Introduction to the Brain Injury Medicine 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 Brain Injury Medicine Fellowship at the University of Minnesota. Exceptions are noted.

Brain Injury Medicine Fellowship Program Objectives

Brain Injury Medicine Fellowship Mission
Welcome to the University of Minnesota Brain Injury Medicine Fellowship. We hope to have an exciting, challenging, interesting, and fulfilling year. The mission of the Brain Injury Medicine 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 brain injury physician.

Brain Injury Medicine Fellowship Objectives
Brain injury medicine and management is a rapidly evolving field that draws from many disciplines including physical medicine and rehabilitation, neurology, psychiatry and general medicine. Brain injury problems can an important aspect of every medical and surgical specialty and there is a rapidly growing body of sophisticated basic science that forms the foundation of new therapies for these complex patients. In order to meet the diverse educational needs of fellows specializing in brain injury medicine, the Brain Injury Medicine 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 brain injury
- Characterize a variety of associated conditions and develop appropriate treatment plans
- Participate in a brain injury management team and understand the biopsychosocial model of brain injury
- Participate in shared care of a brain injury patient and understand the concept of interdisciplinary care to design and implement comprehensive rehabilitation plans
- Demonstrate independent thought and action in assessing and managing a problem appropriate for the level of experience or expertise
- Demonstrate independence in performing basic interventional procedures related to BIM
- Clinically manage the medical, pharmacological, and rehabilitative needs of persons with traumatic and non-traumatic brain injury.
- Competently perform mental status and neurological exams as well as interpretation and application of neuro-imaging studies and neuropsychologic testing.
- Develop and implement specialized treatment regimes including behavioral modification programs and coma management
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 brain injury medicine

Program Accreditation

The University of Minnesota Brain Injury Medicine Fellowship has been accredited by the ACGME as of September 2016. The sponsoring program is the Department of Physical Medicine and Rehabilitation 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.

Please refer to Institution Manual at:

HIPAA Training

All fellows 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:

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.

**Electronic Medical Record Access at 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>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>VAMC</td>
<td>Michael Froats</td>
<td><a href="mailto:michael.froats@va.gov">michael.froats@va.gov</a></td>
</tr>
</tbody>
</table>

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

**Program-Specific Selection Policy**
Brain Injury Medicine Fellowship interviews will be scheduled in September for applicants that wish to start the fellowship in the following summer. All application materials are due by August 1st prior to interview season and interviews are offered by invitation only.

Applicants must have completed an ACGME accredited residency program in physical medicine and rehabilitation, neurology, or psychiatry and be board-eligible or board-certified in their specialty. The number of postgraduate fellows in brain injury 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**
- University of Minnesota BIM 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:
- ERAS is not currently being used—paper applications will be accepted
- Interviews will take place in 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 if the fellow was involved in the patient’s care they are 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 in the Department of PM&R at the VAMC, located currently on Ward 3R, One Veterans Drive, Minneapolis, MN, 55417. Update contact information with the Brain Injury Medicine Fellowship Program Director, Dr. Michael Armstrong, 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.

Link: https://hsl.lib.umn.edu/biomed

**Fellow Benefits**

**Annual Stipend Rate**

Stipends (2017-2018 rates) for fellows at the Step 5 stipend level:

| Step 5 | $61,466 |

*Note: Fellows that completed a four-year residency will start their fellowship (5th year) at Step 5.*

Pay checks are issued every other Wednesday. Enrolling in direct deposit will have checks automatically deposited into the elected bank account. Direct deposit enrollment can be set up through 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.

Elsa Stork  
Clinical Neuroscience Administrative Center  
MMC 915  
D694 Mayo Memorial Building  
420 Delaware St. SE  
Minneapolis, MN 55455  
612-625-6110  
ekstork@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.

*Note: Days off for Christmas Eve, Christmas Day, and New Year’s Day will vary depending on site.*

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, 2016 (work hours on Christmas Eve are site-specific)  
Christmas Day: Monday, December 25, 2017  
New Year’s Day: Monday, 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. The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (four weeks) per year. Attendance at scientific meetings, not to exceed five working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

**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 brain injury medicine. Please note that this funding is not to be used on hardware, such as computers or phones.

**Professional License**

The fellow is responsible for any costs associated with professional licensing.

