The Institution Manual (http://z.umn.edu/gmeim) 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.

i. Introduction/Explanation of Manual
(This fellowship addendum outlines specific policies and procedures specific to your training program. Please refer to the Residency Program Manual for further departmental policies and procedures.)
Welcome to the University of Minnesota and the Department of Obstetrics, Gynecology and Women’s Health. We are committed to meeting your educational needs and working with you to make your fellowship in Gynecologic Oncology a rewarding experience.

The contents of this manual are provided to familiarize Gynecologic Oncology Fellows with information that is pertinent to their training.

We ask for your full cooperation in abiding by the defined policies and procedures. If you have any questions or ideas for improving this manual, please contact the Fellowship Administrator.

ii. Department Mission Statement:
The Department of Obstetrics, Gynecology and Women’s Health is dedicated to solving women’s health problems through medical education, research and patient care with the ultimate goal of improving women’s lives.

The mission of the Department of Obstetrics, Gynecology and Women’s Health is to pursue excellence in teaching and research in an environment of superior clinical care.

The Women’s Cancer Center (WCC) is an interdisciplinary program of care, formed by the faculty of the Division of Gynecologic Oncology to meet the tripartite mission of teaching, research and patient care for women with gynecologic cancers.

The Division of Gynecologic Oncology, consisting of board certified/eligible gynecologic oncologists, has full membership in the Gynecologic Oncology Group (GOG). GOG is a cooperative investigation program sponsored by the National Cancer Institute (NCI). The Cancer Center at the University of Minnesota is a Comprehensive Cancer Center as designated by the NCI. The Cancer Center attracts world class faculty to the Medical School. More than 200 Medical School physicians and scientists, representing 26 departments and divisions and dozens of research specialties, collaborate with others within the Cancer Center to find information that can lead to cures.

The University of Minnesota is a Center for Excellence in Women’s Health.
The fellowship is a full three year program. Upon completion, the Fellow will be eligible for certification in the subspecialty of Gynecologic Oncology.

iii. Program Mission Statement
Define the standard of care for all women, today and tomorrow.
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SECTION 1 - STUDENT SERVICES

E-Mail & Internet Access

The University provides an E-Mail account and internet access for all fellows. Fellows are required to access their E-Mail at least weekly.

A computer is available for fellows to use in the Litzenberg-Lund Library, Room 12-224 Moos Tower. Useful web sites include:

- Department:  www.med.umn.edu/obgyn
- Medical School:  www.med.umn.edu
- GME:  www.med.umn.edu/gme

To set up email account:
Go to the website https://www.umn.edu/initiate. Enter your University of Minnesota employee ID number, Social Security number, and Birthdate. You then need to set your Internet Account Password that must be at least eight characters long. Be sure to click on the SUBMIT button when you are finished.

To access your email account:
Any computer with Internet access can be used to access your email. University email is now gmail. You may access email directly by going to www.gmail.com and entering your entire mail address (ie: smith333@umn.edu). This will bring you to the secure University login.

1. Go to http://www.mail.umn.edu/
2. Enter your x.500 ID (NOT your FULL email address) and password.
   **Example:** If your email address is smith333@umn.edu, your x.500 ID is smith333.
1. Enter Gmail.

Forwarding email and access from mobile devices:
The email account ending in @umn.edu is your official email account and must be used for program business. The program, department, and institution regularly send important communications and announcements via email and we require that you log-on daily or you may miss important or timely information. You are responsible for knowing the information that is communicated to this email account.

Although emailing PHI is discouraged, the UMN and Google have created a business agreement that allows you to email PHI if necessary to accounts ending in @umn.edu, @fairview.org, or @umphysicians.org. If you plan to email PHI, make sure to review the Guidelines for Email and Protected Health Information.
If you plan to access your email on a mobile device, a device passcode is required for security. Additional information to assist in setting this function up is available under these [AHC Google FAQs](#).

**IT @ UMN**
Faculty, staff, and students at the University of Minnesota can receive IT help and support for phones, computers, email and software purchases. More information on getting help with your technology questions or devices can be found at [http://it.umn.edu/](http://it.umn.edu/).

**Campus Mail**
Each Fellow is assigned a campus mailbox located in the Department of Obstetrics, Gynecology and Women’s Health, Room 12-245 Moos Tower, for the purpose of receiving internal and external mail. Important information, memoranda, and other materials will be distributed via your mailbox. Fellows are expected to empty their mailbox weekly. Fellows may place mail for campus delivery in the outgoing mail boxes in this room. The address for receiving mail at UMMC-University campus is:

- Department of Obstetrics, Gynecology and Women’s Health
- MMC 395
- 420 Delaware Street SE
- Minneapolis, MN 55455

Medical School and University of Minnesota Campus Map

**Change of Address**
Be sure to notify the Fellowship Coordinator when your address changes. She will take care of updating the department databases. You will also need to change your personal information for the official UMN records. The website is: [http://hrss.umn.edu/](http://hrss.umn.edu/). Once on the website, you will log in with your University email & password. Then you will select the “My Info” tab from the list on the left-hand side of the page.

**Change of Name**
Be sure to notify the Fellowship Coordinator when your name changes. They will take care of updating the department databases. You will also need to change your personal information for the official UMN records. The official instructions for the UMN change is available [here](#).
HIPAA Training
Fellows are required to complete the University Privacy Training and the Public Jobs: Private Data Security Training. Additional training may be assigned based on responses to specific questions in the initial training. The Academic Health Center has designed training programs which are located at www.myu.umn.edu and are accessed via the fellow’s University of Minnesota x.500 Internet password. Once authenticated (“signed in”), go to the “my WORK LIFE” tab to access the courses. The University provides 90 days to complete your required training. This is provided in your RMS On-Boarding task list, so you won’t have to go searching for it.

The Health Information Privacy and Compliance Office website is located at: http://www.privacysecurity.umn.edu/guidelines/home.html. This website includes policies on information technology, health information, and IRB privacy.

Anyone can report a known or suspected violation of health information privacy and/or security and/or University policy at the University of Minnesota as outlined here.

Notary Services
Notary Services are available at no cost by the individuals listed here.

Deb Egger-Smith  
Phone: 612.626.4939  
Office: 12-207 Moos Tower

Trisha Pederson  
Phone: 612-301-3417  
Office: 4th floor, Professional Bldg. Riverside

Office Location
The fellows’ office is located at Room 12-193 Moos Tower. Computers and reference material are available.

Pagers
Pagers are provided at no cost and will be distributed to incoming fellows during orientation. Fellows are required to replace lost beepers at their cost. Fellows are required to have their beeper on with a live battery at all times. If a pager is broken, If a pager is broken, please notify the Fellowship Coordinator to order a replacement.

Protecting Human Subjects
All researchers and research personnel must complete a number of required trainings through the University of Minnesota’s Institutional Review Board (IRB). The trainings are a mix of University owned web-based modules, as well as Collaborative Institutional Training Initiative (CITI) Training. CITI training is used by many institutions; therefore if you have completed CITI training in the last three years with a prior institution, you can re-affiliate with the University of Minnesota. For updated and complete information on required research training, please visit https://research.umn.edu/units/irb/education-
Clinical Research is a wonderful learning opportunity, but it is also complicated. As an investigator, it is your responsibility to ensure that the research you conduct is ethical, secure, and productive. The University of Minnesota has a wealth of resources to help you succeed in research by offering support through protocol development, regulatory concerns and other logistics.

The best point of reference for research planning is the Clinical and Translational Science Institute (CTSI). They have drop-in services for researchers and also have “Research Navigators” available via email for questions. You can reach them at ctsi@umn.edu and their Research Drop-ins are offered at Dehl Hall on East Bank. Please visit www.ctsi.umn.edu for more information.

