

**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL
EDUCATION**

Department of Neurology

**2016-2017
RESIDENT
PROGRAM MANUAL**

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Introduction and Welcome to New Residents

On behalf of the faculty, staff, residents and fellows welcome to the Neurology Residency Training Program at the University of Minnesota. We hope that the time you spend with us will be both educational and enjoyable.

The information contained in the Program Policy Manual pertains to all residents and fellows in the Department of Neurology. Please Note that both residents and fellows are referred to as "residents" in this text.

The Institution Policy of this residency manual contains guidelines and policies that apply to all residents throughout the University of Minnesota Academic Health Center. The Program Policy manual is specific to our program's policies, and is written in accordance with the American Board of Psychiatry and Neurology (ABPN) as well as the Accreditation Council for Graduation Medical Education (ACGME). Policies apply to all educational experiences within the program, and are subject to periodic review and alteration. Should information in Program Policy manual conflict with the Institution Policy manual, the Institution Policy manual takes precedence.

Once again, WELCOME to the program!

Department Mission Statement

The mission of the Department of Neurology is to enhance the health of the people of Minnesota, the nation and the world, through innovation and research, education and patient care pertaining to neurological illness.

Program Mission Statement

The mission of the University of Minnesota Neurology and Fellowship Training Programs is to provide outstanding training in the practice and science of Neurology, through a curriculum that emphasizes direct and supervised patient care of diverse patient populations, critical reasoning, scholarship and professional responsibility, while promoting personal and professional satisfaction in a respectful learning environment.

Residency Program Purpose Statement (2/22/12)

The University of Minnesota Neurology Residency Program is a place of integrity, trust and responsibility where residents learn and grow as physicians and persons though service to their patients and community and through scholarship and collaborations within and outside of the Department while maintaining health, happiness and balance in their lives.

Compact for Teaching and Learning

Students, faculty and staff will collaborate to ensure that students attain their fullest potential and achieve the highest standards of learning the profession of medicine in an environment that is respectful, tolerant, supportive, grounded in sciences, innovative and centered around the care of patients. Such an environment will be sustained by cultivating responsibility, diversity, integrity, and accountability. We expect all members of the Medical School community, students, faculty and staff, to demonstrate these values and tenets of teaching and learning as a personal expression of their commitment to medical education, and as a reflection of our dedication to the development of physicians who strive to improve the human condition.

Tenets about Teaching—Commitments of the Faculty

Ensuring excellence in the achievement of learning of knowledge, skills, attitudes and critical thinking necessary for the practice of medicine to the next generation of physicians.

- We strive for excellence and to provide the best possible educational experiences.
- We will prepare thoroughly for teaching by providing current information and concepts from our discipline and by identifying gaps in current knowledge.
- We will continuously ensure and improve the quality of our teaching through the on-going development of our skills as educators and by responding to feedback from both peer and students' evaluations.
- We know and comply with national and institutional policies and ensure that our expectations of students and ourselves are consistent with those policies.
- We will provide timely and constructive feedback to our learners and exhibit the highest standards of professional behavior.
- We will model honesty and integrity in all academic efforts including teaching, research, and patient care. We respect and value the intellectual property of others and use resources fairly.
- We will clearly state the learning and behavioral expectations, assessments and opportunities for each course or experience and understand how these lead to the competency requirements of the educational program.
- We will seek learning opportunities in any and every interaction with our students.

Ensuring a respectful and exemplary learning environment for students, faculty, residents, colleagues and patients.

- We respect our peers, students and patients as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability or national origin.
- We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals. We will demonstrate respect for students and learning by starting and concluding teaching sessions on time, and by cultivating an atmosphere of mutual respect for patients and learning.
- We will make every effort to know our students as unique individuals, listen to their concerns, respond to them promptly, exercise concern for their well-being, and treat them with compassion.
- We will personally ensure a culture of patient and learner safety. We will take personal responsibility for our actions including errors and near-errors by full disclosure and analysis of need for change to prevent future similar events.
- We will foster our students' practice and discernment of professional ethics by assigning tasks that are appropriate for their phase of learning, level of clinical responsibility, and status as students. If an assignment conflicts with the personal ethics of a student, we will attempt to resolve the conflict in a manner that respects the student while placing priority on the well-being of the patient.
- When planning and conducting educational activities, we will recognize our students' needs for personal time and adequate rest and relaxation.

