University of Minnesota
Pain Medicine Fellowship
Program Manual

Department of Rehabilitation Medicine
Department of Anesthesiology
Last updated 5/2/17
Contents

Introduction ........................................................................................................................................... 3

Pain Medicine Fellowship Mission and Program Objectives ............................................................... 3

Institutional Policies and Procedures .................................................................................................. 4

HIPPA, Epic, Electronic Medical Records

Program-Specific Fellow Selection Policy ....................................................................................... 5

Eligibility and Application Information

Fellow Services .................................................................................................................................... 6

Tuition/Fees, Pagers, Email and Internet Access, Campus Mail, Biomedical Library

Fellow Benefits .................................................................................................................................... 7


ACGME Program Requirements ......................................................................................................... 11

Case Logs, Competency-Based Goals and Objectives

Pain Medicine Fellow Supervision Policy ............................................................................................ 13

Supervision Policy, Schedule Overview, Monitoring of Fellow Well-Being, Resident Assistance Program, Cab Vouchers

Fellow Responsibilities and Activities ............................................................................................... 19

Didactics, Teaching and Grand Rounds, Chapter and Topic Reviews, Journal Discussions, Continuous Quality Improvement, Grand Rounds Presentations, Scholarly Projects, Quality Improvement Projects, Progression in Fellowship Training, Faculty-Fellow Mentoring, Assessment of Academic Performance, RMS Responsibilities—Evaluations and Duty Hours, Semi-Annual Reviews, ACGME Milestone Evaluations, Rotation Objectives, Moonlighting, Continuity Clinic

Disciplinary and Grievance Procedures .............................................................................................. 27

Fellow Complaint and Greivance Guidelines ...................................................................................... 27

Fellow Feedback and Conflict Management Guidelines ...................................................................... 28

Fellow Feedback, ACGME Resident Survey, Scholastic Standing Committee

Pain Medicine Directory ..................................................................................................................... 29

Pain Medicine Fellowship Directory Information, Facility and Resource Information

Acknowledgement ............................................................................................................................... 30
Introduction to the Pain 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 Pain Medicine Fellowship at the University of Minnesota. Exceptions are noted.

Pain Medicine Fellowship Program Objectives

Pain Medicine Fellowship Mission
Welcome to the University of Minnesota Pain Medicine Fellowship. We hope to have an exciting, challenging, interesting, and fulfilling year. The mission of the Pain 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 pain management physician.

Pain Medicine Fellowship Objectives
Pain medicine and management is a rapidly evolving field that draws from many disciplines including anesthesiology, physical medicine and rehabilitation, neurology, psychiatry, oncology, palliative care, rheumatology and general medicine. Pain problems are 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 complex pain problems. In order to meet the diverse educational needs of fellows specializing in pain medicine, the Pain 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 concepts of the impact of nociception, suffering, and pain behavior on the pain complaint
- Understand the fundamental principles and skills involved in the evaluation and management of acute, chronic and cancer pain
- Characterize a variety of painful conditions and develop appropriate treatment plans
- Participate in a pain management team and understand the biopsychosocial model of chronic pain
- Participate in shared care of a pain 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 pain interventional procedures

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 pain management

Program Accreditation
The University of Minnesota Pain Medicine Fellowship has been accredited by the ACGME as of February 2013 and retroactive to July 1st, 2012. 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 she has all necessary information to initialize the CPRS access. Phone number: 612-725-2044.

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**Program-Specific Selection Policy**

Pain Medicine Fellowship interviews will be scheduled from June to August for applicants that wish to start the fellowship in the following summer. All application materials are due by April 1st prior to interview season and interviews are offered by invitation only.

Applicants must have completed an ACGME accredited residency program in anesthesiology, physical medicine and rehabilitation, neurology, psychiatry, emergency medicine, family medicine or radiology 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 four fellows 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
- USMLE/COMLEX Scores
• Three letters of recommendation (LoR)
  o One LoR from a faculty member from the applicant’s residency program
  o Two additional LoRs

Additional Eligibility and Interview Information/Requirements:
• All applications must be submitted through ERAS—No paper applications will be accepted
• Interviews will take place from June-August 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, such as Regions, 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 in the Comprehensive Pain Center at the VA Medical Center. Update contact information with the Pain Medicine 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.