IRB submissions are all done electronically through ETHOS. ETHOS is also a helpful resource for Protocol and Informed Consent templates. When planning your research protocol, their template is a great foundation of all aspects you should consider (data security, inclusion/exclusion criteria, statistical analysis). To find the templates, log into ETHOS and select “templates” from the left-hand bar.

The IRB website also has a “New Study Checklist” which will help you plan for all aspects of your study that need to be considered before submitting. Using these checklists will reduce the amount of clarifications the IRB requires after submission, which can decrease your time from submission to approval. The checklists are found here https://research.umn.edu/units/irb/howsubmit/new-study

Please keep in mind

- Check in regularly with your Research Mentor. They have experience navigating research within the University and will be a valuable resource for you.
- All research takes more time than initially planned. Please plan early so that facilities, departments, and regulatory concerns can be addressed.
- Patient safety and privacy is the utmost concern. All research needs to be approved by our IRB, Health Information Privacy and Compliance Office (HIPCO) as well as Fairview, or whichever institution where the research will occur. These ancillary reviews take additional time and must be included with your IRB submission.
- Each protocol should have statistical information to ensure your study is designed to effectively answer your research question. Please reach out to the department’s statistician by emailing Lauren Asfaw at lasfaw@umn.edu
- If you plan to submit a grant to fund your research, please let Lauren or your administrator know. Grants are very detailed and are also a financial contract
between the University of Minnesota and the funder. Therefore, the Sponsored Projects Administration (SPA) needs to approve the grant and budget. You can reach SPA by alerting your department that you are applying for the grant.

Questions?

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<td>Research Logistics</td>
<td>CTSI</td>
<td><a href="mailto:ctsi@umn.edu">ctsi@umn.edu</a></td>
<td>612-625-2874</td>
</tr>
<tr>
<td>IRB/Human Subjects</td>
<td>IRB</td>
<td><a href="mailto:irb@umn.edu">irb@umn.edu</a></td>
<td>612-626-5654</td>
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<tr>
<td>Budgets/SPA</td>
<td>LeAnn Pelletier</td>
<td><a href="mailto:berry040@umn.edu">berry040@umn.edu</a></td>
<td>612-624-2905</td>
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**Fairview University Staff Identification**

To obtain a UMMC-F badge you will need to bring a picture ID and a staff identification badge authorization form. IDs will be ready for pick up within 48 hours from the parking customer service representative in the same location the picture was taken. You will be expected to wear your Fairview ID badge at all times during your Fairview rotations.

There are two locations:

1) The University's photo ID hours are 7:30 AM - 4:00 PM Monday, Wednesday and Friday (with a lunch break from 1:00 PM – 2:00 PM). This office is closed on Tuesday and Thursdays. It is located on the 3rd floor of the Mayo Bldg (Room B340). To get to the

2) Riverside Campus, you will need to board the Fairview shuttle outside the VCRC building (directly off of East River Road). Parking Services is located in Room MB-218. The Riverside Parking office is on the main level of the east building.

For further information, contact medical center Parking Services at 612-273-7278.
Riverside Parking Service: 612-273-PARK

**Tuition and Fees (for Fellow/Fellow Student Status)**

Fellows and fellows at the University of Minnesota are enrolled as students. The tuition and fees are being waived at this time. **Please note:** fellows and fellows enrolled in Graduate School pay tuition and fees (please refer to Section V – Graduate Courses) for additional information.
SECTION 2 – BENEFITS

ACOG Membership
Membership dues for the American College of Obstetrics and Gynecology Junior Fellowship Program are paid for through the fellow’s administrative stipend.

Clinic Coats
The fellowship program provides each fellow with three (3) lab coats at orientation during the first year of training.

Laundry Service
Laundering of lab coats is provided for fellows. Soiled coats may be placed in the laundry bin across from the Research Lab, Room 12-135 Moos Tower. Make sure that your lab coat is labeled “OB/GYN Department” or the coat is likely to be lost with the laundry service. Please see Patricia McCarthy in Room 12-207 Moos Tower to have your coats labeled.

Department Laptop
The Obstetrics, Gynecology and Women’s Health Department will provide a laptop for your use while you are in the fellowship program. Please contact the Gynecologic Oncology Fellowship Administrator, Deborah Egger-Smith, to obtain one at 612.626.3503 or egger016@umn.edu.

Exercise Room
The UMMC/F Medical Executive Committee provides an exercise facility for use by University of Minnesota fellows and fellows. The space also includes a small kitchenette area with refrigerator, microwave, coffeemaker and hot/cold water dispenser.

Location: Room C-496 Mayo Memorial Building (Locker rooms/showers are located directly across the hall)
Hours: The facility is open 24 hours a day, 7 days a week
Access Code to Exercise Room and Locker Rooms: 2835

Health and Dental Insurance
The Office of Student Health Benefits (OSHB) at the University of Minnesota administers health benefits and enrollment for Medical School fellows and fellows.

Medical Insurance Provider: HealthPartners
Dental Insurance Provider: Delta Dental of MN
For more information, please visit the OSHB website designated for Medical School Fellows and Fellows:
http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm

Office of Student Health Benefits
University of Minnesota
410 Church Street SE, N323
Minneapolis, MN 55455

Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
Email: umshbo@umn.edu

Insurance Coverage Changes
Please refer to the Office of Student Health Benefits (OSHB) website designated for Medical School Fellows and Fellows:
http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm

Life Insurance and Voluntary Life Insurance
Medical School Fellows and Fellows are automatically enrolled in a standard life insurance policy provided by Minnesota Life. Enrollment is no cost to fellows and fellows, as it is paid for by your department. In addition to the standard plan, fellows and fellows have the option to purchase voluntary life insurance at low group rates through Minnesota Life.

For more information, please visit the OSHB website designated for Medical School Fellows and Fellows:
http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm

Minnesota Life
Phone: 651-665-3789 or 1-800-392-7295
http://www.lifeworks.com

Long Term and Short Term Disability Insurance
Guardian Life Insurance Company provides long and short term disability insurance for Medical School Fellows and Fellows. Enrollment is no cost to fellows and fellows, as it is paid for by your department. Guardian offers fellows and fellows up to $10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a fellow or fellow.
For more information, please visit the OSHB website designated for Medical School Fellows and Fellows:
http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm

Guardian Life Insurance Company
*With disability insurance questions, please refer to information posted on the OSHB website for specific contact information.
http://www.guardiandisabilitymnrf.com

Meals While On Call
Fellows who have been assigned to provide on-call services in the hospital will be provided food service for a specific period of time other than a normal work day. The criteria set by the University of Minnesota Medical Center, Fairview (UMMC-FV) include: fellows who work 24 consecutive hours on site, are pre-scheduled 5 or more 12 hour night shifts (night float), or are called from home to return to the hospital while on home call. All fellows who are eligible for a meal card will receive one from the Fellowship Administrator at the beginning of the academic year.

Questions and/or issues regarding meal cards at UMMC-FV may be directed to the UMMC-FV GME office at 612-273-7482.

Needle-stick Procedure
If you are exposed to blood borne or other infectious pathogens, by a needle-stick or other exposure, it is necessary to seek medical attention within 1-2 hours so that treatment is instituted within a timeframe that increases effectiveness.

24 hour helpline:  612-339-3663

Types of Hazardous Exposures
Hazardous exposures include:
• Percutaneous inoculation/puncture with blood or body fluid by a sharp instrument or sharp needle
• Contact with blood or body fluid through fresh (less than 24 hours) cut or mucous membrane contact (e.g. splash to the eye or mouth, or mouth-to-mouth resuscitation) or
• Skin exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded or afflicted with dermatitis.

Emergency Procedure
1. Clean it.
2. Get treated.
a. Call the 24-hour HealthPartners CareLine at 612-339-3663 if you don’t know where to go.

