/D Fellowship is seeking accreditation by the ACGME as of February 2016. The sponsoring program is the Department of Rehabilitation Medicine at the University of Minnesota Medical School.

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 fellowship duties.

Training Access:
All University employees and students can enter training through the “myU” portal at: 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

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 Fairview Caregiver Number is required before Epic entry can be done. Contact the program coordinator for this number.

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

Regions EHR Information
Epic Innovations is also Regions Hospital’s EHR system. Contact Regions’ site director for Epic assistance.

Minneapolis Veterans Affairs Medical Center (VAMC) EHR Information
VAMC EHR (CPRS) info—Contact Michael Froats in the Department of PM&R to ensure s/he has all necessary information to initialize the CPRS access. Phone number: 612-725-2044.

Program-Specific Selection Policy

SCI/D Fellowship interviews will be scheduled from June to September for applicants that wish to start the fellowship in the following summer. Interviews are offered by invitation only.

Applicants must have completed an ACGME accredited residency program in anesthesiology; emergency medicine; family medicine; internal medicine; neurological surgery; neurology; orthopaedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery; surgery; or urology and be board-eligible or board-certified in their specialty. Applicants with primary residency training in other specialties will be considered upon request. The number of postgraduate fellows in pain medicine is limited to one fellow per year for the 2017-2018 academic year. This ensures that the fellow will have the fullest accessibility to all of the resources of the department. All fellowships are one year in duration, July 1 – June 30.

Application Materials

- ERAS Application
- CV
- Personal Statement
- Three letters of recommendation (LoR)
  - One LoR from a faculty member from the applicant’s residency program
  - Two additional LoRs

Additional Eligibility and Interview Information/Requirements:

- Interviews will take place from June-September for applicants that wish to start fellowship the
following July 1st

- J1 visas accepted are acceptable. We are not able to offer H1-B visas

**Fellow 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 fellows from the University. Fellows 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 fellowship 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 fellows are officially registered in their program. Call the email help line at 612-301-4357 (on-campus, 1-HELP) to set up a password. Fellows must use the University email account to receive information pertinent to the fellowship program and University. This is the University’s official means of communication.

Fellows are required to check their University email every work day, as issues related to schedules will be communicated via email. Fellows should also check your EHR in-basket daily. Policy states that the last fellow involved in the patient’s care is responsible for addressing any issues that come up. These issues should be addressed promptly that day, or within 24 hours if it is a non-urgent issue. If a fellow will be out of town, it is his/her responsibility to inform the attending physician and rotation site director of the dates of absence. This policy avoids the neglect of potentially urgent issues. Non-urgent messages, however, will remain in the EHR in-basket so that fellows can address them upon returning to work.

**Campus Mail**
Mailboxes for fellows are located currently in the SCI/D Administrative Office, One Veterans Drive, Minneapolis, MN, 55417. Update contact information with the SCI/D Fellowship Program Coordinator, Carly Anderson, so that mail can be forwarded when appropriate.

**Biomedical Library**
Many medical journals are available through the Diehl Hall Biomedical Library. Diehl Hall Biomedical Library has both hard copies and online version of journals.

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.
**Fellow Benefits**

**Annual Stipend Rate**
Stipends (2017-2018 rates) for fellows at Step 4 or 5 stipend levels:

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<td>Step 4</td>
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<td>Step 5</td>
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*Note: Fellows that completed a four-year residency will start their fellowship (5th year) at Step 5. Fellows that completed a three-year residency will start their fellowship (4th year) at Step 4.*

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

Employment verification for credit accounts or mortgages should be directed to Maren Peterson, 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

**Holidays, Paid Time Off (PTO) and Continuing Medical Education (CME)**

*Holidays*
Fellows are released from their rotation on holidays depending on the holiday schedule at specific rotation sites. Fellows may be released for holiday time at the discretion of the site or rotation director.

2017-2018 Holidays:
Independence Day: Tuesday July 4, 2017  
Labor Day: Monday September 4, 2017  
Thanksgiving: Thursday November 23, 2017  
Christmas Eve Day: Sunday December 24, 2017 (work hours on Christmas Eve are site-specific)  
Christmas Day: Monday December 25, 2017  
New Year’s Day: Sunday January 1, 2018  
Memorial Day: Monday May 28, 2018

*Paid Time Off (PTO)*
PTO is a combination of sick and vacation time. Fellows have a total of 20 PTO days for the length of fellowship training. Based on the American Board of Physical Medicine and Rehabilitation – Subspecialty Handbook, section: Absence from Training, states:

“A candidate must not be absent from residency or fellowship training for more than six weeks (30 working days) annually. Regardless of institutional policies on absences, any leave time beyond six weeks will need to be made up by arrangement with the program director.”