- We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.

Tenets about Learning— Commitments of the Students

Participating in ongoing, life-long learning in the continuously evolving field of medicine.

- We are responsible for gaining the skills and knowledge needed to fulfill our current and future professional responsibilities as physicians.
- We will respect and appreciate the teaching role of the faculty and understand that the curriculum is designed to ensure our future competence as physicians. With continuous quality improvement in mind, we accept the responsibility to provide constructive evaluation of our courses and teachers.
- We will work effectively in teams, respecting the contributions of all members, assuming our fair share of responsibility, and performing leadership tasks with a sense of service to others.
- We will acknowledge and seek help when an assigned task is beyond our level of skill. If an assigned task conflicts with personal ethics, we will discuss this with the supervising physician/course director and seek a resolution that places priority on the interests of the patient.
- We will practice the habit of critical reflection, acknowledging gaps in our understanding, recognizing our limitations, and striving for continuous self-improvement.
- We will provide and create a culture of patient safety. We will take personal responsibility for our actions including errors and near-errors by full disclosure and analysis of need for change to prevent future similar events.

Attaining and displaying the highest levels of professional conduct and attitudes, as well as the skills and knowledge of the discipline of medicine.

- We will dedicate the time and energy needed to accomplish our professional responsibilities.
- We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.
- We respect our peers, patients and faculty as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability or national origin.
- We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
- We will attend all required learning sessions and demonstrate respect for our faculty and peers by arriving on time and complying with all specific expectations defined by the faculty, including wearing attire that is appropriate for the setting.
- We will practice honesty and integrity in all academic endeavors, including assessments, research efforts and patient care entries. We also respect the intellectual property of others and use resources in a way that demonstrates respect.

Education Council Statement on Institutional Standards of Behavior in the Learning Environment

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced by and, indeed, based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to the educational mission of the University of Minnesota Medical School, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will from time to time lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner. The diversity represented by the many participants in the learning process requires the University of Minnesota Medical School to identify expectations of faculty, students, residents and staff and a process through which concerns can be resolved.

The Education Council of the Medical School is charged with the responsibility for continuing review of the curriculum. This responsibility is taken to mean a continuing review of the process by which teaching and learning take place. In this regard the Council provides the ultimate oversight in relation to acceptable standards of behavior of those in the teaching and learning process.

Whereas the behavior between faculty, graduate teaching assistants, residents, and medical students should at all times be governed by collegiality and respect for individual rights, be carried out through exemplary interpersonal behavior and above all be characterized by adherence to principles which facilitate learning, the Education Council endorses the following procedures/principles:

1. Educational activities shall be organized to promote student learning in a humane manner, which will foster professional growth.
2. Physicians, residents, and medical students shall display mutual respect for colleagues as professionals and individuals and avoid disparaging comments about specialties and other medical centers and institutions that might demean a student's interests and be disruptive to important physician-physician relationships.
3. Methods of evaluation shall reflect course goals and objectives and be accompanied by timely feedback on performance. Performance shall be reported to students in a timely manner.
4. In all cases, students concerned about behavior of faculty and other teachers, which they believe is not in accordance with acceptable institutional standards, shall be encouraged to discuss or submit their concerns to the course director as a first step. This can be done in person or by using the rotation evaluation form as a vehicle for anonymous feedback. Alternatively, the students may wish to discuss concerns with Paul Quie, M.D., Regents' Professor of Pediatrics, whose duties in the Office of Education include serving as a student ombudsman. Alternatively, the student may discuss the concerns with the Department head or with any of the senior administrators in the Medical School Office of Education. When problems require additional deliberation, the Education Council may become involved.
5. The University of Minnesota has mechanisms currently in operation that provide faculty, staff and graduate students with opportunities to pursue grievances through a formal review process.
6. For concerns relating to sexual harassment, students may contact the Medical School Equal Opportunity Officer, Ms. Mary Tate, at 625-1494.