3) Identify the source patient.
4) Report it.
5) Get a follow-up exam.
   a. After you complete the E-FROI, HealthPartners Occupational & Environmental Medicine will follow up with you.
6) Report all sharps-related injuries at https://webapps-prd.oit.umn.edu/froi to ensure appropriate follow-up care and to be eligible for Workers Compensation coverage.
7) For any Bloodborne Pathogen program information, contact the Office of Occupational Health and Safety at uohs@umn.edu.

Parking
UMMC-FV clinic/service and research rotations: A parking card for the Oak Street ramp or East River Road Garage is provided at no cost to fellows. Contact Deborah Egger-Smith at 612.626.3503 or egger016@umn.edu.

Park Nicollet Methodist Hospital rotation: You will receive parking information from Rebecca Enstad in the Medical Staff Office. Her contact information – phone: 952-993-0943 or rebecca.enstad@parknicollet.com.

Regions Hospital rotation: You will receive parking information from Devon Yocom in the HealthPartners Institute for Education and Research, room N1060 North Building (first floor). Her contact information – phone: 651-254-1504 or Devon.F.Yocom@healthpartners.com

Personal Time Off (PTO) Policy
The Gynecologic Oncology Fellowship offers Paid Time Off (PTO) for vacations, illnesses and personal business. Compared to traditional vacations and sick time programs, the PTO program provides fellows more choice in when and how to use time off. However, the program requires fellows to self-manage their time-off balance. The PTO form should be completed and submitted to the Fellowship Director for approval and signature. Once the request for time off is approved, the PTO will be entered into the Residency Management Suite (RMS) duty hour module by the RMS Coordinator. PTO requests must be submitted 6 weeks prior to the block affected by the time off request. Exceptions are illness and family
emergencies. Unapproved PTO will be considered additional leave from the program to be made up at the end of the 3 year fellowship.

Policy on Effect of Leave for Satisfying Completion of Program
The ABOG clearly specifies time in training for fellows to be board-eligible. Board-eligibility, and future certification, is an expectation of this program.

- A candidate must complete 36 months of graduate medical education in order to be eligible to sit for the written boards. If it is necessary to extend your time in residency, this may affect your ability to sit for the written boards until the following year.
- Leaves of absence and vacation may be granted to the fellow at the discretion of the Residency Program Director in accordance with local policy.
- If, within the three years of graduate medical education, the total of such leaves and vacation, for any reason (e.g., vacation, sick leave, maternity or paternity leave, or personal leave) exceeds eight (8) weeks in each year, or a total of fifteen (15) weeks over the total three years of fellowship, the required three years of graduate medical education must be extended over the duration of the time the individual was absent in excess of either the yearly maximum or the program maximum.
- Fellows are expected to take allotted vacation time. Foregoing allotted vacation time to shorten the required length of training is not permitted.

Note: Extending a fellowship could delay the ability of the fellow to sit for the Subspecialty Written Examination. Refer to the Bulletin for Subspecialty Certification on the ABOG website for further details.

PTO Accrual
Fellows will earn 20 days per academic year (years 1 and 2). Fellows will receive 25 PTO days during their 3rd year to allow for interviews. Fellows will be credited for their PTO on the first day of the academic year. PTO must be used in the academic year it is granted. Unused time will be lost when the new academic year starts.

PTO is a benefit to be used while in the fellowship. When a fellow leaves the Gynecologic Oncology Fellowship Program, any unused PTO will NOT be paid out.

Professional Leave
Presentation of work done at a national meeting, surgical training conferences, or and GME event that are the result of award or grant will not be counted as PTO. Professional leave must be requested and approved in the same process as PTO, but will not be charged against the allotment.
Conference time away is considered a privilege. Requests are reviewed and approved by the Residency Program Director. Attendance at regularly scheduled internal conferences as well as educational needs is taken into consideration when approving conference requests.

Approved conferences include annual meetings of scientific organizations such as SGO, WAGO, AARC, ASCO, ESGO, OncLive etc. Conferences held outside the continental United States will be considered on an individual basis.

**Using your PTO**
Your current PTO balance is available through the Fellowship Administrator. PTO may be used in ½ day increments. In accordance with the ABOG policy on vacation and leave usage, fellows may request to carry forward no more than one week of their PTO balance from one year to the next during the duration of the fellowship training. Any unused PTO will NOT be paid out.

**Scheduled PTO**
For scheduled time off (e.g., vacations, personal business, conferences, interviews, etc.) fill out a time off request and obtain the necessary signatures. All scheduled PTO must be approved by the site supervisor and then submitted to the Fellowship Administrator for final processing. Forms may be obtained by contacting Deborah Egger-Smith at egger016@umn.edu or 612.626.3503; forms are also available on the Welcome Page of the Residency Management Suite (RMS).

The following criteria apply to Scheduled PTO:

- No more than one week PTO may be requested from any single block
- PTO weeks will include 2 weekend days per 5 days PTO time.
- No PTO will be granted during the SICU or Radiation Oncology blocks.
- Fellows covering the service must be notified of PTO time taken.
- Contact Katherine Brown at 612-624-9904 or brow3238@umn.edu regarding changes to the call schedule.
- Conferences must be requested on the PTO form, but will not count against PTO time.

**Unscheduled PTO**
In the case of unexpected illness, injury or other emergency, fellows may use unscheduled PTO to provide compensation for their absence. Unscheduled PTO should be a rare occurrence and must only be used to cover an unexpected illness, injury or other emergency.

If the fellow’s unscheduled absence will extend longer than one day, a note from their physician documenting the illness or injury may be requested upon return. If a fellow has
more than two unscheduled PTO absences in one academic year, a physician’s note will be
required for any future unscheduled PTO absence, even if it is just one day. Extended
periods of time requested off due to fellow illness, injury or to care for a dependent child,
spouse/significant other or first degree relative are covered under Family and Medical
Leave Policy

Institutional Leave Policies and Procedures
Please see the GME office Institutional Manual, Leave Policy and Procedure section, for
information on holiday, military, parental or professional leave

Professional Liability Insurance
Professional liability insurance is provided by the Regents of the University of Minnesota.
The insurance carrier is RUMINO Limited. Coverage limits are $1,000,000 each
claim/$3,000,000 each occurrence and form of insurance is claims made. “Tail” coverage is
automatically provided. The policy number is RUM-1005-11.

Coverage is in effect only while acting within the scope of your duties as a trainee. Claims
arising out of extracurricular professional activities (i.e. internal or external moonlighting)
are not covered. Coverage is not provided during unpaid leaves of absence.

For more information, please refer to the following link:
https://sites.google.com/a/umn.edu/medcred/

Stipends
Fellow base stipends proposed by Graduate Medical Education for Academic Year
2018/2019 are as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-5</td>
<td>$62,695</td>
</tr>
<tr>
<td>G-6</td>
<td>$64,869</td>
</tr>
<tr>
<td>G-7</td>
<td>$66,972</td>
</tr>
</tbody>
</table>

Payroll questions should be addressed to Brett Steger at 612.626-6910 or
stege015@umn.edu.

Fellow’s Administrative Stipend
When funds are available each fellow will be given $1,200 per year for costs such as
licenses, memberships and other such fees. These will be available July 1 each year.
Balances do not carry forward and overdrafts are not allowed.
**Fellow’s Research Stipend**
When funds are available, non-training grant fellows will be awarded $7,500 towards research activities and travel for the three-year or four-year term they are with the Gynecologic Oncology Fellowship Program. These funds are interchangeable with the yearly administrative stipend. These funds are not renewable; they will be available July 1 of the first year of the fellowship.

**Workers Compensation Program – Policies and Procedures**
The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers’ Compensation insurance purposes. When a trainee is injured during training, they must take immediate steps to report the injury to the University.

*The University cannot pay bills for trainee treatment unless an injury report is on file.*

For links to the Office of Risk Management’s current policy and procedure regarding reporting Workers’ Compensation injuries:
http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html
For GME Procedures in reporting workers compensation click [here](http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html).

