University of Minnesota
Graduate Medical Education
2018-2019
Policy & Procedure Manual
Maternal-Fetal Medicine Fellowship

Department of Obstetrics, Gynecology
& Women’s Health
Program Director: Yasuko Yamamura, MD
Assistant Program Director: Katherine Jacobs, DO
Program Coordinator: Deb Egger-Smith
Introduction/Explanation of Manual

The information contained in this Fellowship Program Manual pertains to all fellows in the department’s program.

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 Maternal-Fetal Medicine a rewarding experience.

The content of this manual provides information to Maternal-Fetal Medicine Fellows 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.

This fellowship manual outlines policies and procedures specific to your training program. Please refer to the Institutional Manual (http://z.umn.edu/gmeim) for further University and Academic Health Center policies and procedures. Please refer to the Residency Program Manual for further departmental policies and procedures.

Department and Fellowship Program Mission Statements

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 University of Minnesota has been named 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 Maternal-Fetal Medicine.

Department Vision Statement

Define the standard of care for all women, today and tomorrow
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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.
SECTION I – 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.

Computers are available for fellows use in the Fellowship office in the MFM main office. Useful web sites include:

- Department: [http://www.obgyn.umn.edu/](http://www.obgyn.umn.edu/)
- Medical School: [http://www.med.umn.edu/](http://www.med.umn.edu/)
- GME: [http://hub.med.umn.edu/graduate-medical-education](http://hub.med.umn.edu/graduate-medical-education)

**To set up email account:**
Go to the website [https://www.umn.edu/initiate](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. The University email account is now Gmail. You may logon directly to your email at [www.gmail.com](http://www.gmail.com). Enter your entire email address (ie: smith333@umn.edu). This will direct you to the University secure server where you will enter you x.500 and login. Or you may access with the directions below:

1. Go to [http://www.mail.umn.edu](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.)*
3. Click on 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 Apps FAQs (http://hub.ahc.umn.edu/ahc-information-systems/google-apps)

**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/

**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
Please refer to the GME Institutional Policy Manual or http://www1.umn.edu/twincities/maps/.

**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/. Once on the website, you will login 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 the Riverside Professional Building, 606 24th Avenue South, Suite 401, Minneapolis, MN 55454. 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, 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>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>
</tr>
<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

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

Identification Badges for Abbott-Northwestern Hospital and Hennepin County Medical Center

- IDs for Abbott-Northwestern can be obtained from Cindy Savage. Her phone number is 612-863-4649 and her email is cindy.savage@allina.com.
- Please contact Sylvia Lotz for HCMC IDs. Her office is located in the Ob/Gyn department. Her phone number is 612-873-2544 and email address: Sylvia.Lotz@hcmed.org.

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 Maternal-Fetal Medicine 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) includes: 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-Riverside: Parking Office is located on the lower level of the Riverside East Building.
A $25.00 deposit is required along with an UMMC-Fairview staff card, both obtained at the Parking Office, MB 218 at the Riverside East Hospital. Upon graduation from the fellowship program, the fellow’s deposit will be refunded when the Fairview ID badge is returned.

For research and research rotation done on the East bank of campus, budget parking cards are available for East River Road Garage, Oak Street Ramp or Washington Avenue Ramp. Budget cards are handed out at the start of fellowship. They must be returned to the fellowship coordinator upon graduation from the fellowship program.

Hennepin County Medical Center: Fellows will receive parking card information from Sylvia Lotz, Ob/Gyn Department Administrator at HCMC. Please make sure you park in the ramp location on the corner of 8th and Chicago.

Abbott-Northwestern Hospital: Parking is available for the fellow through the Internal Medicine residency program coordinator, Cindy Savage at Abbott-Northwestern Hospital. Her phone number is 612-863-4649.

On the first day of the rotation, the fellow is instructed to enter the hospital campus from 28th Street, which is a one way going east. The parking ramps are on the right as you enter the campus. Enter the ramp labeled “General/Patient Discharge,” take a ticket, and then bring the ticket to Anne. Enter the hospital main entrance which is right across from where you exit the ramp. Turn left at the main hall after going through the lobby. Go through the first hall intersection and continue to the end of the hall. Turn left again and Anne’s office is the first door on the right, #1315.
Personal Time Off (PTO) Policy
The Maternal-Fetal Medicine 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. April Homich, in the MFM division office, can help you get the form signed by the Fellowship Director. 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.
- 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 SMFM, 1st year resident retreat, NICHD, Exxcellence course on research 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, 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.
- Fellows covering the service must notify MFM Service of PTO time taken.
- Conference time is not counted against PTO, but must be requested through the same PTO process.
- PTO may not be taken while on the ICU rotation.