[Adopted from statement of the Medical School Education Council, April 17, 2001]

SECTION I. STUDENT SERVICES

On-Boarding and Off-Boarding

(go to <http://www.gme.umn.edu/residents/orientation/home.html> for details and links)

Incoming Residents will receive the following items from the Program prior to the start of their first year of training:

- UCard: The program will schedule an appointment for the incoming residents to go to the UCard Office to get their UCards, usually as part of the Orientation to the Program. If the resident is a former medical student or trainee and their UCard is more than five years old, they will need a new card. Please note, as of June 2016 incoming residents will receive their UCard during the GME orientation.

Incoming Residents will receive the following items from the University prior to the start of their first year of training:

- Benefits: The Office of Student Health Benefits (OSHB) compiles and distributes all benefit materials directly to the residents via email.
- Respirator Medical Evaluation: The University of Minnesota Occupational Health and Safety Office will send the resident an email with the URL and log-in and password to the on-line evaluation which must be completed at least two weeks prior to his/her start date.

Incoming Residents will be required to complete and/or sign the following items prior to starting their first year of training:

- Background Study, (required by the State of Minnesota): The resident will enter his/her background study information using NETStudy, an electronic background study system created by the Minnesota Department of Human Services. The background study must be completed prior to starting in the program.
- Privacy and Security Data Training: Residents must complete module prior to orientation. They will receive an email notification and instructions on how to proceed.
- I-9 Employment Eligibility Verification: Residents must complete this form electronically. A memo sent from the GME office, including a Guide, will assist the resident in completing the form.
- Immunization Form: The resident must complete and fax the form to Boynton Health Service after the resident has been entered into the PeopleSoft System.
- Residency Standard Agreement (annual): This agreement must be signed and dated prior to the resident's next year of training. It is signed by the resident, program director and the GME office.

- Residency Permit Application: The resident must complete the application and return to the program for processing. There is a \$20.00 application fee that is the responsibility of the resident and should be included with the completed application.

Incoming Residents can access the following items on their own:

- Paycheck Direct Deposit Authorization: Access is through the Employee Self-Service website on One Stop. A record of the resident must already be in People Soft, in order to use Employee Self-Service
- Email Account Initialization: Residents are required to use University emails. Go to <https://www.umn.edu/initiate> to set up.
- Minnesota Medical Association (MMA) Release of Information: OPTIONAL: Completion of this form authorizes the MMA to activate, at no cost to the resident, membership in the MMA.
- Modules: GME Orientation: Incoming residents are required to complete three on-line orientation modules prior to arriving at the University of Minnesota: Sleep Deprivation, Alcohol and Drug Misuse and Culturally Competent Healthcare in Minnesota.
- National Provider Identification (NPI): To register for the NPI, go to http://www.med.umn.edu/gme/prod/groups/med/@pub/@med/@gme/documents/content/med_content_425217.pdf.
- U of MN Portal: Log in to the Portal using your X.500 ID and password
- Resident Assistance Program: Retain information received at orientation for future use.

Incoming Residents are required to provide the Program with the following items:

- If the resident has had previous GME training, he/she is required to provide the Department with a GME Program Completion Certificate. The program is required by Medicare to obtain this certificate.
- Medical School Diploma: The resident must provide the original or a copy of his/her diploma, per Medicare regulations

On-Boarding Process for Incoming Residents Rotating at MVAHC:

- The orientation requirements of the VA must be completed at least 4 weeks prior to the start of the trainees' rotation, no exceptions. Failure to have the paperwork completed will result in delay of the start of the rotation. The certificate the trainee receives after completing orientation training must be given directly to the VA training coordinator or nursing affiliate instructor.