<table>
<thead>
<tr>
<th>Type</th>
<th>Days Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTO</td>
<td>20</td>
</tr>
<tr>
<td>CME</td>
<td>5</td>
</tr>
</tbody>
</table>

**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.**

**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 20 days away from the program is considered a leave of absence. Days in excess of the 20 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.

**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 Policy at: 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. 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 trainee’s 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):

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 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.

RUMINCO Policy #: RUM-1005-14

Department Contact:
Tara Atkisson
Email: medcred@umn.edu
Website: https://sites.google.com/a/umn.edu/medcred/

Proof of Professional Liability coverage for residents can be obtained from:
Pam Ubel
Office of Risk Management
Phone: 612-624-5884
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 Program Requirements for Graduate Medical Education in Brain Injury Medicine**

This fellowship is geared to prepare the fellow for the demands of the practice as a brain injury medicine management consultant, which involves the assessment and treatment of patients with brain injury. To this effect, the fellow is expected to actively participate in the clinical management of patients in the inpatient and outpatient settings, which will occur under the supervision of an attending.

The fellowship has been designed to help the fellow meet the minimum ACGME requirements necessary to achieve board eligibility in Brain Injury Medicine. See Appendix B for the Brain Injury Medicine Board Exam Outline.

Fellows are encouraged to verify this information by confirming requirements with the ABPMR to ensure the most current and accurate of information:

ABPMR Website: https://abpmrpublicfs.file.core.windows.net/pdfs/abpmr_cert_boi.pdf?sv=2016-05-31&sr=s&sig=bCNzz6L377dsiyOGZAZ47%2B7sIBoQ2XMofOZS6sB0aKw%3D&se=2017-03-20T18%3A39%3A01Z&sp=r (page 32 of the manual)

This website is also useful because it describes other information relative to taking the Pain 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 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.

Brain Injury Medicine Fellow Supervision Policy

Fellows 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. Fellows should discuss any questions they have about any part of these activities with attending faculty/supervising the fellow.

The program ensures that all fellows 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 fellows are asked to monitor for signs of fellow fatigue and make adjustments in resident schedules/responsibilities to counteract its potential negative effects.

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

A guideline for fellow supervision is as follows:
<table>
<thead>
<tr>
<th>Procedure-Activity</th>
<th>Direct Supervision</th>
<th>Indirect Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Supervising physician to be physically present with fellow and patient</td>
<td>Note: Direct supervision is immediately available</td>
<td></td>
</tr>
<tr>
<td><strong>Interventional (Invasive) Procedures</strong></td>
<td>At beginning of academic year for all fellows</td>
<td>If fellow demonstrates competence and safety with basic botulinum toxin injections, EMGs, and baclofen pump refills or interrogations.</td>
</tr>
<tr>
<td><strong>Outpatient clinic consultation</strong></td>
<td>For counseling and final decision making</td>
<td>During history and physical examination</td>
</tr>
<tr>
<td><strong>Inpatient consultation</strong></td>
<td>For counseling and final decision making</td>
<td>During history and physical examination</td>
</tr>
</tbody>
</table>

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

1. **Advanced Inpatient Rehabilitation Unit/Sub-Acute**
   a. Accurate, thorough but focused H&P, assessment, medical comorbidities and treatment plan.
   b. Complete differential diagnoses, work up and treatment of rehabilitation/medical complications.
   c. Team leader in all situations e.g.,
      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.

2. **Inpatient Consults**
   a. Accurate, thorough, but focused BI 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 long-term BIM/rehab program.
g. Integrate knowledge of health care providers and funding into recommendations for the patient.
h. Master the fund of knowledge of the brain injury 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 BIM and rehab units.
l. Thorough, accurate, complete, timely documentation.
m. Day-to-Day faculty supervision is to consult, question, or stimulate the resident.

3. Pediatric Brain Injury medicine
b. Complete differential diagnoses, work up and treatment of pediatric BI and medical complications.
c. Team leader in most situations.
d. Masters the fund of knowledge of the pathophysiology, intervention and prognosis of common pediatric BIM 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.