**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, religious, or bereavement leaves.

**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/](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:

| G-5 | $62,695 |
G-6 $64,869
G-7 $66,972

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 Maternal-Fetal Medicine 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.
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

For additional GME Fellow Resources, refer to this page:
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 department 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.

Call Responsibility
Fellows can participate in general Ob/Gyn night and weekend call.

Call Rooms
Fellows will have use of on-call rooms when in-house call is required.
Conferences and Assigned Readings

Fellows are also encouraged to view the Society for Maternal-Fetal Medicine’s web-based Fellow Lecture Series scheduled on the first and third Wednesday of each month at 11 a.m. CST. For more information, please check the SMFM website at www.smfm.org.

Weekly lectures are given by either the Maternal-Fetal Medicine, Neonatal, or Anesthesia faculty (or other invited faculty). The 2nd year MFM fellow will be responsible for assigning topics to faculty for review.

Topics include, but are not limited to:

1. Active Management of Labor
2. Hypertensive Disorders in Pregnancy
3. Asthma in Pregnancy
4. Substance Abuse in Pregnancy
5. Preterm Premature Rupture of Membranes
6. Preterm Labor: Corticosteroids & Tocolytics
7. Critical Care Obstetrics
8. Thyroid Disease in Pregnancy
9. Prenatal Diagnosis: Amniocentesis, CVS, PUBS
10. Regional Anesthesia in the High-Risk Obstetric Patient
11. Drugs in Pregnancy and Teratology
12. Diabetes in Pregnancy
13. IVH, NEC, and RDS
14. Placental Pathology
15. Survival and Morbidity of the VLBW Infant
16. Autoimmune Disease in Pregnancy
17. Intrauterine Fetal Demise: Etiology and Management
18. Endocrinology of Pregnancy
19. Fluid and Electrolytes in Pregnancy
20. Pulmonary Disease in Pregnancy
21. Cardiac Disease in Pregnancy
22. Renal Disease in Pregnancy
23. GI Disease in Pregnancy
24. Incompetent Cervix
25. Doppler velocimetry in Obstetrics
26. Non-immune Hydrops
27. Isoimmunization
28. Prenatal Diagnosis
29. Cytogenetics
30. Neurologic Diseases in Pregnancy
31. Psychiatric Disorders in Pregnancy
32. Recurrent Pregnancy Loss
33. Intrauterine Growth Restriction
34. Multiple Gestations
35. Bleeding Disorders in Pregnancy
36. Legal and Ethical Issues in Pregnancy
37. Cancer Genetics for the Ob/Gyn
38. Cancer in Pregnancy
39. Common aneuploides
40. Prenatal genetic screening
41. Fetal Urinary tract malformations – obstructive
42. Fetal urinary tract malformations - non obstructive
43. Fetal GI malformations
44. Periviability
45. Preconception Issues
46. Fetal skeletal dysplasias
47. Fetal structural cardiac malformations
48. Fetal CNS malformations
49. Troubles with twins (issues in monochorionic twins)
50. Immunology of Pregnancy
51. Use of Antibiotics in Obstetrics
52. HIV in Pregnancy
53. TORCH Infections
54. Urinary Tract Infections in Pregnancy
55. Hematologic Disease in Pregnancy
56. STDs in Pregnancy
57. Bacterial Vaginosis and Pregnancy Outcome
58. Intraamniotic Infections
59. Viral Infections in Pregnancy
60. Thrombopathias in Pregnancy

The textbooks for the assigned reading are the following:
Creasy and Resnik’s Maternal Fetal Medicine, Seventh Edition, 2013 (8th)
Diagnostic Imaging of Fetal Anomalies, Nyberg, 2003
High-Yield Embryology (High-Yield Series), Dudek, 2013

The division will supply incoming Fellows with their own copies of “Fetology: Diagnosis and Management of the Fetal Patient” (2nd Ed) and “Maternal-Fetal and Obstetric Evidence Based Guidelines”, 2 volume set (3rd Ed).