CME
Fellows are encouraged to participate in CME activities. A total of five (5) working days are allotted for CME time and it must be approved by the fellowship director. CME days cannot be converted into PTO. Each fellow has $1000 of funding for CME activities. This money should be used towards conferences, travel expenses, books, and other items that will further education in spinal cord injury medicine. Please note that this funding is not to be used on hardware, such as computers or phones.

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<tr>
<th>Time Off</th>
<th>Days Off</th>
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<tr>
<td>PTO</td>
<td>20</td>
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<tr>
<td>CME</td>
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PTO/CME Approval Process
All requests for PTO and CME must be sent in writing, via email, to the program director, the fellowship coordinator, and the site director. Additionally, any extended time away (one or more weeks) should be requested at least two months in advance to allow for scheduling changes. Please avoid canceling continuity clinic if possible. The expectation is that you will use 10 days of PTO in the first six months of the academic year, to minimize large amounts of time missed in the final month of the training program.

PTO must be taken in full day increments, with the exception of medical appointments. For all other exceptions, approval from the program director is required.

For unexpected sick time, please email the fellowship program director, the fellowship coordinator, and the clinic coordinator. Additionally, contact the fellowship director by text/phone first thing in the morning. Fellows are responsible for notifying the providers they would be working with to let those providers know of the absence.

All expenses and/or CME time off must be pre-approved by the program director. Submit requests in writing, via email, to the program director and coordinator. Note that any reimbursements must be made within 30 days of the purchase.

Leave of Absence
Short periods of sick leave that would not compromise the total time allowed away from the program can be handled at the discretion of the program director. However, total time away from the program that results in more than 30 working days away from the program is considered a leave of absence. Days in excess of the 30 day maximum must be made up before the fellow is allowed to graduate.

If this occurs, fellowship training will be extended as needed. This is a non-negotiable requirement. A fellow leave of absence must be discussed with, and approved by, the program director.
Approved leaves must be submitted to the program director and the program coordinator prior to all fellow leaves. If going on an unpaid leave of absence, but plan to have medical benefits continued, contact the program coordinator immediately. Failure to make a leave period approved and official can result in the loss of medical benefits.

**Family Medical Leave Act (FMLA)**
Some fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees must check with their department/program to determine if they qualify. Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). The trainee may qualify for short-term and long-term disability benefits.

Please refer to the Office of Human Resources website for further information. Fellow specific benefit information can be found at: [http://www.shb.umn.edu/](http://www.shb.umn.edu/)

**Witness and Jury Duty**
Witness Duty: Upon request to the program director, leave is provided to fellows who are subpoenaed to testify before a court or legislative committee concerning the University or the federal or state government.

Jury Duty: Upon request to the program director, leave is provided to fellows who are called to serve on a jury. Trainees do not lose pay when serving on a jury or testifying as described. The training program and the fellow may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the fellow and the program. The decision for deferment is made by the court.

**Bereavement Leave**
Fellows shall be granted, upon request to the program director, up to five days off to attend the funeral of an immediate family member. PTO must be used. Immediate family shall include spouse, cohabiters, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

*Note: Fellows 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. 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 information on the Office of Student Health Benefits website: [http://www.shb.umn.edu/](http://www.shb.umn.edu/)*

**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. 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)):

**Insurance Coverage**
Please refer to the Institution Policy Manual for Medical School policy on insurance availability.

The Department’s contact:

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

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

**Professional Liability Insurance**
Please refer to the Institution Policy Manual for Medical School policy for information on professional liability insurance.
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 Program Requirements for Graduate Medical Education in SCI/D Medicine

Fellows are encouraged to verify this information by confirming requirements with the ABPM&R to ensure the most current and accurate of information: Information on Subspecialty Certification: https://www.abpmr.org/Subspecialties/SCIM.

This website is also useful because it describes other information relative to taking the SCI/D Medicine Board Exam.