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.

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.

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 Day: Monday, December 26, 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. This is based on the American Board of Anesthesiology – Subspecialty Handbook, section: Absence from Training, which states:

“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 $1500 of funding for CME activities. This money should be used towards conferences, travel expenses, books, and other items that will further education in pain medicine. Please note that this funding is not to be used on hardware, such as computers or phones.

<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](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 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.

RUMINCO Policy #: RUM-1005-14

Proof of Professional Liability coverage for residents can be obtained from:
Pam Ubel
Office of Risk Management
Phone: 612-624-5884
Email: ORM@umn.edu
Website: https://sites.google.com/a/umn.edu/medcred/

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 Pain Medicine

Case Logs
The ACGME Program Requirements for Graduate Medical Education in Pain Medicine changed as of July 1, 2007. It is each fellow’s responsibility to be familiar with the requirements. At the conclusion of fellowship training, the ACGME requires that submission of a case log documenting each fellow’s twelve-month experience.

During fellowship training, the ACGME requires that fellows have fulfilled certain “minimum requirements” in terms of types and numbers of patients seen. See Appendix A.

It is imperative that fellows keep an accurate log of each patient seen while in the outpatient clinics, inpatient service, and specialty service rounds. Fellows must document ALL of the following for each patient seen:

<table>
<thead>
<tr>
<th>Date</th>
<th>Adult vs. Pediatric</th>
<th>Outpatient vs. Inpatient</th>
<th>Chronic vs. Cancer vs. Palliative vs.</th>
<th>New Patient Visit vs. Follow up Patient Visit</th>
<th>Type of procedure, if any</th>
</tr>
</thead>
</table>

For purposes of patient confidentiality, the name or MR# of the patient should NEVER be recorded. Fellows will also need to record the supervising attending.

Fellows can choose to do keep these records electronically (i.e., Excel spreadsheet, etc.) or keep hardcopies. The data from the aforementioned log must be transposed to both Pain Medicine Logs (ACGME and UMN) (see Appendices A1 and A2). Fellows will need to review both logs monthly with their mentor, as well as quarterly with Dr. Macedo. The purpose of reviewing the logs frequently is to ensure information is being correctly entered and that ACGME’s minimum requirements are being met. It is unlikely that fellows will not meet the ACGME’s minimum requirements given the outpatient and inpatient volume among all of the sites of the fellowship. However, if it appears a fellow is deficient in one or more areas of the minimum requirements, adjustments will be made to the rotation schedule to compensate.

Copies of both logs must be submitted at the end of fellowship training and will be retained in each fellow’s permanent record. Fellows must submit these case logs at the end of training in order to receive credit for completing the fellowship training. Furthermore, these case logs serve as the basis upon which credentialing institutions may determine which privileges are granted upon graduating. Therefore, it is in the fellow’s best interest to make sure these logs are accurate.

This fellowship is geared to prepare the fellow for the demands of the practice as a pain management consultant, which involves the assessment and treatment of patients in pain. 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 Pain Medicine. See Appendix B for the Pain Medicine Board Exam Outline.

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

ABA Website: http://www.theaba.org/Exams/Pain-Medicine-Certification/Pain-Medicine-Certification

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

NOTE: Deadlines listed for applying are applicable only to fellows who have completed an Anesthesiology residency. For non-Anesthesiologists, you must go to your primary specialty’s website to verify application deadlines.

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.

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**Pain Medicine Fellowship 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 discuss any questions they have about any part of these activities with attending faculty/supervising 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 fellows with continuous supervision and consultation at all times. Faculty and fellows are asked to monitor for signs of fellow fatigue and make adjustments in fellow schedules/responsibilities to counteract its potential negative effects.

Attending faculty must be available for face-to-face assistance as needed by the fellow.