**Maternal Fetal Medicine/Neonatology Joint Conference**
The 2nd year MFM fellow works with the 2nd year Neonatology fellow to set up quarterly conferences. Conference is held on Thursday afternoons from 3:30-4:40 pm. Lectures will rotate between neonatology and maternal-fetal medicine topic and faculty.
**Department Grand Rounds**
Grand Rounds are held on the 3rd Tuesday of each month, 7-8a.m. at the Wilf Auditorium, Main Floor, Children’s Hospital, Riverside. Fellows attend Grand Rounds as their interest and time permits.

**Morbidity and Mortality Conference**
Fellows will participate in quarterly Morbidity and Mortality Conference where cases with unexpected outcomes, or significant morbidity and any cases of mortality are reviewed. Cases are typically selected by a fellow and assigned faculty preceptor and both parties will review selected cases. Topics related to the case will be identified for an assessment of updated scientific evidence and will be presented during M&M by the fellow. Cases will be reviewed and discussed in a group setting and then fellows will provide a summary of the literature regarding best practice.

**Curriculum**
Program curriculum adheres to the guidelines set forth through ACGME. Fellows complete 12 months of clinical maternal –fetal medicine, in addition to 2 months in a supervisory position of a Labor and Delivery unity, and 1 month in a medical or surgical intensive care unit as a participant in patient care. They are provided 12 months of protected research time. In the 3rd year of training fellow may take 9 months of elective rotation to be focused on a specific clinical and/or research area at the discretion of the Program Director.

Fellowship trainees in their 1st year will complete the majority of required clinical training. This will include:
- 9 months of training at the University location - 2 month of ultrasound, 2 months of genetics, 3 months of MFM, 1 month L&D supervisory, and 1 month of research
- 3 months of training at Hennepin County Medical Center – 1 month of MFM, 1 month of L&D supervisory and 1 month of ICU (interchangeable with ICU rotation at Abbott).

Fellowship trainees in their 2nd year will focus on research – 9 months of clinical research rotations, 3 months of clinical rotations.

Fellowship trainees in year 3 focus on completing their research and thesis presentation and take electives of their choosing. Elective rotation can include (but are not limited to):
- Ultrasound
- Peds Cardiology
- Additional Research
- Maternal –Fetal Medicine
- NICU
- Genetics
- Fetal Echo
International Rotation
Fellows taking elective course are responsible for arranging the rotation and completing the Goals and Objectives outline. Goals and Objectives must be submitted 8 weeks before the start of the elective rotation.

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 in the 2nd and 3rd years of fellowship. Thesis defense takes place during the 3rd year of fellowship during the Division Meeting in April.
Fellows must secure a research advisor for their thesis project who will be responsible for ensuring the completion of the thesis project. Fellow may have other project advisors for each research project they undertake and these project advisors will oversees all aspects of manuscript and presentation preparation for their particular project. The Division Director, faculty advisor and research advisor together ensure that the concept of progressive responsibility is followed with respect to the preparation of manuscripts and presentation at meetings for the thesis. Progressively larger audiences are sought for the fellow’s manuscript and/or clinical research such as the annual national meetings, Research Day, Autumn Seminar, and department Grand Rounds.

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
Our overall objectives are to train specialists in Maternal-Fetal Medicine with additional expertise in basic or clinical research, public health or epidemiology. Our specific objectives include training individuals capable of continuing on into either 1) a career in academic medicine with a defined area of interest and a foundation in research that will prepare the individual to obtain NIH grant funding and be a productive member of the academic community; or 2) a career as a community subspecialist in Maternal-Fetal Medicine with the knowledge and skills to act as a consultant to general obstetricians and be active in improving the delivery of health care to the population as a whole.

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

Procedure Call: increase exposure to procedures
In order to increase MFM fellow exposure to procedures, at least one MFM fellow should be in attendance for the following procedures/clinical scenarios:
-Cesarean hysterectomy
- cervical cerclage
- amniocentesis (diagnostic and therapeutic)
- medical and surgical termination of pregnancy, including multifetal reduction or selective reduction
- PUBS/IUT
- ICU admission/management of pregnant patient

To maximize MFM fellow involvement, the MFM fellow on-call for procedures will be published on amion.com. Our goal is 75% MFM fellow in attendance at procedures.