ACGME Competency Based Goals and Objectives
The ACGME requires that all fellows obtain competence in the following six areas (see Appendix C):

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge** that is about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- **Practice Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call upon system resources to provide care that is of optimal value.

**SCI/D Medicine Fellowship Supervision Policy**

The Veterans Affairs Medical Center is an interdisciplinary SCI/D center. The SCI/D Center is the hub for the VA SCI/D hub and spokes model of care. Referrals come from the spoke sites which are located in North Dakota, South Dakota, Nebraska, Iowa and Minnesota. There is continual dialog between medical, rehabilitation and nursing SCI/D services with an atmosphere of mutual respect for what each discipline brings to the total SCI/D management process and its ultimate success. The trainee will acquire the skills to work effectively in an interdisciplinary team by virtue of the daily exposure to this interdisciplinary model. Fellows are invited to participate in department program and social activities as they are viewed as an important part of the staff at both locations.

Courage Kenny Rehabilitation Institute’s Activity-Based Locomotor Exercise (ABLE) Program is a program for individuals with paralysis or neurological conditions. Fellows will work with this customized fitness and wellness program that incorporates locomotor training, functional electrical stimulation and fitness activities.

Gillette Children’s Hospital is a pediatric hospital and outpatient clinic that will provide the pediatric portion of the residency program.

HealthPartners Specialty Care Clinic and Inpatient Rehabilitation Unit is a community-based SCI/D program which implements emergency, medical and rehabilitation care for patients. Outside consultations are placed as needed for other aspects of care, including urology, neurosurgery, neurology, pulmonary, and internal medicine.

The University of Minnesota SCI/D Clinic is a hospital-based clinic which implements medical and rehabilitation care for patients. Outside consultations are placed as needed for other aspects of care.

Fellows may conduct consultations and office visits independently, though patients will always be seen by an attending physician in addition to the fellow. Fellows will be supervised for all procedures to ensure proper training, safety measures and patient care.

**Clinical Components**

Fellows gain exposure to a wide variety of spinal cord injuries and disorders throughout training. This ensures that fellows will gain broad clinical skills required of a specialist in SCI/D medicine management. Fellows will:

- Participate in outpatient evaluations of SCI/D patients from age range of pediatric to geriatric;
- Follow the progress of the patients they evaluate in a longitudinal clinic setting;
- Participate in the evaluation and treatment of hospitalized patients with acute and chronic
SCI/D;
- Learn intrathecal baclofen and botulinum toxin injection techniques;
- Work closely with SCI/D physicians in all areas of lifelong spinal cord injury care

Schedule
Fellow schedules will vary throughout the year. Typically scheduled into one-month blocks, fellows will be assigned to three or four different sites throughout the year where they will gain varied clinical experiences and didactic education as part of their training.

Fairview Outpatient SCI/D clinic Training Content:
- Outpatient SCI/D care
- Didactics

Minneapolis Veterans Affairs Medical Center Training Content:
- Inpatient experience
- Outpatient experience
- Preventative SCI/D medicine
- ALS Clinic
- Palliative care
- Intrathecal baclofen management
- Botox injections for spasticity
- Didactics
- Research

Regions Hospital/HealthPartners/Hennepin County Medical Center Training Content:
- Acute traumatic spinal cord injury inpatient consultations

Gillette Children’s Hospital Training Content:
- Pediatric outpatient SCI/D

Monitoring of Fellow Well-Being
Program faculty members are expected to recognize signs of fatigue in fellows and to immediately address such concerns with the house staff and arrange appropriate help (e.g. strategic napping, help arrange a ride home) immediately. Faculty members are to let the program director know of any such concerns about fellow fatigue when they arise. Signs of fatigue and impairment include:

- Inattentiveness to details
- Forgetfulness or lack of responsiveness
- Napping on duty
- Irritability
- Increase conflict with others
- Unexpected lack of organization
- Lacking proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Chronic tardiness
- Lack of attendance at fellowship teaching conferences
Faculty are reminded that being fit for duty is a form of professionalism. Fellows who do not feel fit to perform patient care are expected to communicate that with the program director or attending physician. Other behaviors faculty should watch closely as signs of fatigue/leading to fatigue include: regularly arriving on duty well before other team members, regularly remaining in hospital/clinic longer than other team members, completing patient notes late at night or the next day, moonlighting, chronic lateness in chart completion, challenges in fellows’ personal lives (e.g. child care). Annually, the organization hosts a didactics session on house staff sleep, fatigue and impairment. Faculty members are encouraged to attend this each year.