Offboarding Process for Graduating and Transitioning Residents:

- Cobra (continuation) insurance until your new employer's insurance takes effect. You have 60 days from date of graduation to apply.
- Disability insurance through Guardian. This must be completed before your date of graduation.
- Residents holding J-1 visas must turn in a completed "Termination of J-1 Sponsorship" form.
- All RMS Duty Hours must be completed.
- An RMS Graduation/Transitioning form must be completed.
- The RMS confidential program evaluation must be completed. The program only sees aggregate data and not until there are enough responses to assure anonymity.
- Log onto the NPI website and change your contact information to that of your new professional address. <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Turn in the following:
 - 1) Two lab coats; these are leased, so turn in no matter what condition; 2) office keys for all sites; 3) pager; 4)University of Minnesota/Dept. of Neurology badge; 4) badges from all sites, including Fairview; 6) parking card.

Visa Policy

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Neurology Residency Program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage (<http://www.gme.umn.edu/international/home.html>)

ACLS/BLS Training

Residents are required to have training in both ACLS (Advanced Cardiovascular Life Support) and BLS (Basic Life Support) during the first year of residency. BLS training takes place during the first week of training, as part of the orientation held for PGY1s. ACLS consists of two days of training, the first day during the first week of residency and the second, at the end of the PGY1 year, during the last week of training. ACLS training is held on the Riverside Campus.

It is the responsibility of the resident to schedule BLS recertification after two years. Please contact Terry Nelson at 612-273-6195 to schedule a recertification session through Fairview, or Robin Rabey at the VA. Additional VA resources can be found [here](#). ACLS is not required by the program to be renewed. It will only need to be renewed if the hospital requires it, if you are moonlighting, if you are providing conscious sedation, or if you are working on a code team.

Resident and Fellow Assistance Program (RAP)

Sand Creek
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651-430-3383 or 1-800-632-7643

Please click here for the [RAP Poster](#)

A Service For You and Your Family...

At times it's human nature to feel anxiety, frustration, depression, guilt or anger. Feelings such as these could stem from family tensions, financial problems, or career-related stresses. Whatever your situation may be, RAP is available to help.

It is understandable that for some people it takes a great deal of courage to ask for help. With that in mind, the Metro Minnesota Council on Graduate Medical Education has contracted with an agency called the Sand Creek Group to provide your Resident and Fellow Assistance Program (RAP). It is an employee assistance program designed specifically for residents and fellows. Sand Creek's counselors have particular expertise in dealing with the unique needs of individuals in their residency and fellowship training programs. Now there is a number you can call whenever the need arises. In making that phone call, you will receive help in addressing the issue and finding options for achieving resolution.

RAP is for you and your family members, your faculty, attending physicians; department heads and supervisors who need help in dealing with resident- and fellow-related concerns.

Your Privacy is Protected...

Since privacy is a primary concern, an outside behavioral health agency, The Sand Creek Group, provides your RAP services in a strictly confidential manner. Except in cases where mandatory reporting of information needs to be followed, your written consent is required to disclose information.

What is the Cost?

There is no charge associated with your assessment and short term counseling services provided through the RAP program.

When additional or more specialized services are indicated, you will be referred to outside professional or community resources for help. In those cases, your RAP counselor will work with you to locate appropriate, accessible, and affordable resources based on your specific needs and preferences. Health insurance plans most often provide some coverage for a variety of mental health and chemical dependency concerns.

Help is Available Anytime...

When the Sand Creek administrative offices are closed, their back-up clinical services answers calls on a 24-hour basis. Licensed mental health professionals staff this service. You can feel comfortable accessing this program at any time of the day.

RAP Designed to be Flexible...

RAP is designed to be flexible and to accommodate your busy schedule. You may either talk with a counselor at one of many Sand Creek clinical offices around the metro area on a face-to-face basis, or telephonic sessions can be scheduled to meet the demands of your schedule. Appointments are scheduled throughout the day. A variety of evening hours are available as well.