4. Advanced Outpatient
b. Thorough differential diagnosis, work up and treatment options.
c. Independent with procedures.
d. Communicate with patient and family during difficult situations e.g.:
   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.
Clinical Components
Fellows gain exposure to a wide variety of clinical brain injury problems throughout training. This ensures that fellows will gain broad clinical skills required of a specialist in brain injury management. Fellows will:

- Participate in outpatient evaluations of brain injury patients;
- Follow the progress of the patients they evaluate in a longitudinal clinic setting;
- Participate in the evaluation and treatment of hospitalized patients with brain injury due to trauma or other etiology, cancer and other medical illnesses both in consultation and inpatient management;
- Learn botulinum toxin injection techniques;
- Participate in the interrogation and management of intrathecal baclofen pumps;

Schedule
Fellow schedules will vary throughout the year. Typically scheduled into 1 month blocks, fellows will be assigned primarily to three different sites throughout the year where they will gain varied clinical experiences and didactic education as part of their training.

Hennepin county Medical Center Training Content:
- Outpatient Clinic
- Inpatient Rehabilitation
- Inpatient Consults
- Interdisciplinary team
- Neurosurgery/ER
- Didactics
- Research

Minneapolis Veterans Affairs Medical Center Training Content:
- Outpatient Clinic
- Inpatient rehabilitation
- Procedures
- Residential Rehabilitation
- Inpatient consult experience
- Outside referral/consultation, including active duty admission
- EMG exposure when applicable
- Mental Health
- Interdisciplinary team
- Didactics
- Research
- TBI Model Systems

Gillette Children’s Specialty Healthcare
- Outpatient Clinic
- Inpatient consult experience
- Procedures
Sample Schedule:

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>VAMC</td>
<td>VAMC</td>
<td>VAMC</td>
<td>VAMC</td>
<td>VAMC</td>
<td>VAMC</td>
</tr>
<tr>
<td>Name</td>
<td>Inpatient 4J</td>
<td>Inpatient 4J + consults</td>
<td>Allied Health Team</td>
<td>Mental Health</td>
<td>Outpatient/Residential</td>
<td>Outpatient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>HCMC</td>
<td>HCMC</td>
<td>HCMC</td>
<td>HCMC</td>
<td>HCMC</td>
<td>Gillette</td>
</tr>
<tr>
<td>Name</td>
<td>Neurosurgery/ER</td>
<td>Inpatient Knapp + consults</td>
<td>Outpatient</td>
<td>Outpatient</td>
<td>Allied Health Team</td>
<td>Inpatient/Outpatient</td>
</tr>
</tbody>
</table>

**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).

For fellows in the Brain Injury Medicine Fellowship, fatigue from excessive duty hours in 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://www.sandcreekeap.com/default.aspx

Cab Voucher Policies
Hennepin County Medical Center
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**
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.

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

Procedure: Contact the site director for appropriate contact information.

---

**Fellow Responsibilities and Activities**

**Didactics, Teaching Sessions and Grand Rounds**
Several educational sessions related to the clinical care of patients and education will be held, and the fellow is 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 any related material 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:

- Acute TBI medication and agitation management
- CV, Pulmonary, and endocrine manifestation
- Disorders of consciousness and prognosis after TBI
- Research in TBI
- Mild TBI/Concussion
- Neurological Complications
- Community reintegration
- Aphasia, dysphagia, and cognition
- Assessment scales, neuropsychological testing, cognition
- Behavioral Health and sleep
- VA polytrauma and blast injury
- Headaches and pain conditions in TBI
- Posture, balance, and vestibular disorders
- Neuroanatomy and neuroimaging
- Pattern of brain injury
- Acute care management (ICU, ER, OR)
- Visual Disorders
- Autonomic dysfunction and management
- Pharmacology in TBI
- Deconditioning, pressure ulcers, contractures, nutrition
- Dementia and CTE
- Dual diagnosis and acquired brain injury
• TBI risk factors and epidemiology
• Worker’s compensation

Throughout fellowship training, the above are accomplished in seven ways:
1. Chapter and topic reviews
2. Case conferences
3. Journal discussions
4. Seminars
5. Mandatory scholarly project
6. Independent study (reading, attending local/national conferences, etc.)
7. Quality improvement project

**Chapter and Topic Reviews**
Chapter/topic reviews based on the chapters in Brain Injury Medicine 2nd Ed. (Zasler et al) will be completed on a once or bi weekly basis as part of the bi-weekly didactic program. These reviews are estimated to take one hour.