Below is an explanation of the MFM fellow coverage:

1. The fellow on MFM service has priority to the procedures, and should be contacted during office hours (8am-5pm) to participate in these procedures when they are performed.
2. An MFM fellow on-call will be assigned for after hours procedures (refer to amion.com for schedule). The time spent at the hospital will be counted toward duty hours.

The MFM Fellow will notify the faculty of the number of procedures they have observed, and/or how many they have performed in the primary surgeon role when they arrive for the procedure. Ultimately the faculty will need to decide the role of the MFM fellow during the procedure. It is anticipated that the MFM fellow will have graduated responsibility throughout fellowship, with 2nd and 3rd years participating as the primary surgeon the vast majority of the time. If time permits, the MFM fellow should participate in informed consent and setup of the procedure.

The fellow’s role as surgeon or assistant will need to be selected in the drop-down box in Viewpoint 6 under comments on the left. Please make sure this step is completed after the procedure for auditing purposes.

**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.

**Rotations**

**High Risk Pregnancy Management**

The three-year Maternal-Fetal Medicine fellowship includes a minimum of thirteen months clinical time: twelve months clinical Maternal-Fetal Medicine, one month critical care unit. In addition, the fellow has five elective months that may be personalized as clinical or research time. In the attached block diagrams, these elective months have been distributed as elective research and clinical time equally for demonstration purposes only. The fellow will gain extensive clinical experience in both the inpatient and outpatient settings with the management of high-risk pregnancies during the clinical Maternal-Fetal Medicine service months.

**University of Minnesota Medical Center**

University of Minnesota Medical Center is the tertiary care referral center based at the University of Minnesota, Twin Cities Campus. The fellows rotate on this service under the direction of Drs. Landers, Nyholm, Contag, Rauk, Cross, Jones, Hart and Yamamura, the full-time academic Maternal-Fetal Medicine faculty members. During the Maternal-Fetal Medicine service rotation, a Maternal-Fetal Medicine faculty member is assigned clinical responsibility for the inpatient transport, antepartum service and labor and delivery and direct supervision of the Maternal-Fetal Medicine fellow’s clinical performance and evaluation. The degree of autonomous decision-making by the Maternal-Fetal Medicine fellow will be at the discretion of the supervising faculty and relates to the fellow’s knowledge, skill, interest and experience. The fellow would participate in rounds on all antepartum, labor and delivery, and postpartum complicated patients and perform inpatient and outpatient consultations, coordinate maternal transports and interpret ultrasound evaluations. Fellows see obstetrical patients in the MFM outpatient clinic, managing patient care for all high risk obstetrical patients.
**Hennepin County Medical Center**

Hennepin County Medical Center is the county tertiary care center affiliated with the University. Students, residents and fellows rotate on the various services at this site under the supervision of HCMC attending staff that are also faculty members of the University of Minnesota. The Maternal-Fetal Medicine fellow on the inpatient obstetrical services at HCMC will be responsible for the care of hospitalized high-risk obstetric patients under the direct supervision of Dr. Coultrip. The day-to-day responsibilities include participating in the daily morning report conference, as well as clinical teaching with residents and medical students. The Maternal-Fetal Medicine faculty has sole clinical responsibility for the patients seen at the center. The fellow will perform high-risk inpatient/outpatient consultations, targeted (level II) ultrasounds, antepartum fetal testing (biophysical profiles, etc.) under the direct supervision of MFM faculty. This facility affords the fellow the unique opportunity of managing a large number of gravidas with substance abuse and HIV infections.

**Genetics and Prenatal Diagnosis**

Under the direction of MFM Faculty and Dr. Sue Berry, the fellows will rotate on the Genetics service and the Fetal-Diagnosis and Treatment Center clinic. Genetics and prenatal diagnosis are taught jointly to the Maternal-Fetal Medicine fellow during the specific clinical Maternal-Fetal Medicine outpatient rotations under the direction Maternal Fetal Medicine faculty. These rotations take place at the UMMC site. Clinical fellow responsibilities during this time include participation in all prenatal diagnosis and genetic counseling cases, and review and discussion of all fetal death cases. The fellow learns the systematic approach to the examination and evaluation of the stillborn infant, and the collection of appropriate tissue samples for laboratory analysis. The fellow also participates in the pediatric genetics new patient evaluation, as well as pediatric genetics follow-up clinics. The fellow is expected to participate in pediatric genetic consultations. The fellow will observe genetic amniocentesis, chorionic villus sampling, fetal blood sampling, and intrauterine transfusions under the supervision of the Maternal-Fetal Medicine faculty. The fellow will also be involved in telephone consultation with referring physicians requesting information on potential teratogen exposure.