**SECTION 3 – INSTITUTION RESPONSIBILITIES**
Refer to GME policy manual at: [http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual](http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual)

For additional GME Fellow Resources, refer to this page:
[https://www.med.umn.edu/fellows-fellows/current-fellows-fellows](https://www.med.umn.edu/fellows-fellows/current-fellows-fellows)

**SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES**

**Disciplinary Procedures**
After reviewing fellow performance at the Fellow Continuation Meeting the faculty may recommend that the fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program on remediation (with special mentoring and monitoring), continue in program with probation, or be dismissed from the program. See the section on the Fellow Continuation Meeting (CCC) for more information on this semi-annual evaluation process.
Remediation and probation may also be used at any time during the year when a fellow is having difficulty. Please see the descriptions below.

**Remediation** is the first step in correcting fellow problems. It is meant to be instituted in the early stages of the problem to help the fellow improve his/her performance before the problem advances further. A fellow may be placed on remediation for help with issues of professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, and humanistic qualities.

The decision to place a fellow on remediation is made by the Program Directors, fellow advisor, and when appropriate, nursing staff or chief residents; when discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Director will meet with the fellow and present a written plan of remediation, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the remediation period, the Program Director and fellow will meet to discuss the fellow’s progress. Outcomes of this meeting can be removal of remediation status and continuation in program, continue in program with additional remediation, or continue in program on probation.

**Probation** is the next step in correcting fellow problems and is reserved for issues that are more serious and require immediate correction. Probation may be used as the first step for corrective action if the problem is deemed too critical for the remediation process. Fellows can also be placed on probation for ongoing problems that were not corrected by the remediation process. A fellow may be placed on probation because of critical issues with professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, and humanistic qualities.

The decision to place a fellow on probation is made by the Program Director, fellow advisor, with faculty input. When discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Directors will meet with the fellow and present a written plan for the probationary period, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the probationary period, the Program Directors and fellow will meet to discuss the fellow’s progress. Outcomes of this meeting can be removal of probationary status and continuation in program, continue in program with additional probation, or dismissal from the program.

**Grievance Procedures**

The following describes the general process for resolving grievances within the fellowship program at the departmental level. It is understood that if the grievance cannot be resolved at the departmental level, the parties will pursue the Medical School process.
Possible areas of grievance to be resolved can include evaluation of fellow performance, fellow duties, fellow assignments/schedules, fellow conflicts with peers or administrative chief fellows or faculty. It is understood that many potential areas of conflict can be avoided via discussions with fellow mentors and/or faculty advisors. The quarterly program meetings, and fellow advisor meetings or meeting with the Program Director also provide opportunities for problem resolution. If these usual and customary means of resolving issues do not suffice, the head of the department may assemble a grievance committee from appropriate membership. Membership can include the parties to the complaint, representatives from the fellow class, administrative chief residents, faculty from services or sites concerned, mentors, and the Fellowship Program Director. If an outcome acceptable to principals in the complaint is achieved, no further action is necessary. If parties fail to achieve an acceptable resolution, the matter is carried forward to the Medical School grievance procedure.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

ABOG Board Certification in Gynecologic Oncology
For information refer to the Annual American Board of Obstetrics and Gynecology annual brochure or consult the ABOG website at www.abog.org.

ACGME Competencies
All University of Minnesota Medical School Residency training programs define the specific knowledge, skills, attitudes, and educational experiences required by the Resident Review Committee (RRC) to ensure its residents demonstrate the following:

- **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 for health care and the ability to effectively call on system resources to provide care that is of optimal value.
**Autumn Seminar**
Over the past 40 years, the Department of Obstetrics and Gynecology has hosted a CME course in Obstetrics and Gynecology. All fellows are invited to attend the conference and they may be asked to present a topic in gynecologic oncology. The Fellowship Administrator will provide more information regarding this event. The next Autumn Seminar is scheduled for 2019.

**Benign Gynecology**
As the care of benign disease is not considered an important aspect of the gynecologic oncology fellow's training, the fellow is encouraged not to participate in benign gynecology cases unless they have a particular interest in a specific case.

**Call Responsibility**
Fellows participate in general gynecology night and weekend call for the University of Minnesota Medical Center - Fairview Emergency Room approximately 1-4 times a month. Fellows do not participate in the care of obstetrics patients. Fellow responsibilities not directly related to the specialty of gynecologic oncology do not cumulatively exceed the recommended overall ten percent involvement. Call is limited to weekend call only when on elective rotations (ie: SICU or Rad Onc). Week day call is not assigned during these rotation months.

**Call Rooms**
Fellows do not use on-call rooms.

**Conferences**
First year Fellows are responsible for the weekly meeting calendars and tracking lectures, topics, or chapter reviews completed during the year. Weekly email reminders are sent to the list serve. Conference schedules can also be viewed in RMS by logging into the program home page, clicking on Conference tab along the top bar and then calendar.

**Department Grand Rounds – Monthly, 3rd Tuesday of the month 7:00 – 8:00 AM**
Held monthly and fellows attend Grand Rounds as their interest and time permits.

**Educational Conference**
This half-day to day-long conference series is held every month. The agenda includes lectures from local and national experts in topics related to gynecologic oncology. These lectures cover a wide range of topics included in the Guide to Learning in Gynecologic Oncology. Other components of the conference include: Chapter Review, Tumor Board/Pathology Review, Fellow Research Presentation, Journal Club,
Weekly Gynecologic Oncology Conference
This conference is held every Wednesday (during even months) and Thursday (during odd months) morning from 7 to 8:30 in the Litzenburg-Lund library. The first half of the conference is typically allocated to presentations by guest speakers, review of sentinel gynecologic oncology studies, discussion of interesting cases, or teleconference with Radiation Oncology (held every other week—see description below). The remainder of the time is spent presenting the surgical cases on the schedule for the following week and reviewing the SGO database.

Radiation Oncology- Gynecologic Oncology Teleconference
This conference is held every other week during the Weekly Gynecologic Oncology Patient Conference. The first year fellow compiles and presents a list of patients currently being treated or to be considered for treatment by Radiation Oncology and Gynecologic Oncology. Staff from both services discuss patients and develop a treatment plan.

Gynecologic Oncology Division Women’s Cancer Center Research Symposium– Twice per Year
This conference includes members from the Women’s Cancer Center, the hospital Cancer Center, basic scientists, as well as other members of the community and invited speakers. The Research Symposium is held to outline the service’s clinical care and research projects and to discuss ongoing basic science and clinical research projects. Women’s Cancer Center investigators present their current work. Fellows are expected to review all in-house protocols and update the faculty on their research progress.

Israel Teleconferences – (please check monthly conference calendar)
Once every other month, we hold a teleconference with physicians at Poriya Government Hospital, Israel. We discuss complicated patient care and management. Fellows are assigned to present our three patients and then act as our first consultant for the three patients they present. This conference stresses evidence-based medicine.

Regions Hospital Gynecologic Pathology Conference – every other Friday
Histopathology review of recent cases with Dr. Stitzel (Pathology) and Dr. Teoh; the focus of the discussion is histopathology; however, clinical correlation and treatment planning is also discussed.

Tumor Board – Monthly, Methodist Hospital (please check monthly conference calendar)
A multidisciplinary conference convened for the discussion of cancer patients.

**Duty Hours**

Duty hours are defined by ACGME as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading and preparation time spent away from the duty site.