RAP is Here for You...

Counselors at Sand Creek are available to help you address issues and personal concerns such as the examples listed below.

- My debts have become overwhelming. How can I get a handle on them?
- I think the stress of my residency is impacting my health. How do I discreetly find out?
- I worry about my career choice. Who should I talk to?
- My relationship isn't fulfilling but I don't want to be alone. What do I do now?
- My spouse is having difficulty adjusting to my residency. How do we adjust in a way that works for both of us?

Registration

The Neurology residency program is a professional graduate program leading to eligibility for professional certification but not an advanced degree. All house staff members are enrolled as medical residents in the Medical Graduate School at the University of Minnesota. All Neurology residents are registered for courses in Neurology. Since medical residents are considered both employees and students, they are granted student privileges, which include use of all university libraries and computer facilities open to the University of Minnesota community, as well as discounts for University of Minnesota events. However, they are not required to pay any fees, other than for the use of the Rec Centers, for which there will be a fee charged.

The Residency Program Coordinator registers residents every semester. If late fee charges result from late registration of residents, the Coordinator is required to work with PeopleSoft to waive those fees. If a formal hold is placed on a resident's registration, due to inadequate immunization reporting, library fines, etc., the resident is responsible for taking immediate action to eliminate the hold. The residency coordinator will be alerted about the hold and will inform the resident what he or she must do to remove it. Failure to eliminate a hold can potentially cost the Department thousands of dollars, and therefore it must be cleared immediately.

The resident can get more information about the hold by going to
<http://onestop.umn.edu/registration/index.html>.

Late Fees

Any late fees, which are incurred due to holds on registration because of library fines, nonpayment of student loans etc. are the responsibility of the resident incurring the fee.

Tuition and Fees

Tuition and fees are being waived at this time. Trainees who are enrolled in graduate school pay tuition and fees.

Campus Mail

Please note that personal mail should be sent to your home. University-related mail addressed for all residents is available in assigned mailboxes in the resident room, 12th floor Phillips-Wangensteen Building (PWB). Residents are responsible for regularly checking their mail.

University Pagers

All residents will be assigned a University pager, which will be carried throughout the entire residency, irrespective of which institution the resident is rotating through. Pagers have an 80-mile radius and must be on at all times when on duty. If an assigned pager is forgotten, a temporary pager will be issued. Go to the main floor of the University of Minnesota Medical Center, Fairview information desk and ask for a replacement. Temporary pagers may be used for three days. Residents are responsible for all beeper replacement fees.

1. Housestaff are expected to be available by pager while on inpatient rotations at a minimum from 07:00 to 20:00; housestaff on nightfloat rotations will be expected to be available by pager from 19:00 to 08:00 the next morning. While on non-inpatient rotations (neuropathology, ambulatory, neurophysiology, or elective), housestaff must be available by pager from 08:00 to 17:00.
2. Housestaff on jeopardy call are expected to be available by pager (or alternatively via phone per escalation policy) at all hours of the day during assignment.
3. Pagers are expected to be on during continuity clinics, and pages must be answered in a timely fashion.
4. Exceptions to being available by pager include:
 - a. Days off
 - b. Vacation
 - c. Post-call
 - d. Non-departmental conference attendance*
5. Pagers are expected to have full batteries, and it will be the responsibility of the individual housestaff member to maintain sufficient battery life. Batteries for pagers can be obtained at the information desk, nurses' stations or from the program coordinator.

*The phone escalation policy remains in effect during these times.

Email and Internet Access

As University students, residents are automatically issued an email account and free internet access. You may access the internet from most computers on campus or from home. The Office of Information Technology support staff can be reached at 612-301-4357 (available 24 hours a day). Activate email accounts by calling the helpline or via the web at <https://www.umn.edu/initiate>. Please contact your coordinator with questions.