In addition to the optional course in medical genetics (MED 7548), required reading will be assigned covering Mendelian/multifactorial genetics, pedigree analysis and risk management, metabolic disorders in pregnancy and in the newborn, teratogens, evaluation of the newborn infant, prenatal diagnosis, maternal serum screening, genetic counseling, cytogenetics, as well as developing technologies in DNA research. Attendance at the weekly Genetics Clinical Conference, Genetic Didactic Seminars and Prenatal Diagnosis Clinic Conference is mandatory during this rotation.
The month-long Medical Students Genetics course given in November is recommended for general review.

Infectious Diseases
The Maternal-Fetal Medicine services at both the University of Minnesota Medical Center and Hennepin County Medical Center manage numerous pregnant women with infectious disease such as HIV, STDs, obstetric and perinatal infections. Training in perinatal infections is a necessary part of the curriculum regardless of the Maternal-Fetal Medicine fellow’s interest. Didactic training in infectious diseases is accomplished by the didactic lecture series, obstetric conferences and departmental grand rounds that cover a variety of infectious disease topics.

Neonatology
Between the active NICUs at UMMC, Hennepin County and Abbott-Northwestern Hospitals, there are over 100 NICU beds. These units are capable of providing high-frequency ventilation and ECMO (Extra Corporal Membrane Oxygenation). The Division of Neonatology at the UMMC works in close collaboration with the Division of Maternal-Fetal Medicine in the areas of clinical medicine, didactic lectures, and research.

Ultrasonography
Ultrasonography is a central feature of the Maternal-Fetal Medicine Center at UMMC. Fellows have the opportunity to scan as well as interpret as many as 3,000 exams while rotating on the Maternal-Fetal Medicine services. Fellows also participate in the scanning and interpretation of fetal echocardiograms at both UMMC and Abbott-Northwestern under the supervision of the pediatric cardiologists and MFM staff.

Obstetrical Anesthesia
The Maternal-Fetal Medicine fellow may elect to spend a month clinical rotation on the obstetrical anesthesia service at UMMC. The clinical service and fellow rotation are under the direction of Dr. David Beebe. The obstetric patients delivering at all three of our sites undergo regional epidural, spinal and intrathecal analgesia and there is ample opportunity for the fellow to gain experience in the technique of epidural analgesia for labor and delivery. In addition, the fellow may gain experience in the technique of induction of general anesthesia for cesarean delivery. Other didactic opportunities include weekly Anesthesia Grand Rounds, monthly Obstetric Anesthesia Grand Rounds and daily teaching rounds with the Obstetric Anesthesia faculty and Anesthesia house staff.

Critical Care
The Maternal-Fetal Medicine fellow spends a one month clinical rotation during the first year doing primary patient care in the intensive care unit at Hennepin County Medical Center under the direction of Dr. Ryan Diesler. The relationship with the ICU faculty and the Maternal-Fetal Medicine faculty has been most productive in the management of critically ill pregnant as well as non-pregnant patients. The goal of this rotation is for the fellow to gain expertise in the clinical management of the acutely ill patient. The fellow is placed in rotation with residents from the programs in internal medicine and general surgery. There is no responsibility to the Division of Maternal-Fetal Medicine during the rotation in ICU. The fellows are under the direct supervision of the faculty of the ICU in gaining clinical skills in the areas of ventilatory management, invasive cardiopulmonary hemodynamic monitoring, and the clinical management of a variety of shock states. During the rotation, the Maternal-Fetal Medicine fellow gains expertise with placement of pulmonary artery catheters in the routine management of ventilator patients.

Perinatal Pathology
Dr. Mark Luquette is a pathologist who meets with fellows to review imaging of gross placental pathology.