- Duty hours must be limited to 80 hours averaged over a 4-week period (inclusive of all in-house call activities and moonlighting)
- Moonlighting must not interfere with the ability of the trainee to achieve the goals and objectives of the educational program. Moonlighting must count towards the 80-hour maximum weekly hour limit.
- Fellows must be scheduled for a minimum of 1 day free of duty every week (when averaged over 4 weeks)
- At home call cannot be assigned on these free days and DOES NOT INCLUDE PTO TIME
- Duty hours of PGY 5, PGY 6 and PGY 7 fellows may be scheduled a maximum of 24 hours on continuous duty in the hospital.
- It is essential for patient safety and resident education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this time period must be no longer than an additional 4 hours.
- In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justification for such extensions of duty are limited to reasons of required continuity for a severely or ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. [Under these circumstances the fellow must document the reasons for remaining to care for the patient in question]
- Fellows should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Fellows must not be scheduled for more than 6 consecutive nights of night float
- Fellows must be scheduled in-house call no more frequently than every third night (when averaged over a four-week period).

**University of Minnesota Medical School (UMMC) Institution Policy:**

- All programs are required to adhere to the ACGME requirements for duty hours. Programs are required to monitor trainees’ compliance with their duty hours and trainees are required to enter their duty hours into RMS (Residency Management Suite).
- Program must be committed to and be responsible for promoting safety and resident well-being and to providing a supportive educational environment.
● The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

● Didactic and clinical education must have priority in the allotment of residents’ time and energy.

● Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Program Responsibility

● Each program must have written policies and procedures consistent with the ACGME Institutional and Program Requirements for trainee duty hours and the working environment. These policies must be distributed annually and discussed with the trainees and the faculty on a regular basis. Monitoring of duty hours by the program is required with frequency sufficient to ensure an appropriate balance between education and service.

● Back-up support systems must be provided with patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Those circumstances where a fellow may not be able to fulfill his or her normally scheduled responsibilities are due to fatigue, illness, family emergency, and maternity/paternity leave, academic leave, personal leave, etc. The program call banking system and the back-up call system have been established to provide a plan for back-up support when patient care responsibilities are especially difficult or prolonged.

Resident Management Suite (RMS) is used to track duty hours, complete evaluations and view results, view a conference calendar, and review/confirm curriculum or goals and objectives for rotations. The system is Internet based. You need a User ID and Password to access the system, which is distributed during department orientation. If you need to have your password reset, or have difficulty with access, you may contact the Fellowship Coordinator.

The hours and activities entered by Fellows into RMS are used to document compliance with the ACGME duty hour requirements and reconcile Medicare payments with the institutions where the Fellows rotate. Fellows are required to login to RMS daily to enter their duty hours, including PTO. Maintaining your duty hours is not only a GME requirement; it is also a requirement for the completion of your certificate.

Hours must be fully entered, and approved if necessary, by the end of every month. The Fellowship Program Coordinator ensures hours are entered each month by reviewing duty hour entry reports.

**Note: Failure to accurately log your duty hours is considered an act of Medicare fraud.**
You will find the necessary steps below to: 1) Login into RMS, 2) Enter Duty Hours, 3) Complete Evaluations and Review Results, 4) View the Conference Calendar, and 5) View and Confirm Curriculum (Goals and Objectives for Rotations).

**Logging into RMS:**
Use your browser to go to [www.new-innov.com/login](http://www.new-innov.com/login). Note: Internet Explorer is the preferred browser.
Enter **MMCGME** for the Institution ID.
Enter your **User Name** and **Password** in the appropriate boxes.

**Evaluation**
The Department of Obstetrics, Gynecology and Women’s Health is committed to comprehensive, regular and timely evaluation of the educational and professional performance of all OB/GYN residents. Evaluation will be provided by supervising teaching faculty, nursing staff, medical students, and peer review. Fellows are expected to achieve high standards of performance. Further, we expect fellows to monitor their own progress and consciously work to acquire the habits in mind, the professional attitudes and demeanor, as well as the knowledge and skills of a Gynecologic surgeon.

**Steps in the Evaluation Process**
Faculty evaluations of fellows will be done as a group review during the Education Conferences every 6 weeks. Evaluation of Fellows on research will be done quarterly at the Education Conference.

Surgical Procedure forms are available on the RMS homepage and through a QR reader for qualtics form on computer/phone option. Fellows on Gyn Onc service should complete 4 per month; Research Fellow should complete a surgical procedure form for every surgery completed during their research year.

Fellows will meet with the Program Director for the semi-annual and end of year-end/summative evaluation. Copies of advisory reviews, faculty reviews, and surgical procedure reports will be given to the PD prior to the evaluation by the coordinator and fellow.

Fellows will review core faculty and program yearly.

**Fellow Continuation Meetings**
The faculty meets twice a year, as the Clinical Competency Committee (CCC), to review resident progress. The Program Director, main faculty from Regions and Methodist site,
FL1 Faculty Research Advisor, and the FL2 and FL3 Faculty Advisors make up the CCC. The committee meets in December and May to discuss the fellow advancement in the program. The Program Director then meets with each fellow to discuss the committee's findings.

Possible Outcomes of the Fellow Continuation Meeting- After reviewing fellow performance, the faculty may recommend that the fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program with remediation, continue in program with probation, & dismissal from program. Please see Section 4 for detailed description of remediation and probation.

**Faculty Advisors**
The Fellowship Director assigns a faculty advisor to each incoming first-year fellow with the intention that the fellow will continue with that advisor for the entire length of fellowship training.

An advisor or fellow may request a change of advisor/advisee at any given time. An advisor may need to assume other responsibilities which would not give the advisor enough time to spend with their advisee. The advisor may have a professional area of interest that is different than the fellow's area of interest. Either may find that there is not a good working relationship. Changes in advisor/advisee teams must be approved by the Fellowship Director.

Meeting with Faculty Advisors are on a per need basis but should consist of at least two meeting a year prior to the mid-year and end of year evaluations with the Program Director.

**Graduate Courses**
The fellowship program encourages each fellow to take two graduate level courses both of which are offered through the School of Public Health at the University of Minnesota. The Division of Gynecologic Oncology has approved PUBH 6414, Biostatistical Methods I, in fulfillment of the quantitative techniques requirement and either PUBH 6387, Cancer Epidemiology or MICA 8009, Microbiology, Immunology and Cancer Biology for the second graduate course requirement.


MICA 8009. Microbiology, Immunology and Cancer Biology (2 semester credits). Biochemical aspects of normal and abnormal cell growth and cell death.

Registration is coordinated through Deb Egger-Smith (egger016@umn.edu) or Katherine Hennan (khennan@umn.edu). Other courses of interest to the fellow may be taken after approval of the Fellowship Program Director.

The Foundation of Exxcellence in Women’s Health Care which was founded by the American Board of Obstetrics and Gynecology (ABOG) has sponsored a course called Exxcellence in Faculty Development. The Subspecialty Divisions in Gynecologic Oncology, Maternal-Fetal Medicine and Reproductive Endocrinology and Infertility and the Committee on Female Pelvic Medicine and Reconstructive Surgery have approved this course as an option for one of the two required courses to be completed by the fellow during a fellowship. For further information, please visit the Foundation’s website at www.exxcellence.org.

Laboratory/Pathology/Radiology Services
Laboratory, pathology, and radiology services are readily available through University of Minnesota Medical Center.

**Fairview Diagnostic Laboratories**
Mayo Medical Building, Room D-293
420 Delaware Street SE, MMC 198
Minneapolis, MN 55455
Tel: 612.273.7838
Fax: 612.273.0183

**Pathology**
Pathology Department (also, Pathology Surgical, May Room 422, MMC 76)
Mayo Medical Building, Room C-477
420 Delaware Street SE, MMC 609
Minneapolis, MN 55455
Tel: 612.273.5920
Fax: 612.273.1142

**Radiology**
Radiology Department (also, Reading Rooms, Registration)
Harvard at East River Road (UH), Room 2-300 (all divisions: MMC 292)
Minneapolis, MN 55455
Lectures and Presentations
Fellows give bi-monthly presentations to the gynecologic oncology faculty and residents summarizing their research progress. These bi-monthly meetings are meant to give fellows instruction on the development of clinical and basic science research trials. Fellows may be asked to participate in the Department of Obstetrics, Gynecology and Women’s Health Annual Autumn Seminar. At this event, the fellow gives a talk geared to the level of a generalist in OB/GYN or to a family practitioner.
The 1st year fellow will present their research at the Department Research Day held in May. The 3rd year fellow is required to present a lecture topic at the Department of Obstetrics, Gynecology and Women’s Health Grand Rounds. Fellows are also encouraged to participate in the annual Minnesota OB/GYN Society meetings, and are required to attend one SGO meeting during their three year fellowship.