The Department of Neurology's website can be found at <http://www.neurology.umn.edu/>. The neurology residency's website can be found [here](#) and the Friday School website is found [here](#). Other key websites for residents are the Graduate Medical Education Office's website <http://www.med.umn.edu/gme/> and the Medical School's website <http://www.med.umn.edu/index.htm>.

The residency program requires the use of e-mail. Most announcements from the program coordinator, chief resident, and program director are via email. It is *essential* that residents use their University of Minnesota email accounts for all residency related business. **Residents/fellows must check email daily.** Residents are given accounts through the VA and HCMC when they are onboarded at those training sites. The VA account has the option of encryption. The HCMC and UMN accounts are encrypted and patient information may be emailed. It is not permissible to forward the HCMC account to the University of Minnesota account to simplify daily checking of email. Residents are expected to check their HCMC email at least once in a 5 day period. Forwarding of VA email to other email accounts also is not permissible. If a resident is using additional e-mail providers, you may forward this account to your university account. It is not permissible to forward any of your residency-related accounts from the VA, HCMC or the U of M to Google or other email providers.

Social Media

All University of Minnesota residents and fellows are required to follow the policies set forth by the University of Minnesota's University Relations Office. Please review the sites below to familiarize yourself with the social networking rules and regulations of the University of Minnesota.

- 1.) Social Networking Site Guidelines: http://webdepot.umn.edu/social_details.php
- 2.) Graphic Standards: <http://www.brand.umn.edu/standards/index.php>

HIPAA Training

All University of Minnesota Residents, Fellows, Faculty and Staff have to complete HIPPA training sessions through the University of Minnesota, regardless of any other training sessions you may have had elsewhere. HIPPA training is federally mandated. See Institution Policy manual for more details. Residents need to comply with all requirements and mandated training (including compliance training) at other teaching sites as required.

Residents' Rooms

UMMC: The Residents' Room at the University campus is 12-183 PWB. When in the vicinity, residents may use the room to return pages, read, relax, and use the computers. There are 3 working computers in the room and two printers. They each have internet access with Medline, stroke, and various imaging software. Residents have access 24 hours/day.

HCMC: The residents' room at HCMC is on the 5th floor, Red building, room R5-234. You need to obtain access from Katie Dolan (katie.dolan@hcmed.org). The residents have access to this room 24 hours a day. There are 7-8 working computers which do have access to the internet and other hospital services.

VAMC: The residents' room at the VAHCS is 4B-131.

House Staff Directory and Phone Escalation Policy

The Residency Program Coordinator annually provides a house staff directory including phone numbers, addresses, and email addresses of residents and fellows. In addition, the program coordinator solicits phone escalation guidelines from all residents and fellows on a yearly basis to allow for communication in emergency situations. The updated phone escalation policy is made available through secure posting on the RMS website.

Departmental and Resident Websites

Residents can access important information through the Department website <http://www.neurology.umn.edu/>. The curriculum and all relevant curriculum documents are available through the Google site <https://sites.google.com/a/umn.edu/neurology-residency-friday-school-website/>. Residents and all teaching faculty are granted access to this site. The residency has their own website at <https://sites.google.com/a/umn.edu/university-of-minnesota-neurology-residency-program/>. Here residents can access call schedules, view FAQ's, request time off, etc.

Governing Boards

ACGME: <http://www.acgme.org>

American Board of Psychiatry and Neurology: www.abpn.com

American Academy of Neurology: www.aan.com

Educational Commission for Foreign Graduates: www.ecfmg.org

Program Requirements

The requirements for all Neurology residency and ACGME-accredited fellowship programs can be found at: <http://www.acgme.org/acgmeweb/tabid/136/ProgramandInstitutionalGuidelines/MedicalAccreditation/Neurology.aspx>

Debt Management

The AAMC has a free list serve for debt management designed to help residents/fellows manage their medical student loans. Residents can subscribe by the following:

- 1) Send an e-mail to: majordomo@aamcinfo.aamc.org
- 2) In the subject field, provide information which identifies your residency program
- 3) In the text section of the e-mail, simply type: Subscribe-money matters-your e-mail address

Please check out <http://www.med-ed.umn.edu/financial/repayment.php> for resources at the University of Minnesota.