Training/Graduation Requirements
The CCC will recommend advancement to the next fellowship year using evaluation data and specific program criteria for advancement, which is summarized as follows:

Fellowship Year 1 (F1):
• Successful completion of clinical and research blocks
• Demonstrate appropriate progression for level of training towards independent competence for assessed milestones
• Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
• Identify research project with a working hypothesis and identify at least one research mentor

Fellowship Year 2 (F2):
• Successful completion of clinical and research blocks
• Demonstrate appropriate progression for level of training towards independent competence for assessed milestones
• Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
• Submission of IRB application for fellow’s thesis project
• Presentation of research poster at annual Department Research Day

Fellowship Year 3 (F3):
• Successful completion of clinical and research blocks
• Demonstrate attainment of independent competence for assessed milestones
• Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
• Oral presentation of research thesis at annual Department Research Day
• Successful defense of research thesis - Presentation at Departmental Grand Rounds

**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. 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 Maternal-Fetal Medicine physician.

Evaluation Process
The process for fellow evaluation consists of the following: Fellows are evaluated by faculty on a monthly basis during the academic year July 1 – June 30. Fellows on research will be evaluated by their research mentors and division research advisors every 2-3 months in addition to the monthly faculty review.

Semi Annual review with the Program Director Program Curriculum Committee will take place between November/December and May/June of each academic year. The purpose of these evaluations will be to provide objective assessment of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice through a review of all current evaluations. The semi-annual reviews will provide documentation of fellow performance and improvement over the course of the fellowship.

A summative evaluation will replace the May/June semi-annual review for a graduating fellow. This review will document the final period of education and verify that the fellow is competent to practice without direct supervision.
Fellows will provide written and confidential reviews of faculty members in RMS twice yearly, in December and June. Fellows will complete an annual review of the program through RMS in June. At least one fellow (senior or junior) will attend the program reviews (PEC meetings) held twice yearly in December and June to provide verbal feedback on the strengths and weaknesses of the MFM Fellowship.

**Fellow Continuation Meetings**

The faculty meets twice a year, as the Clinical Competency Committee (CCC), to review resident progress. The Program Director, Assistant Program Director, Residency Program Director, Site Director from Hennepin County Medical Center 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.

**Graduate Courses**

The fellowship program strongly recommends each fellow take two graduate level courses both of which are offered through the School of Public Health at the University of Minnesota. Areas of quantitative techniques, including biostatistics and other areas such as epidemiology, research design, and implementation will be heavily covered on the subspecialty written and oral examinations. A list of available graduate courses are:

- PUBH 6348 Writing Research Grants
- PUBH 6450 Biostatistics I - Fall
- PUBH 6451 Biostatistics II - Spring
- PUBH 6301 Fundamentals of Clinical Research
- MED 7548 Clinical Genetics Fall, Spring, Summer

Registration is coordinated through Deb Egger-Smith at 612.626.4936 or egger016@umn.edu.

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 Excellence 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 to replace one of the two recommended courses to be completed by the fellow during a fellowship. For further information, please visit the Foundation’s website at [www.exxcellence.org](http://www.exxcellence.org).

Recommended courses will be covered by the MFM division with prior approval from the Program Director.

**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*
*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*
*Tel: 612.273.5920*
*Fax: 612.273.1142*

*Interventional CV Radiology, UH-2-300*
*Tel: 612.273.5040*
*Fax: 612.273.7500*

*Radiology*
*Radiology Department (also, Reading Rooms, Registration)*
*Harvard at East River Road (UH), Room 2-300 (all divisions: MMC 292)*
*Tel: 612.273.6004*
*Fax: 612.273.8954*

*Radiology Engineering, UH 2-493*
*Tel: 612.273.6801*
*Fax: 612.273.6887*

*Radiology Film Desk Hospital, UH 2-403*
Lectures and Presentations
Fellows give presentations every other month to the gynecologic oncology faculty summarizing their research progress. These 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 3rd year fellow will present their research at the Department Research Day held in May, and 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 at least one MFM meeting during their three year fellowship.

Licensure/Resident Permits
Fellows are required to apply for a Minnesota medical license or permit 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

**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.
**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 provided by the fellow will be supervised by faculty to ensure that each fellow will assume progressively increasing responsibility according to their level of education, ability and experience. The level of responsibility accorded to each fellow will be determined by the program faculty. Faculty schedules are structured to provide fellows with supervision at all times. A supervising faculty is on call at all times to ensure supervision is readily available to those on duty. Fellows have a rapid, reliable system for communicating with supervising faculty. The call schedule for supervising faculty is published on-line and paging system by phone or text is available for direct communication. Supervision must be documented in the patient’s medical record, with the level of supervision included in the documentation.