A guideline for levels of supervision is, as follows:
### Procedure-Activity

<table>
<thead>
<tr>
<th>Procedure-Activity</th>
<th>Direct Supervision</th>
<th>Indirect Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Supervising physician to be physically present with fellow and patient</td>
<td><strong>Note:</strong> Direct supervision is immediately available</td>
<td></td>
</tr>
</tbody>
</table>

**Interventional (Invasive) Procedures**
At beginning of academic year for all fellows
If fellow demonstrates competence and safety with basic spine injections in the lumbar spine. Staff at a minimum will be present for time out and will verify contrast pattern and final needle placement

**Outpatient clinic consultation**
For counseling and final decision making
During history and physical examination

**Inpatient consultation**
For counseling and final decision making
During history and physical examination

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

1. **Inpatient Consults**
   a. Accurate, thorough, but focused inpatient pain consult
   b. Communicate with referral team
   c. Communicate with pain faculty
   d. Master the fund of knowledge of the pain conditions seen with an emphasis on prognosis and treatment recommendations
   e. Understand billing and coding
   f. Able to work efficiently and manage time, so able to independently manage the entire service
   g. Thorough, accurate, timely documentation
   h. Day-to-Day faculty supervision is to consult, question, or stimulate the fellow

2. **Beginner Outpatient**
   a. Accurate, thorough History and Physical, assessment, treatment plan
   b. Understands general differential diagnoses, work up, and treatment options
   c. Procedures – TPI, joint/bursa injections and Botulinum Toxin procedures with direct supervision
   d. Direct supervision occurs during counseling, with terminology and approach to counseling modeled by faculty
   e. Communicate with referring MD, rehab team, clinic staff, patient and family
3. Advanced Outpatient
   a. Accurate, thorough but focused H&P, rehab assessment, treatment
   b. Thorough differential diagnosis, work up, and treatment options
   c. Counsel patient and family regarding diagnosis and/or treatment plan with direct supervision. In this level the fellow performs the counseling, with faculty present for monitoring. Examples include:
      i. The unhappy patient/family
      ii. Demanding patients/families
      iii. Difficult conversations
   d. Able to work efficiently and manage time
   e. Faculty, supervision is to consult, question or stimulate the fellow
   f. Thorough, accurate, timely documentation
   g. Master the fund of knowledge of the pathophysiology, intervention, and prognosis of common and uncommon pain conditions
   h. Understand coding and billing

4. Beginner Interventions
   a. Under direct supervision, perform a clinical assessment, develop a differential diagnosis, review relevant medical information (imaging, labs, etc).
   b. Proceed with intervention as deemed appropriate by faculty
   c. Under direct supervision, competently perform commonly performed interventional procedures in the lumbosacral and cervicothoracic spine
   d. Under direct supervision, competently complete a report
   e. Under direct supervision communicate preliminary results of diagnostic and therapeutic procedures to the patient/family

5. Advanced Interventions
   a. Under indirect supervision with close monitoring by faculty, performs a clinical assessment, develop a differential diagnosis, review relevant medical information (imaging, labs, etc) and develops treatment plan
   b. Under direct and/or indirect supervision, competently perform both basic and advanced spinal interventional procedures
   c. Under indirect consultation, competently complete a report
   d. Under indirect consultation, communicate preliminary results to the patient
   e. Under indirect consultation; communicate with referring physicians regarding questions or results of interventions
   f. Complete coding and billing

Clinical Components
Fellows gain exposure to a wide variety of clinical pain problems throughout training. This ensures that fellows will gain broad clinical skills required of a specialist in pain management. Fellows will:
   • Participate in outpatient evaluations of pain patients;
   • Follow the progress of the patients they evaluate in a longitudinal clinic setting;
- Participate in the evaluation and treatment of hospitalized patients with pain due to surgery or other procedures, cancer and other medical illnesses;
- Learn medical acupuncture and botulinum toxin injection techniques;
- Participate in the implantation of spinal stimulators and intrathecal pumps;
- Learn or review resuscitation techniques to achieve competency with intubation and life support;
- Work closely with the interventional pain specialists learning techniques of regional anesthesia. Blocks include:
  - epidural lumbar and cervical procedures
  - sympathetic blocks
  - peripheral nerve blocks
  - injection therapies for peripheral soft tissues (like trigger point injections)
  - bursa injections
  - subcutaneous infiltrations of local anesthetic.