For information on loan deferments, please go to <http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm> and click on 'Loan deferment', located under "Benefits".

Chief Residents

Administrative Chief Resident:

The senior Administrative Chief Resident is chosen from the G4 class. He or she is in charge of making the schedule (block schedule, continuity clinic schedule, call schedules, jeopardy schedule) in conjunction with the program coordinator and program director. He or she monitors and reviews vacation requests, shift switches and any other schedule changes. The chief resident together with the program coordinator is the first point of contact for illness or any other unforeseen absences, as well. The Administrative Chief Resident is in charge of conflict resolution among trainees. He or she conducts confidential chief resident chats with all trainees and brings resident concerns or requests to the attention of the program. He or she assists with the educational mission by organizing and facilitating conferences and lectures. It is an expectation that the administrative resident is scheduled to give a Grand Rounds talk. Other responsibilities include planning and participating in

the recruitment effort of the program and membership in the newly established program evaluation committee. The administrative chief resident covers the duties of the chief resident for curriculum and education in his or her absence.

Chief Resident for Curriculum and Education:

The Chief Resident for Curriculum and Education is chosen from the G4 class. He or she is in charge of organizing, evaluating and revising the Friday school didactics in conjunction with the Friday School director, program coordinator and program director. This includes organization of journal clubs and neuroanatomy reviews, scheduling of resident conferences and ensuring that curriculum is scheduled each Friday. The Chief Resident for Curriculum and Education helps with recruitment season and the process of onboarding new interns and rising G1s. He or she also participates in conducting chief chats. This person is responsible for the creation and execution of the annual OSCE for the residents. He or she is also expected to conduct a RITE review session for residents the week before the RITE exam. The Chief Resident for Curriculum and Education covers the duties of the Administrative Chief Resident in his or her absence. The senior Chief Resident for Curriculum and Education has the opportunity to be nominated for participation in the Family Medicine program's Faculty Development Course.

Junior Administrative Chief Resident:

The Junior Administrative Chief Resident supports the senior Administrative Chief Resident in his or her role with an emphasis on the recruitment. The Junior Administrative Chief Resident also helps in the QI efforts of the program. Of note, this role is chosen from the G3 class. While this person remains eligible for a senior chief selection the following year, this position does not guarantee a senior chief resident role as a G4. The intention is to allow for formalized participation in program improvement and offer an opportunity for development of leadership skills. It also allows for a better representation of more junior resident perspectives in the program improvement process. The Junior Chief Administrative Resident has the opportunity to be nominated for participation in the GME's Resident Leadership Academy during his or her G3 year.

Junior Chief Resident for Curriculum and Education:

The Junior Chief Resident for Curriculum and Education supports the senior Chief Resident for Curriculum and Education in his or her role with an emphasis on the onboarding of G1s and the QI Boot Camp. In addition, Friday School components that target the G1 class are considered the responsibility of this post. Of note, this role is chosen from the G3 class. While this person remains eligible for a senior chief selection the following year, this position does not guarantee a senior chief resident role as a G4. The intention is to allow for formalized participation in program improvement and offer an opportunity for development of leadership skills. It also allows for a better representation of more junior resident perspectives in the program improvement process.

Chief Resident of Academic Affairs:

The Chief Resident of Academic Affairs is charged with promoting a positive culture and training environment within the residency program. Duties include addressing and investigating resident concerns, helping residents with issues related to clinical or professional performance, and arbitrating conflict resolution when necessary. The purpose of this position is to resolve concerns and conflicts before they reach the governance of the Program Director, unless necessary. This Chief Resident also works closely with and supports the efforts of the Administrative Chief Resident and Chief Resident for Curriculum & Education as able.

SECTION II. BENEFITS

Benefits

All benefits for residents and fellows at the University of Minnesota Medical School are coordinated through the Office of Student Health Benefits (OSHB). You can find a full description of the benefits offered, forms to complete, and contact information at their web page <http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>.