For fellows in the Spinal Cord Injury Medicine Fellowship, fatigue from excessive duty hours is not a common issue as there is no in-house call, and because at-home call is generally light. Fatigue related to moonlighting and fatigue unrelated to excessive duty hours may be an issue and this needs to be monitored and addressed as needed. Fellows are expected to contact the program director immediately with any concerns for fatigue, related to duty hours or otherwise. Moonlighting must count towards total duty hours (e.g. 80 hour work week, 10 hours between duty periods) and should be logged in the Resident Management System (RMS), along with other duty hours.

Also available is the Resident Assistance Program (RAP). In order to monitor resident/fellow 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, fellows and/or family members of the resident or fellow. Information regarding RAP can be found at: http://www.gme.umn.edu/residents/rap/home.html.

Sand Creek’s counselors have particular expertise in dealing with unique needs of individuals in their residency and fellowship training programs.

Fellow 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. Fellow 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 fellow’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://sandcreekeap.com/
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.

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

Procedure: Contact the site attending physician for appropriate contact information.

Veterans Affairs Medical Center (VAMC)
The VAMC will reimburse trainees who are too fatigued to safely drive home.

Procedure: Contact the site director for appropriate contact information.

Fellow Responsibilities and Activities

Didactics, Teaching Sessions and Grand Rounds
Multiple days per week there are meetings related to the clinical care of patients and education, and the Fellows are responsible for organizing and participating in these meetings. Attendance is mandatory, unless it is a patient-related emergency or prior approval to be absent (vacation, academic leave, etc.). Fellows are expected to read the related articles or chapters in advance to get the most out of the educational session. Didactic sessions are intended to take the form of a discussion, not a monologue.

During the twelve-month experience, fellows will be exposed to the following areas through a formal structured didactic program.
Chapter and Topic Reviews
Chapter/topic reviews based on the chapters in Spinal Cord Medicine Second Edition
by Denise I. Campagnolo MD (Editor), Steven Kirshblum MD (Editor), Mark S. Nash PhD FACSM
(Consultant) will be completed on a once weekly basis as part of the bi-weekly didactic program.

The presentation of these topics will be divided among both fellows and staff. Fellow assigned topics will
be provided at least three months in advance, such that there is adequate time for preparation.
Fellows may use whatever texts, articles, etc. necessary to generate the required summary. It is
suggested that fellows collate the information from various resources, as one resource may not be
sufficient for a specific topic. Assuming fellow reviews are comprehensive; fellows should be able to
assemble the handouts into a study-guide for the SCI/D Medicine Boards.

Journal Discussions
Journal discussions are presented once a month as part of the didactic program. These journal
discussions will provide an opportunity to discuss/debate updated peer-reviewed literature. Additionally
this is an ongoing forum for education on research methodology, design and concepts.

Continuous Quality Improvement
Interdisciplinary case presentations/M&M style discussions will be scheduled once per month. These
presentations will be the responsibility of the fellow. This is an opportunity to discuss quality
improvement, technical considerations and potential solutions to complications that may have occurred
in a case that a fellow participated in.

Note: It is expected that the fellow discuss the case to be presented with the faculty of record so they
have visibility of the presentation and an opportunity to provide input and/or participate if possible.

SCI/D Lecture Series: The fellow will be expected to participate in the SCI/D lecture series provided to
the PM&R residency program.

Grand Rounds Presentations
Each fellow will be assigned a date to do an EC&R/SCID Grand Rounds presentation The talk should be
professional in nature, i.e. PowerPoint slides, citing the latest literature, well-rehearsed, and the topic
signed off by the mentor. The Grand Rounds should include interdisciplinary staff participation.

The talk must be 40 minutes in duration and allow for an additional 5-10 additional minutes at the end
for Q & A.

In order to avoid repeating a topic that has already been done by a previous fellow, fellows must discuss
their topic(s) of interest with their mentor before starting work on presentation development. Fellows
will be evaluated on their grand rounds since it is a Continuing Medical Education (CME) event with the
EC&R department at the VAMC. These evaluations will be included in each fellow’s permanent record
and exit letter. The grand rounds presentation should NOT be another “chapter/topic review” but instead
be “attending-level” topic. The key words to remember are: relevant, intriguing, interesting,
controversial, well-researched, and rehearsed.