The presentation of these topics will be divided among both fellows and staff. Fellow assigned topics will be provided at least two 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 BIM Board, if eligible to take it.

**Journal Discussions**
Journal discussions are presented once per 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**
Case presentations/M&M style discussions will be scheduled once per month. These presentations will be assigned on a rotating basis. 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.*

**Grand Rounds Presentations (Seminar)**
Each fellow will be assigned two dates to do a Grand Rounds presentation for the Department of Physical Medicine and Rehabilitation. The talk should be professional in nature, i.e. PowerPoint slides, citing the latest literature, well-rehearsed, and the topic signed off on by the mentor. These will likely coincide with the resident seminar presentations and occur in December and June.

The talk must be 40 minutes in duration and allow for an additional 5-10 additional minutes at the end for Q & A. This is typically no more than 45 slides in a PowerPoint presentation.
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 and there will be evaluations to supply feedback. These evaluations will also 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 their mentor 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, clinical trial, book chapter, etc.).

The faculty are engaged in numerous scholarly activities. In conference participation, clinical rounds and discussions, faculty members should 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 brain injury 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. Armstrong (Michael.Armstrong@va.gov) 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 Brain Injury Fellowship’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 (residents if applicable), 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 the program director every three months to provide formal, written feedback on performance and progress.

At the conclusion of fellowship training, Dr. Armstrong 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 pain medicine case logs [see Appendices A1 & A2]; (d) reviewing self-evaluation forms; and (e) study plan.

Assessment of Academic Performance
The program will review Milestones consistent with the ACGME requirements on a semi-annual basis. Many resources are available for board preparation (online and otherwise) and some may be paid for by the book fund.

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:
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 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.

**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.

Brain injury 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/. 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—Brain Injury 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. Brain injury medicine 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.

ACGME Milestone Evaluations
Per the ACGME (http://www.acgme.org/Portals/0/PDFs/Milestones/BrainInjuryMedicineMilestones.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 fellowship faculty members. The CCC will use the clinical evaluations, conference attendance, 360 evaluations, ACGME Milestone evaluations, ITE 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:

<table>
<thead>
<tr>
<th>ACMGE Milestone Level</th>
<th>ACMGE 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>
</tr>
</tbody>
</table>
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.

If interested in getting approval to moonlight, email the program director with the request. The program director must acknowledge and approve this activity, in writing, 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 is an important facet of the brain injury medicine training experience. Continuity can be done several different ways and it will be the goal of the fellowship to have continuity for patients as they move from inpatient to residential to outpatient care. This may be completed through a dedicated clinic, but this goal may also be met through other means at the discretion of the program director.

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 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 their program director, program coordinator, Department Chair or Dr. John Andrews, Designated Institutional Office 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.

Brain Injury Medicine Program Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone/Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Armstrong, MD</td>
<td>Fellowship Program Coordinator</td>
<td>Phone: 612-467-2440 Email: <a href="mailto:Michael.Armstrong@va.gov">Michael.Armstrong@va.gov</a></td>
</tr>
<tr>
<td>Sarah Rockswold, MD</td>
<td>HCMC Site Director</td>
<td>Phone: 612-873-8700 Email: <a href="mailto:Sarah.Rockswold@hcmed.org">Sarah.Rockswold@hcmed.org</a></td>
</tr>
<tr>
<td>Angela Sinner, MD</td>
<td>Gillette CSH Site Director</td>
<td>Phone: Email: <a href="mailto:asinner@gillettechildrens.com">asinner@gillettechildrens.com</a></td>
</tr>
<tr>
<td>Brionn Tonkin, MD</td>
<td>Associate Fellowship Director</td>
<td>Phone: 612-467-2440 Email: <a href="mailto:tonki018@umn.edu">tonki018@umn.edu</a></td>
</tr>
</tbody>
</table>
Facilities Information
Veteran’s Affairs Medical Center
Department of Physical Medicine and Rehabilitation
1 Veteran’s Drive
Minneapolis, MN 55417

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

Gillette Children’s Specialty Healthcare
Department of Rehabilitation Medicine
200 University Avenue East
St. Paul, MN 55101

Hennepin County Medical Center
Department of PM&R
701 Park Ave
Minneapolis, MN 55415
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 Brain Injury 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