In addition to the clinical procedures, fellows will participate in various behavioral programs in order to learn pain rehabilitation, physical reconditioning, biofeedback relaxation techniques and behavioral treatment of chronic pain.

**Schedule**
Fellow schedules will vary throughout the year. Typically scheduled into 6-7 week 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.

**Fairview Pain Management Center Training Content:**
- Continuity Clinic
- Interventional Procedures
- Didactics

**Minneapolis Veterans Affairs Medical Center Training Content:**
- Continuity Clinic
- Interventional Procedures
- Inpatient consult experience
- EMG exposure
- Palliative care
- Addiction medicine
- Didactics
- Research

**University of Minnesota – Department of Anesthesiology**
- Continuity Clinic
- Inpatient consult experience
- Interventional Procedures
Sample Schedule:

<table>
<thead>
<tr>
<th></th>
<th>Fellow A</th>
<th>Fellow B</th>
<th>Fellow C</th>
<th>Fellow D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1</td>
<td>MPLS VA</td>
<td>Fairview</td>
<td>UMN</td>
<td>MPLS VA</td>
</tr>
<tr>
<td>Block 2</td>
<td>UMN</td>
<td>MPLS VA</td>
<td>Fairview</td>
<td>UMN</td>
</tr>
<tr>
<td>Block 3</td>
<td>Fairview</td>
<td>MPLS VA</td>
<td>MPLS VA</td>
<td>Fairview</td>
</tr>
<tr>
<td>Block 4</td>
<td>MPLS VA</td>
<td>UMN</td>
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<td>Block 5</td>
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<td>Block 6</td>
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**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 Pain 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**

*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 drive 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.

- Assessment of Pain:
  - Anatomy, physiology and pharmacology of pain transmission and modulation
  - General principles of pain evaluation and management including neurological exam, musculoskeletal exam, psychological assessment
  - Diagnostic studies: X-Rays, MRI, CT and clinical nerve function studies
  - Pain measurement in humans: experimental and clinical
  - Psychosocial aspects of pain, including cultural and cross-cultural considerations
  - Taxonomy of pain syndromes
  - Pain of spinal origin including radicular pain, zygapophysial joint disease, discogenic pain
  - Myofascial pain
  - Neuropathic pain
  - Headache and orofacial pain
  - Rheumatological aspects of pain
  - Complex regional pain syndromes
  - Visceral pain
  - Urogenital pain
  - Cancer pain, including palliative and hospice care
o Acute pain
o Assessment of pain in special populations: patients with ongoing substance abuse, the elderly, pediatric patients, pregnant women, the physically disabled, & the cognitively impaired
o Functional and disability assessment

• Treatment of Pain
  o Drug Treatment I: opioids
  o Drug Treatment II: antipyretic analgesics
  o Drug Treatment III: antidepressants, anticonvulsants and miscellaneous drugs
  o Psychological and psychiatric approaches to treatment, including cognitive-behavioral therapy and treatment of psychiatric illness
  o Prescription drug detoxification concepts
  o Functional and vocational rehabilitation
  o Surgical approaches
  o Complementary and alternative treatments in pain management
  o Hospice and palliative care
  o Treatment of pain in pediatric patients

• General Topics, Research, and Ethics
  o Epidemiology of pain
  o Gender issues in pain
  o Placebo response
  o Multidisciplinary pain medicine
  o Organization and management of a pain center
  o Continuing quality improvement, utilization review and program evaluation
  o Patient and provider safety
  o Designing, reporting and interpreting clinical trials of treatment for pain
  o Ethical standards in pain management and research
  o Animal models of pain, ethics of animal experimentation