It is each fellow’s responsibility to arrange periodic meetings with your mentor to review the progress on
the Grand Rounds presentation.
- **6 weeks prior** to Grand Rounds, the fellow should review their presentation with their mentor. The presentation should be as close as possible to the final version.
- **4 weeks prior** to Grand Rounds, the fellow will be required to “practice” their presentation in front of the SCI/D Faculty so that if any changes need to be made plenty of time will still be available to make adjustments.

**Scholarly Project**
As part of fellowship training, fellows will be asked to contribute towards a “scholarly work” (case report, scientific presentation, abstract, publication, clinical trial, book chapter, etc.).

The SCI/D medicine faculty are engaged in numerous scholarly activities. In conference participation, clinical rounds and discussions, faculty members promote a spirit of inquiry and scholarship that increases the depth of understanding among fellows. Some of the faculty are also involved in clinical research and publishing work related to SCI/D medicine.

It is strongly suggested that fellows start working on their project early in fellowship training so there is adequate time to complete this requirement. It is the fellow’s responsibility to periodically meet (approximately every six weeks) with the fellow’s mentor to review the progress on the scholarly project. Please allow mentors sufficient time to critique the project as (a) acceptable or (b) needs revisions with subsequent resubmission. Fellows must have their FINAL DRAFT (i.e., a draft which has been finalized by your mentor) emailed to Dr. Goldish (gary.goldish@va.gov) and Carly Anderson (ande3102@umn.edu) by June 1st, 2018.

**Quality Improvement Project**
As part of the training year, fellows are asked to complete one quality improvement project.

**Progression in Fellowship Training**
Fellows will be evaluated in the six ACGME areas of “core competency” (medical knowledge, patient care, interpersonal & professional communication skills, professionalism, practice-based learning, and systems-based practice) and ACGME milestones using the Residency Management Suite (RMS) system.

At the six-month mark of fellowship training, the ACGME requires that the program administration formally submit documentation attesting to whether fellows are performing satisfactorily or unsatisfactorily for their level of training in all of the six core competencies. An “unsatisfactory” score (three or less) in any of the six core competencies indicates that the trainee is strongly at risk for not successfully completing the fellowship. The ACGME requests the same formal documentation at the end of fellowship training. Fellows must show adequate progression during training. However, if a fellow earns an “unsatisfactory” evaluation in any one or more of the six core competencies at the conclusion of the fellowship, the ACGME dictates that you cannot receive credit for your training, even if you complete the entire 12-months of the fellowship. A six-month fail may also be given which can be reversed if the following six months are adequate. This will be determined by the SCI/D Fellowships’s Curriculum Competency Committee (CCC) for each trainee.

In preparation to navigate successfully through fellowship training, it is strongly encouraged to immediately develop a written study plan that includes:
- Methods of study to accomplish, at a minimum, the ACGME objectives
- Application of what has been learned and how it transfers to clinical practice
• Revision of the study plan based on events or actions related to clinical care of patients that resulted in positive or negative outcomes

Fellows will meet with their faculty mentors frequently. Each fellow will be formally evaluated by their attendings, peers (i.e., other fellows), nursing staff, and patients using a global rating system to assess the six core competencies. Fellows will also complete a self-evaluation to gauge level of introspection. A meeting will be arranged for each fellow to meet individually with Dr. Goldish every three months to provide formal, written feedback on performance and progress.

At the conclusion of fellowship training, Dr. Goldish will draft a summary evaluation of performance based on the final evaluations received from the entire faculty. This summary evaluation is a part of each fellow’s permanent record and also serves as the letter of reference for any prospective employers.

At all times, but particularly during quarterly evaluations, fellows will also have the opportunity to give feedback on the quality of training, teaching, etc. These meetings are designed to be helpful to you and to improve the quality of the entire clinic and should be viewed as constructive.

Finally, at the mid-point and end of the fellowship, fellows will also be asked for their feedback and evaluation of the fellowship program.