Licensure/Resident Permits
Fellows are required to apply for a Minnesota medical license prior to fellowship start date.

Medical Records
Medical records systems that document the course of patients’ illnesses and which are adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity are available at all times at all institutions.

The following policy was endorsed by UMP Clinical Practice Committee (2/13/06) and applies to all trainees at all sites at all times.
1. Results of imaging, lab and other diagnostic testing should be interpreted in final form (i.e., by a staff physician) and available to the ordering physician within (2) working days.

First step:
- All diagnostic testing that requires physician interpretation (i.e. including but not limited to pathology, radiology, EMG, EKG, EEG, echocardiography) will be dictated or otherwise entered into an electronic system within 2 working days of completion of the study
- Accurate and regular reporting of timeliness of dictations; address systems issues that limit timely reporting

Essential elements:
- Accurate entry of the ordering physician in electronic systems
- Functioning powerscribe, IDX-rad, EMR-IDX interfaces

2. Discharge summaries will be dictated w/in (24 hours) of discharge. If the discharge summary is the principal means of supplying written communication with the referring physician the d/c summary should be signed and sent within 4 days to meet the stated needs of referring physicians.

First step:
- Dictation of d/c summaries w/in 24 hours

Essential elements:
- Appropriate resident education
- Accurate and regular reporting of timeliness of dictations
- Accurate collection of referring physician information (UMP work with UMMC)
- More rapid turn-around time for d/c summaries (UMP work with UMMC)

3. Preliminary clinic notes should be dictated within 24 hours of the visit. Notes can be amended when additional results/information are received. Communication should be received by the referring physician w/in 4 to 5 days of the visit to meet the stated needs of our referring physicians. If additional information is necessary, then the timeline can be extended as appropriate.

First step:
- Timely completion of clinic notes

Essential elements:
- Reliable referring physician information
- Functioning “referring physician” EMR upgrade
4. Inpatient consultation notes reflecting the opinion of the designated consult physician (not resident) should be legible and available w/in 24 hours of the consult request.

Essential elements:
• Electronic consult requests – necessary for tracking as well as documenting order
• Rapid turn-around time for dictated consult notes
• May require short hand-written note summarizing the recommendations in addition to more detailed formal consult note

5. Op notes should be dictated w/in 24 hours of the surgery.

Requirements:
• Improve underlying systems including electronic corrections and signatures for hospital dictations
• Provide staff person who would be accountable for reporting, tracking, and trouble shooting. Consider bypassing or augmenting current UMMC systems, particularly for hospital discharges
• Provide monthly or quarterly report to department chairs and center administrators to monitor CSU performance

Moonlighting Policy
Moonlighting is a privilege, not a right. Fellows must submit a request to the Program Director for approval and acknowledge the moonlighting policy as follows:
• I am not required to engage in moonlighting activities.
• I will submit a new Moonlighting Request Form to my Program Director at least annually and as changes to my training program requirements or previously approved moonlighting activities occur. My Program Director must approve or deny each request.
• The University of Minnesota professional liability insurance for trainees does not cover moonlighting or any other activities outside the curricular components of the training program. I must obtain separate professional liability insurance which covers any liability for this moonlighting activity.
• I must have a valid Minnesota Medical License issued prior to the beginning of any moonlighting activity that requires a medical license, and that the license must be renewed prior to the expiration date.
• H-1B visa holders must obtain a separate H-1B visa for each facility where the trainee works outside of the training program
• Moonlighting must not interfere with my ability to achieve the goals and objectives of the training program.
• Moonlighting activities are not part of the educational curriculum in University of Minnesota residency and fellowship programs. This activity (i.e. procedures) will not be credited toward my current training program requirements.
• This moonlighting activity is outside the course and scope of my approved training program. Moonlighting activities are prohibited during regular program duty hours as defined by my Program Director.
• **Time spent moonlighting (internal or external) must be reported as a part of duty hour monitoring in the Residency Management Suite (RMS) and must be included in assessments of compliance with ACGME duty-hour requirements. Moonlighting activities must not interfere with meeting the duty hour requirements.**
• Violating the Moonlighting Policy set forth in the Institution Manual and my Program Manual is grounds for discipline under Section VI of the Residency/Fellowship Agreement.
• My program director has the right to rescind approval of moonlighting at any time.

The institutional policy on moonlighting is available on the University of Minnesota Graduate Medical Education Administration website:

[https://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual/moonlighting](https://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual/moonlighting)

**Fellows who wish to pursue moonlighting must submit the Standard Moonlighting Request Form to the Program Director for approval.**

Please contact the fellowship coordinator for a copy of the Standard Moonlighting Request Form. This form is also available for download on your New Innovations Residency Management Suite home page (under Department Notices).

**Monitoring of Fellow Well Being**

The program director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

Faculty and trainees are educated to recognize the signs of fatigue. Circumstances that demand excessive service or that produce undesirable stress should be brought to the attention of the Program Director or fellow faculty mentor. These circumstances are evaluated at the Curriculum Committee meetings and resolution is pursued.
Trainees needing assistance with personal issues are encouraged to take advantage of the Residency Assistance Program (RAP) at 651-430-3383 or 800-632-7643. Fellows who feel they are fatigued or stressed to the point that they are unable to provide safe patient care are encouraged to contact their supervising faculty or the program director. Cab fare home after call is available through several hospitals. Fellows will be reimbursed by the program.

Program Oversight

- Each program must have written policies and procedures consistent with ACGME and their own institutional requirements for fellowship duty hours and the working environment. These policies must be distributed to the fellows and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

Program Curriculum

Gynecologic Oncology inpatient and outpatient units are located in the Masonic Cancer Center (MCC) at the University of Minnesota Clinic and Surgery Center. Junior and senior Gynecologic Oncology fellows run the Gynecologic Oncology Service under the direct supervision of gynecologic oncologists. The MCC is staffed with a nursing service, a psychologist, two social workers, a pharmacist and a nurse practitioner, all dedicated to women with gynecologic malignancies. Two clinical oncology nurse specialists (case managers), 2 research nurses and 2 data managers are also involved in the care of both inpatients and outpatients.

The fellow directs morning rounds during which the problems of the day, resident assignment in the OR and other matters demanding attention are discussed. A staff gynecologic oncologist conducts daily rounds on inpatients. These rounds include discussions of clinical problems and the pathophysiology of cancer. Discussions of complications arising in the care of women with cancer are discussed on both daily rounds and in more depth at the Wednesday morning multidisciplinary morbidity and mortality conference (held in the conference room in Unit 7C).

Full day outpatient clinics are held every day, Monday through Friday. The fellows are scheduled to the outpatient clinic on the last full week of each month. Fellows participate in the care of most new patients; evaluate patients undergoing active treatment and follow up on patients completing therapy. Treatment planning occurs on clinic days and during
the Wednesday morning multidisciplinary conference. The fellow or resident takes a
history and performs a physical exam on each patient and then presents to the faculty. The
faculty then sees the patient with the fellow or resident. The faculty takes a brief history
and performs a physical on each patient seen in clinic. Each patient is discussed with the
fellow or resident. All complex patient problems are discussed with the fellow on the
Gynecologic Oncology Service.