Levels of supervision include:

- **Direct supervision** – Faculty member is physically present with fellow and patient.

- **Indirect supervision with direct supervision immediately available** – Faculty member is physically present in the hospital/clinic and immediately available to provide direct supervision.

- **Indirect supervision with direct supervision available** – Faculty member is not physically present in the hospital/clinic but is immediately available by telephone, page or other electronic mode to provide direct supervision.

- **Oversite** – Faculty member is available to provide review of procedure/encounter with feedback provided after patient care is delivered.

**Supervision in Specific Settings**

**Inpatient Services**
MFM Inpatient Service– When the fellow is scheduled on the MFM inpatient service, there is always an MFM physician also assigned to service. The inpatient team typically consists of a supervising faculty, MFM fellow, PGY3 Ob-Gyn resident and a 4th year medical student (sub-internship). The inpatient team will complete patient rounds together each morning, where care plans are discussed and devised as a team. Inpatient consultations are also completed as a team. There is generally direct supervision of all fellow activities and indirect supervision with direct supervision immediately available for procedures such as bedside ultrasound, labor assessments and outpatient triage.

Labor and Delivery Suite - Fellows on service/Labor and Delivery will have direct supervision from a faculty member also on service. Faculty and fellows will attend rounds on patients each morning. Fellows will be responsible for supervising OB/Gyn residents on labor and delivery. Fellows on MFM Supervisory rotation will have indirect supervision with direct supervision immediately available. Fellows will round on patients and will report to the attending faculty.

Intensive Care Unit – Fellows in the ICU will have direct supervision from the critical care faculty for all patient management and treatment plans and most procedures in the ICU. A critical care faculty is assigned to fellow supervision at all times. Procedures where indirect supervision with direct supervision immediately available may include Foley catheter placement, peripheral IV starts and wound care.

Surgical Procedures – Supervising physicians must directly supervise the critical portions of any surgical procedures in the operating room.

Outpatient Clinics
Fetal Diagnosis & Treatment Center – The MFM fellows will participate in the management and clinical care of patients in this clinic under the direct supervision of the MFM physicians. The registered sonographers in the Center will work directly with the fellow to ensure competence in performing detailed ultrasound evaluation. The fellow will be required to explain ultrasound findings and management plans to the patients, their family, other care team members, and to the referring physicians.

Perinatal Assessment Center (PAC) – The PAC is comprised of a consultative clinic for high-risk referrals to our center and a clinic for continuing care of patients primarily managed by our service. The MFM fellows evaluate and recommend management plans, under the direct supervision of the MFM faculty that is assigned to staff the clinic. The fellow and the faculty work one-on-one with each other in these clinics.

Ultrasound Clinic – Fellows work directly with a MFM clinic sonographer in the radiologic-model ultrasound clinic, where they will personally scan 8-10 patients per day. There is an MFM supervisor assigned to indirect supervision with direct supervision immediately
available in the clinic and all images are reviewed by the MFM supervisor at the completion of the ultrasound.

**Invasive Obstetric/Fetal Procedures** – Supervising physicians must directly supervise the critical portions of any invasive procedures performed in the clinic.

Fellows at any level will also notify the supervising faculty of any of the following patient events:

- Acute change in vital signs
- Sentinel event
- Unplanned readmission
- Changes in physiologic status: unusual postpartum/postoperative bleeding.
- Blood product transfusion
- Development of new significant neurological changes (e.g. CVA, seizure, new onset of paralysis, acute decline in level of consciousness)
- Development of new significant cardiac changes (e.g. CODE, serious arrhythmia, PE, hemodynamic instability)
- Non reassuring fetal testing including category II or III, fetal tachycardia, biophysical profile, $\leq 6/8$ or acute change in fetal heart rate tracing
- Arrest of labor
- Suspected chorioamnionitis, pre-eclampsia, eclampsia, abruption or any other maternal or fetal complication.
- Admission to L&D or antepartum
- Notification of consult service requesting discharge from triage
- Unplanned admission to ICU
- Patient, family, or clinical staff request for attending notification
- Transfer to ICU or higher level of care
- Unanticipated intubation
- Death