Faculty-Fellow Mentoring
Each fellow will be assigned a mentor for the entire fellowship year. Mentors and mentees will need to meet at least every three months (ideally every six weeks) to ensure fellows are making steady progress throughout the fellowship and to mitigate any issues that may negatively impact the overall experience. These meetings are mandatory, and it will be the fellow’s responsibility to speak with their mentor about scheduling reviews. Among the items to be reviewed are: (a) status updates regarding scholarly and quality improvement projects; (b) status updates regarding your Grand Rounds; (c) up-to-date completion of required SCI/D medicine case logs [see Appendices A1 & A2]; (d) reviewing self-evaluation forms; and (e) study plan.

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. It also contains additional information, including the rotation objectives for each rotation and copies of commonly used forms.

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

Fellows 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, fellows will be pulled from their rotation and not permitted to return to the rotation until all necessary information is complete.

RMS Electronic Evaluations
Evaluations must be done, through RMS, for each rotation. Fellows evaluate the rotation and faculty, while the faculty evaluates the fellow. Evaluations must be completed and it is important to do so in a
RMS allows the user to suspend any evaluations for which they feel they did not have sufficient contact to properly evaluate an individual.

**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 training 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 training 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. Fellows 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.

SCI/D medicine fellows are considered to be in the final years of their education and must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows 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 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 fellows into RMS are used to document and reconcile Medicare payments with the institutions where the fellows rotate.

Per the University of Minnesota Medical School policy, **fellows are required to enter duty hours on a daily basis and approve duty hours.**

**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 UMN—PM&R—Pain Medicine 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 they Did Not Work button, found at the bottom of the screen.

12. Enter all vacation time by selecting the Log Vacation button (located under the Assignment Definitions box) and filling in necessary vacation information.

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

Program Director and Faculty Evaluation of Fellows
Fellows are primarily supervised by the program director, but other faculty members who work with fellows will have an opportunity to evaluate the performance as well. In addition to verbal feedback evaluations, evaluations will be sent quarterly, via RMS, and faculty will be given an opportunity to evaluate each fellow in writing.

Supervising rotational faculty members review written rotational objectives with each fellow at the start of each rotation. Based on the objectives, the supervising faculty members and the fellow will verbally agree on an educational plan and operating procedures. Formative (ongoing) feedback is verbally provided to fellows at regular intervals during each clinical rotation by the rotational faculty members(s). Formative feedback should occur no later than the midpoint of each rotation and, at minimum, occur at least once during the rotation. Ideally, formative feedback should be ongoing.

Modifications in the program can be made when needed to improve the educational experience. In addition to the formal reviews, the program director will be responsible for periodic evaluation of patient care (quality assurance) rendered by the fellow. SCI/D fellows must achieve satisfactory performance at the end of 12 months to get credit for their training.

Semi-Annual Evaluations
Summative feedback, based on evaluations and performance, is provided to fellows during semi-annual reviews with the program director. The program director holds a face-to-face evaluation semi-annually to review each fellow’s clinical evaluations, conference attendance, teaching performance, professionalism, communication and interpersonal skills and record keeping habits. This provides a formal opportunity to discuss progress, strengths and areas needing improvement. This is also meant as a time for the fellow to give feedback about their experience and the program as a whole. At the end of year evaluation, this discussion of each fellow is brought to conclusion with one of the following recommendations:

1. Advancement with statement of strengths and areas that need development
2. Advancement with statement of deficiencies to be improved
3. Advancement with notification of probation and statement of deficiencies to be improved
4. If progress is not satisfactory, the fellow’s progress will be reviewed by the Clinical Competency Committee which may decide on remediation, probation or dismissal from the program
Note: All evaluations become part of the fellow’s permanent record.

**Rotation Objectives**
Objectives are available for each rotation experience. Fellows must read over the objectives and confirm that they have read and understand the rotation objectives. It is required that fellows read and confirm prior to the start of the rotation.

**Moonlighting**
Fellows must have approval from the program director to take on a moonlighting role. All moonlighting hours, internal and external, counts towards duty hours and must be logged in RMS accurately. A moonlighting approval form must be on file with the program coordinator.

If interested in getting approval to moonlight, email the program director with the request. The program director must acknowledge and approve this activity, via the required form, prior to taking on a moonlighting position. Send approval documentation to the program coordinator for record keeping purposes. Failure to have moonlighting approved by the fellowship director is unprofessional and grounds for discipline.