The main operating suites and outpatient surgery are located at University of Minnesota
Medical Center -Fairview. The Gynecologic Oncology Service operates daily, Monday
through Friday. Gynecologic Oncology faculty also operates at Methodist Hospital and
Regions Hospital. The Gynecologic Oncology fellow will coordinate their OR case schedule
with the faculty.

The three fellows rotate weekend coverage. The research fellow has no clinic, surgical or
ward responsibility except one weekend of call per month.

Fellows participate in night call for Obstetrics and Gynecology as an attending physician.
The clinical fellows take 1-2 calls per month and the research fellow takes 1-2 calls per
month.

In the area of hospice care, Dr. Kathryn Dusenbery is the Medical Director. Fellows attend
health care team rounds which occur weekly. These include the nurses, social workers,
pharmacists, chemotherapy nurses, nutritionists, hospice specialists, psychologists and
chaplains, all dedicated to women’s cancer care.

Pharmacology is taught by the faculty while in clinic and on inpatient rounds. Fellows
write chemotherapy orders under the supervision of faculty. We place special emphasis on
the teaching of chemotherapy agents and their toxicity. Gynecologic Oncology faculty and
nurse oncologists participate in teaching fellows chemotherapy. Any patient experiencing
a toxic reaction to chemotherapy agents, antibiotics or other pharmacological agents is
discussed at care rounds. Fellows have frequent interactions with pharmacologist Lisa
Lohr, Doctor of Pharmacology, who oversees all chemotherapy for 7C. Dr. Lohr is also
involved in giving didactic lectures to fellows. A pharmacist is on site in the resident room
for consultation and teaching Monday through Friday 7AM – 10 PM. Fellows participate in
Pharmacology rounds while in the SICU.

Sue Petzel, Ph.D. serves as a consulting psychologist in the Women’s Cancer Center. She
has numerous publications, many involving quality of life of cancer patients and coping
with chronic illness. She is an integral part of the care team working with residents, fellows
and faculty in the management of the psycho-social issues encountered by patients with
gynecologic malignancies. She is actively involved with multidisciplinary patient management/educational conferences and clinical research.

**Didactics** *(need to add a section for these)*

Journal Club

Chapter Review

The division will supply incoming Fellows with their own copy of the text “Principles and Practice of Gynecologic Oncology, by Chi, Dennis, et al” for use throughout the fellowship.

**Research**

Fellows are required to complete and defend a hypothesis driven thesis as per ABOG and ACGME program requirements. Twelve months of protected research time will be given to the 1st year fellows. Thesis defense takes place during the 3rd year of fellowship during the Education Conference in April/May.

Fellows must secure a project advisor for each research project they undertake and this advisor may or may not be the faculty advisor. The project advisor oversees all aspects of manuscript and presentation preparation for their particular project. The Division Director, faculty advisor and project advisor together ensure that the concept of progressive responsibility is followed with respect to the preparation of manuscripts and presentation at meetings. Progressively larger audiences are sought for the fellow’s manuscript and/or clinical research such as the Fellowship Research Symposium, Research Day, Consensus Conference, Annual Autumn Seminar, SGO and WAGO.

The Research Council, with the help of Dr. Rachel Vogel, has put together a [Fellow & New Faculty Research Handbook](#) to tips and tools for assisting fellows as they work through their thesis or other research projects.

**Program Goals and Objectives**

The goal of our fellowship is to produce highly trained academic gynecologic oncologists. To achieve this goal, we have created a fellowship consisting of clinical rotations, didactics, course work, research and participation in national meetings. Fellows are supervised by nine board certified/eligible gynecologic oncologists who are dedicated to academic medicine and who serve as mentors for fellows in training.

Specific goals and objectives per rotation are found on the RMS website.

**Procedure Tracking and Reporting**

The Residency Review Committee (RRC) for Obstetrics and Gynecology requests accurate and complete documentation of each fellows experience for each year of the program. To date we
have not specific procedure requirements. Accurate tracking of procedure will aid the Review Committee in determining the procedure requirement for fellowship in the future.

The RRC has developed a procedure tracking system based on CPT codes. Fellows are required to use the Case Log System developed by the RRC for procedure tracking during Fellowship. Fellows may log onto the system directly from the ACGME website at www.acgme.org to enter their procedures. A review of all Fellow cases will occur semi-annually at the Fellow Continuation meetings.

**Fellows are expected track procedures and enter procedures via the ACGME website on a timely basis. The ACGME website provides manuals for entering procedures as well as a listing of the available CPT codes by area and type.**

Fellows will also need to add procedure number into the ABOG annual report. At this time, the procedures requested by ABOG are slightly different from the ones tracked on ACGME. Fellows may wish to keep their own notebook of procedures to aid in this process.

**Travel Policy - Gynecologic Oncology Fellowship Program**

Fellows must attend at least one SGO and are encouraged to attend at least one NRG during their fellowship using either their research stipend ($7500 one-time award for the 3 year fellowship, to be used towards research activities and travel); or their administrative stipend of $1200 yearly (unused funds do not roll over into next year).

Research or Administrative funds will be used for all expenses associated with travel and presentation at educational conferences until such time as they are exhausted. When the stipends are exhausted:

i). the division will provide a stipend for papers presented **orally** at SGO or NRG.

ii). the division will consider a stipend for travel to present **oral papers** at other appropriate national meetings (WAGO, AACR and ASCO).

The division will provide a stipend for international travel only in extraordinary cases. The stipend may or may not cover all the associated costs of attending the meeting.

The division **will not provide** additional support for poster presentations or strictly educational meetings though research or administrative stipends may be used for these.

**Traveling on University Business**
Travelers now have up to 60 days after travel completion to substantiate and document travel expenses. Reimbursement requests submitted beyond the 60 days will be denied, except for extraordinary circumstances such as extended international travel. Reimbursement requests for local travel (local business mileage, parking, etc) do not fall under this 60-day time frame. This type of request may now be submitted on a less frequent basis (e.g. quarterly, semi-annually). Please submit all reimbursement requests to Margaret Louters at lout0006@umn.edu, or interoffice mail to MMC 395. Questions regarding reimbursement of travel expenses should be directed to Margaret Louters (phone: 612-625-8071).

The 60 day reimbursement policy also affects any purchase, including but not limited to membership fee, licensure fees, or exam fees, which fellows may submit for reimbursement from research or administrative funds.

**Reimbursement Process**
The expense reimbursement form is available on the RMS home page. You are responsible for completing the information requested on the form and submitting it within 60 days of travel or purchase. Requests for reimbursement which involve division funding must be signed off by the Program Director. Please submit requests to Margaret Louters at lout0006@umn.edu for processing.

**Rotations**
**On Service – Gyn Onc Rotations**
The fellow(s) on Gyn Onc service will coordinate their weekly schedules with the faculty attending, so that OR cases are covered at all three sites (Methodist Hospital, Regions Hospital, and University of Minnesota Medical Center-Fairview). Fellows will primarily round and cover OR cases in the first 3-4 weeks of the month. The last full week of each month will be dedicated to fellows seeing patients in clinic at UMMC-FV; during this week, the resident will be assigned to OR cases.

**Off Service Rotations**
Fellows currently rotate through Radiation Oncology, the Surgical Intensive Care Unit, Interventional Radiology and Colorectal Surgery at the University of Minnesota Medical Center-Fairview. They also gain exposure to Medical Oncology and Pathology cases through consultation and didactic instruction.

Fellows participate in a one month rotation in the Radiation Oncology Service. During this rotation, the fellows spend time with Dr. Margaret Reynolds learning principles of radiation oncology. The relationship with therapeutic oncology is ongoing as Radiation Oncology
participates in the weekly patient care conference. In addition, Dr. Reynolds encourages collaboration on research projects between departments. The fellows participate in the treatment planning and the follow up of patients in active treatment and brachytherapy treatments. Fellows also assist on high dose rate brachytherapy and low dose rate brachytherapy.