• Interventional Pain Treatment
  o Airway management skills
  o Sedation/analgesia
  o Fluoroscopic imaging and radiation safety
  o Pharmacology of local anesthetics and other injectable medications, including radiographic contrast agents and steroid preparations. This must include treatment of local anesthetic systemic toxicity
  o Trigger point injections
  o Peripheral and cranial nerve blocks and ablation
  o Spinal injections including epidural injections: interlaminar, transforaminal, nerve root sheath injections and zygapophysial joint injections
  o Discography and intradiscal/percutaneous disc treatments
  o Joint and bursal injections, including sacroiliac, hip, knee and shoulder joint injections
  o Sympathetic ganglion blocks
  o Epidural and intrathecal medication management
  o Spinal cord stimulation
  o Intrathecal drug administration systems

Throughout fellowship training, the above are accomplished in seven ways:
  1. Chapter and topic reviews
Chapter and Topic Reviews
Chapter/topic reviews based on the chapters in Essentials of Pain Medicine 3rd Ed. (Benzon et al) 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 Pain Boards.

Journal Discussions
Journal discussions are presented twice per month as part of the bi-weekly 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
Interventional case presentations/M&M style discussions will be scheduled once per month. These presentations will be assigned on a rotating basis to fellows. 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
Each fellow will be assigned a date to do a Grand Rounds presentation for the Department of Anesthesiology. 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 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.

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 Department of Anesthesiology. Dr. Macedo will send completed 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 the Pain Faculty and the other fellows 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 pain 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 pain 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. No past projects are eligible to count as the required scholarly work.

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. Macedo (franz.macedo@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 Pain 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. Macedo every three months to provide formal, written feedback on performance and progress.

At the conclusion of fellowship training, Dr. Macedo 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.

<table>
<thead>
<tr>
<th>FELLOW</th>
<th>MENTOR</th>
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<tr>
<td>Austria</td>
<td>Kesha</td>
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<tr>
<td>Iqbal</td>
<td>Belgrade</td>
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<td>Kumar</td>
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**Assessment of Academic Performance**
The program will review Milestones consistent with the ACGME requirements on a semi-annual basis. In addition, the program is collaborating with the American Board of Anesthesiology to hopefully offer an In-Training-Examination (ITE). If this is offered during the academic year, fellows are required to take and achieve a 50th percentile. Many resources are available for board preparation (online and otherwise) and some may be paid for by the book fund. The ITE exam is offered, annually, in March.

**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 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.

Pain 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 the *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. Pain 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
(https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PainMedicineMilestones.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>ACGME Milestone Description</th>
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<tr>
<td>Level 1</td>
<td>The resident demonstrates milestones expected of an incoming resident.</td>
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<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>
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<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>
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<tr>
<td>Level 4 (Graduation Target)</td>
<td>The resident has advanced so that he/she now substantially demonstrates</td>
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the milestones targeted for residency. This level is designed as the graduation target.

| Level 5 (Aspirational) | 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. |

**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 clinic is an important facet of the pain 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 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.
## Pain Medicine Program Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone/Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Carly</td>
<td>Fellowship Program Coordinator</td>
<td>Phone: 612-626-4913 Email:<a href="mailto:ande3102@umn.edu">ande3102@umn.edu</a></td>
</tr>
<tr>
<td>Macedo, Franz DO</td>
<td>Fellowship Director, VAMC Site Director</td>
<td>Phone: 314-780-2077 Email: <a href="mailto:franz.macedo@va.gov">franz.macedo@va.gov</a></td>
</tr>
<tr>
<td>Nixdorf, Kathryn MD</td>
<td>Fairview Pain Mgmt Center Site Director</td>
<td>Email: <a href="mailto:knixdor1@fairview.org">knixdor1@fairview.org</a></td>
</tr>
<tr>
<td>Shannon, Clarence MD</td>
<td>U of M-Anesthesia Pain Site Director</td>
<td>Email: <a href="mailto:cshannon@umn.edu">cshannon@umn.edu</a></td>
</tr>
</tbody>
</table>

### Facilities Information

Department of Anesthesiology  
B515 Mayo Memorial Building  
420 Delaware St. SE  
Minneapolis, MN 55455

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

Fairview Pain Management Center (FPMC)  
606 24th Ave. South, Suite 600  
Minneapolis, MN 55454

Minneapolis Veterans Affairs Medical Center:  
Department of Physical Medicine and Rehabilitation  
1 Veterans Way  
Minneapolis, MN 55417
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 Pain 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