Note: Fellows must never moonlight when on duty, including weekend call. If the moonlighting duties are pager-call only and do not require face-to-face patient care, the fellowship director may make an exception. Regardless of duty hour violations, the program director will only approve moonlighting if it does not interfere with the fellows’ education and clinical performance, including participation in non-clinical fellowship activities such as teaching, didactics, and scholarly activities.

**Continuity Clinic**
Continuity clinic is an important facet of the SCI/D medicine training experience. Fellows should avoid canceling continuity clinic if at all possible. If it must be rescheduled, make every attempt to reschedule patients at a different time. Fellows should meet with the continuity clinic attending to discuss educational and clinical goals and objectives for the continuity clinic experience.

**Disciplinary and Grievance Procedures**


**Fellow Complaint and Grievance Guidelines**
In general, if a fellow has a concern, complaint or grievance about a program faculty member or other aspect of the program, the fellow should bring that concern directly to the program director and the director can help to find an acceptable solution. If the grievance involves the program director, if the fellow feels uncomfortable bringing the concern to the director, or the fellow is dissatisfied with the director’s response, the fellow should contact the Residency Program Director, Dr. Brionn Tonkin (tonki018@umn.edu) or Dr. Dennis Dykstra, MD, PhD, Program Chair in the Department of Rehabilitation Medicine (dykst001@umn.edu).

Retaliation of any form against a fellow, who brings forward, in good faith, a concern about the program, will not be tolerated by the fellowship program. Fellows should bring any concerns about retaliation to the their fellowship program director, associate program director, residency program director, department chair, or Dr. John Andrews, Designated Institutional Officer of Graduate Medical Education, as appropriate.

The Institution Policy Manual has many support services for house staff dispute resolution that fellows must familiarize themselves with, including a confidential email address to report concerns to the Medical School’s Associate Vice Dean for GME.

If a fellow has concerns that the program is in violation of ACGME program requirements, especially if a fellow is not satisfied with response by the fellowship program or GME office, he or she can report a concern or make a formal complaint about the program directly to the ACGME.

Fellow Feedback and Conflict Management Guidelines

Fellow Feedback
Fellow feedback is valued as information that can improve the program. Attending faculty, the program director and the program coordinator 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 RMS.

ACGME Resident Survey
Fellows are required to complete the ACGME Resident Survey annually. Fellows will be contacted when it comes time to complete the survey. Please note that ACGME refers to both residents and fellows as ‘residents’.

Quarterly Reviews and the Curriculum Competency Committee (CCC)
The program director meets with fellows regularly to review the fellow’s performance and develop goals and educational plans. Any fellow performance issues will be documented and forwarded to the CCC which meets four times per year (September, December, March and June) and will make recommendations for fellow remediation, probation, suspension or termination to the Program Director based on the fellow’s documented performance.
### Spinal Cord Injury and Disorders Program Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email Address</th>
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</table>
| Anderson, Carly     | Fellowship Program Coordinator                                       | Phone: 612-626-4913
|                     |                                                                      | Email: [ande3102@umn.edu](mailto:ande3102@umn.edu) |
| Goldish, Gary       | SCI/D Fellowship Program Director                                     | Email: [gary.goldish@va.gov](mailto:gary.goldish@va.gov) |
| Boyle, Stephanie    | Associate Fellowship Director, VAMC Site Director                     | Email: [stephanie.boyle@va.gov](mailto:stephanie.boyle@va.gov) |
| Jackson, Steven     | Region's Site Director                                                | Email: [steven.d.jackson@healthpartners.com](mailto:steven.d.jackson@healthpartners.com) |
| Sembrano, Roderick  | University of Minnesota Site Director                                 | Email: [rsembrano@umn.edu](mailto:rsembrano@umn.edu) |
| Sinner, Angela      | Gillette Site Director                                                | Email: [ASinner@gillettechildrens.com](mailto:ASinner@gillettechildrens.com) |
| Spendley, James     | Courage Kenney Site Director                                          | Email: [James.Spendley@allina.com](mailto:James.Spendley@allina.com) |

**Facilities Information**

Department of Rehabilitation Medicine
500 Boynton Health Service Bridge
420 Delaware St. SE, MMC 297
Minneapolis, MN 55455
Acknowledgement Page

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

I have received the 2017-2018 University of Minnesota SCI/D Medicine Fellowship 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 program coordinator for clarification.

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

_______________________________                   ___________________________________
Fellow Signature    Date