Fellows participate in a one month rotation in the Surgical Intensive Care Unit under the direction of Dr. Melissa Brunsvold. This ICU is a training site for fellows in SICU and has a didactic program of lectures and rounds. During the rest of the clinical fellowship, the fellow's relationship with SICU continues, increasing his or her knowledge of this subspecialty.

Fellows participate in one month of Colorectal Surgery (usually scheduled for April or May) under the supervision of Dr. David Rothenberger. Emphasis is placed on learning colorectal cases, colonoscopy and pelvic floor reconstruction.

Call Back to Gyn Oncology Service
Fellows on off-service rotations are rarely called back to the Gynecologic Oncology Service. They may attend pelvic exenterations or radical hystectomy if they desire. Fellows on research are rarely called back to the Gynecologic Oncology Service except if they desire to attend a pelvic exenteration.

Arranging Off-Service Rotations
Radiation Oncology:
Please contact Theresa Nace in the Department of Therapeutic Radiology-Radiation Oncology (tnace@umn.edu or office 612-626-2631).
Rotation director: Dr. Margaret Reynolds

SICU:
For FL2 rotation contact Jessica Andersen (vaugh068@umn.edu)
Please contact Debra Luedtke, (luedtke@umn.edu or office 612-301-9433) if GynOnc fellows do an additional rotation.
Rotation director: Dr. Melissa Brunsvold

Colorectal Surgery:
Please contact Carol Bigalke, Office Supervisor, Division of Colon and Rectal Surgery (bigal001@umn.edu or office 612-625-3288).
Rotation director: Dr. David Rothenberger
Chief, Division of CRS: Dr. Robert Madoff
Safety and Security

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

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

Supervision of Fellows

- All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
- Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Supervision in Ambulatory Unit and Operating Room: University of Minnesota Medical Center- Fairview

All gynecologic oncology patients are under the supervision of an attending gynecologic oncologist and all cases performed are under the direct supervision of a gynecologic oncologist. In major operative cases, the fellow will function as the surgeon and/or the first assistant depending on the complexity of the case and their experience level. The senior fellow assigns the cases each week. Occasionally a fellow may function as a first assistant to a senior resident for benign cases or less complicated oncology cases. In this case, the attending physician is supervising the surgery as a second assistant.

Minor surgical cases are performed in the operating room. Fellows participate in brachytherapy implants overseen by Dr. Dusenbery, from Therapeutic Radiology. Fellows participate in formal radiation planning and dosimetry calculations when on the Radiation Therapy rotation. A gynecologic oncologist or senior level fellow supervises central line placements.
Progressive Responsibility

The concept of progressive responsibility in fellowship training is incorporated into the overall goals and objectives of the Women’s Cancer Center in patient care, research and administration.

The roles and responsibilities of the clinical fellows on the Gynecologic Oncology Service are divided between a junior and senior fellow. The senior fellow “mentors” the junior fellow in a manner that promotes progressive growth in patient care, teaching and administrative functions.

The responsibilities of the senior fellow are as follows:

- Overall coordination of the ward
- Supervising morning work rounds with the residents and attending patient care rounds
- Developing individual treatment plans with the junior fellow and residents
- Overseeing completeness of new patient work-ups
- Advising and consulting with the junior fellow
- Participating in surgical cases as needed to complete his or her case list
- Overseeing in/outpatient chemotherapy to assure compliance with GOG and intramural protocols. Supervising the Intramural Protocol Book
- Dictating operative reports in cases where the fellow performs a significant portion of the case and assigning other operative dictations to the responsible physician
- Ensuring implementation of patient conferences
- Assuring adequate medical record completeness by junior and senior residents
- Coordinating inpatient and outpatient chemotherapy with the nurse case manager
- Coordinating teaching rounds with the attending of the week
- Adjusting the main OR schedule as necessary
- Attending all didactic and patient care conferences

The responsibilities of the junior fellow are as follows:

- Ensuring timely completion of ward work
- Participating in morning work rounds, and confirming any positive physical findings
- Developing long term treatment plans in conjunction with attending staff physician and senior fellow and documenting these plans in the patient’s chart
- Ensuring completeness of the new patient evaluations and discussing new patients with resident, senior fellow and attending physician
- Supervising all chemotherapy, both inpatient and outpatient
- Scheduling adequate resident coverage of surgical cases and clinic
- Dictating operative reports in cases where the fellow performs the significant portion of the case
• Maintaining patient flow in clinic by ensuring adequate resident coverage for attending clinics, consulting with residents on all new patients and/or problem patients and by seeing patients in larger clinics
• Coordinating all admissions with the business office
• Discussing all new admissions with the senior resident. Formulating plans and ensuring note documenting short-term management in chart by the senior resident
• Assisting in management of new admissions and acute emergencies as needed
• Communicating patient status changes and clearing all treatment plan changes with the attending physician
• Ensuring that the Problem List/Treatment Plan is complete and up-to-date on all patients and that there is a copy in the hospital chart and private folder
• Attending all didactic and patient care conferences

Attending physicians have different methods of assigning surgical cases relative to the concept of progressive responsibility. Obviously, this involves an assessment of the fellow's competency, and this is done on a case by case basis. Senior fellows often assist junior fellows in ultra radical cases such as urinary diversion procedures and pelvic exenterations.

Teaching Residents and Medical Students
The fellow makes morning rounds every day with residents and students. They are responsible for the supervision and training of residents during service weeks and night call. They may also be called on to train resident in an OR setting. Fellow will be asked to evaluate residents using MyTip.
The 2nd year fellow will be asked to participate in simulation training of resident throughout the course of the year.

The 3rd year fellow is responsible for the scheduling of 4th year sub-I medical students taking the Gyn Onc 7530 course. Student information per rotation will be sent to the fellow who is then responsible for integrating the student onto the Gyn Onc service. Fellows will be asked to evaluation medical students using E*Value.

Fellow teaching of medical student is an essential part of our academic program. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we've included a link to the objectives for Obstetrics & Gynecology as well as the overall Educational Program Objectives.

AGPO Educational Objectives
APGO Medical Student Objectives
Training/Graduation Requirements
The Clinical Competency Committee will recommend advancement to the next fellowship year using evaluation data and specific program criteria for advancement, which is summarized as follows:

Year 1 (F1: two clinical months, ten research months)
1. Successful completion of clinical and research blocks
2. Demonstrate appropriate progression for level of training towards independent competence for assessed milestones
3. Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
4. Develop thesis hypothesis, IRB submission, laboratory data collection, and presentation of thesis data via research poster at annual Department Research Day Fellowship

Year 2 (F2: two research months, ten clinical months)
1. Successful completion of clinical and research blocks
2. Demonstrate appropriate progression for level of training towards independent competence for assessed milestones
3. Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
4. Oral presentation of research at annual Department Research Day Fellowship

Year 3 (F3: twelve clinical months)
1. Successful completion of clinical and research blocks
2. Demonstrate attainment of independent competence for assessed milestones
3. Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
4. Successful defense of research thesis at annual Department Research Day
5. Presentation at Departmental Grand Rounds

SECTION 6 - ADMINISTRATION

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CONFIRMATION OF RECEIPT

Confirmation of Receipt of the Policy Manual (see example below) – LCME Requirement:
Each resident/fellow must have a signed receipt that they have received the program manual.
This receipt should be kept in the resident/fellow’s file.

By signing this document you are confirming that you have received and reviewed your Program
Policy Manual for this academic year. This policy manual includes policies and procedures
pertinent to your training program. This receipt will be kept in your personnel file.
Fellow's Name (Please Print) ________________________________

Fellow's Signature ________________________________

Date ______

Coordinator's Initials __________

Date ______