**Fellow Responsibilities**
The roles and responsibilities of the clinical fellows on the Maternal-Fetal Medicine Service are as follows:

- Overall coordination and timely completion of ward work
- Supervising morning work rounds with the residents and attending patient care rounds
- Developing individual treatment plans with residents
- Participating in surgical cases as needed to complete his or her case list
- 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 teaching rounds with the attending of the week
• Adjusting the main OR schedule as necessary
• Participating in morning work rounds, and confirming any positive physical findings
• Developing long term treatment plans in conjunction with attending staff physician and residents and documenting these plans in the patient’s chart
• Ensuring completeness of the new patient evaluations and discussing new patients with resident and attending physician
• 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
• Discussing all new admissions with the attending. Formulating plans and ensuring note documenting short-term management in chart
• 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
• Attending all didactic and patient care conferences

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. They may also be called on to train resident in an OR setting. Fellow will be asked to evaluate residents using MyTip.

The 3rd year fellow is responsible for the scheduling of 4th year sub-I medical students taking the MFM 7541 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
Travel Policy and Process

Fellows are expected to attend the annual SMFM (Society of Maternal Fetal Medicine) conference.

The fellow’s expenses for the SMFM meeting will be covered by the division for three nights/four days in order to allow them to attend the Thursday-Saturday portion of the meeting. This would include airfare and hotel at the conference rate.

If the fellow chooses to attend the PG courses prior to the start of the meeting they can do so, however they would be responsible for paying for the course fees, hotel, and meals using either their research stipend, $7500 one-time award for the 3 year fellowship, to be used towards research activities and travel; their administrative stipend of $1200 yearly (unused funds do not roll over into next year), or pay the expenses out of pocket.

The division will also cover the cost of the 1st year Fellow retreat (usually in the fall) and the NICHD research meeting for 2nd year fellows.

For other conferences or educational travel, the fellows 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:

1. The division will provide a stipend for poster and/or oral presentation at SMFM.

2. The division will consider a stipend for travel to present oral papers at other appropriate national meetings (ISUOG, AIUM or CAOG). The stipend may or may not cover all the associated costs of attending the meeting.

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 laut0006@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 Deb Egger (egger016@umn.edu) or April Homich (homi0003@umn.edu) for processing.
SECTION 6 - ADMINISTRATION

DEPARTMENT HEAD
John R. Fischer, M.D.  (612) 612-626-3111, johnf@umn.edu

VICE CHAIR
Daniel Landers, MD  (612) 301-3412, lande028@umn.edu

RESIDENCY PROGRAM DIRECTORS
Samantha Hoffman, M.D., Program Director  (612) 273-7117, kehoe018@umn.edu
Phillip Rauk, M.D., Associate Program Director  (612) 301-3400, raukx004@umn.edu

FELLOWSHIP PROGRAM DIRECTORS
Sally Mullany, M.D., GYN ONC Program Director  (612) 626-3702, smullany@umn.edu
Yasuko Yamamura, M.D., MFM Program Director  (612) 301-3402, yama0095@umn.edu
Katherine Jacobs, D.O., MFM Assistant Program Director  (612) 301-3410, gran0254@umn.edu

ADMINISTRATIVE SUPPORT
University of Minnesota Medical School
Department of Obstetrics, Gynecology and Women's Health
420 Delaware Street SE, MMC #395, Minneapolis, MN  55455
Gail Kelly, Director of Administration & Operations  (612) 626-6513, gjkelly@umn.edu
Trisha Pederson, Residency Coordinator  (612) 301-3417, pede0220@umn.edu
Katherine Hennan, Education Office Coordinator  (612) 301-3404, khennan@umn.edu
Deb Egger-Smith, Fellowship Administrator  (612) 626-4939, egger016@umn.edu
Deb Egger-Smith, Medical Student Coordinator  (612) 626-4939, egger016@umn.edu

Hennepin County Medical Center
701 Park Avenue S., Minneapolis, MN  55415
Leslie Booker  (612) 873-2750, Leslie.Booker@hcmed.org
Sylvia Lotz  (612) 873-2544, sylvia.lotz@hcmed.org
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 ______