The OSHB main contact is 612-624-0627 or umshbo@umn.edu.

The University offers the following group benefits to residents and fellows:

- Health insurance
- Dental insurance
- Life insurance
- Long-term disability insurance
- Short-term disability insurance

Insurance Coverage During an LOA

The insurance benefits noted previously in the Institution Policy manual may be continued at your own expense during an LOA. Please consult with the payroll office to arrange extended coverage.

Professional Liability Insurance

The Medical Resident Liability Insurance policy is administered through the University's Office of Risk Management and Insurance. Please see GME website for information.

Questions regarding this policy should be directed to Risk Management.

Workers Compensation Policy and Procedure

Please see GME website for policy and procedure: <http://www.med.umn.edu/gme/home.html>.

Stipends

Please refer to the Institution Policy manual first for the Medical School Policy

| | |
|-------|----------|
| PGY-1 | \$52,290 |
| PGY-2 | \$53,899 |
| PGY-3 | \$55,753 |
| PGY-4 | \$57,745 |

Paychecks/Direct Deposit

We strongly encourage all residents to have direct deposit. Residents can set up direct deposit through MyU: <http://hrss.umn.edu/>

American Academy of Neurology Membership

The Department will pay for annual American Academy of Neurology (AAN) membership for residents only, not fellows. This will start in your PGY-1 year.

Resident Education & Travel Allowances

The Department has a budget for an education allowance and travel allowance for participation at national meetings. Information on these allowances and on the reimbursement process is listed below.

Education Allowance:

The Department of Neurology has established an Educational Allowance Program (EAP) for Neurology residents effective July 1, 2002. The program has been implemented to assist residents in covering costs related to educational expenses incurred during their residency.

Each resident (PGY1-PGY4) will have an educational allowance of \$500 per year (July 1 – June 30) which can be carried over each year they are a resident. This allowance may be used for such things as textbooks, journal subscriptions, educational software, electronic devices used for studying, board exam, hammers, license, professional society membership fees and attendance at national meetings. The education allowance will not reimburse residents for parking or cell phones.

Travel Allowance:

The program encourages residents to attend national conferences. ACGME requires that all residents attend at least one qualifying meeting or conference during their PGY1-PGY4 years. In general, qualifying meetings and conferences are those sponsored by major societies and during which original research reports selected by peer review are presented for the first time in open forum to the scientific community. Please check with your coordinator on eligibility for attending conferences. Residents who are not in good standing requesting to travel are subject to review by the NRCC and needs approval. Time spent at conferences will not be charged to a resident's vacation time.

Each resident (PGY1-PGY4) will have a conference travel allowance of \$2,000 to be used throughout their years in the Neurology Program. A resident may choose to use this towards as many conferences as they would like but the total cannot exceed \$2,000. Monies from their education allowance may be used to help fund additional conferences. To encourage frugality, the resident may decide whether or not they would like to be reimbursed for meals and other incidental expenses.

Chief residents may be sent to additional conferences for leadership training as approved by the Program Director. This will not count towards their travel allowance and will be funded by the Department.

Residents need to indicate their planned conference attendance to the administrative chief resident, program coordinator and program director 3 months ahead of time and they will receive notice if their request can be granted. Residents are responsible for organizing coverage for the time they are away with the exception of the AAN annual conference.

Annual American Academy of Neurology (AAN) Meeting:

To provide optimal coverage while enabling the largest number of trainees to attend the AAN conference, the coordinator, program director and administrative chief resident(s) will generate a conference coverage schedule for this week in April. This will include assignments for key inpatient duties and jeopardy call. Only essential services will be covered and it is understood that ambulatory clinics or other non-essential services may not have the same or any coverage during the week of the AAN meeting.

Faculty will be informed by the program coordinator 6 weeks ahead of time if they are affected by changes to resident coverage. While the program coordinator also informs continuity clinic sites of the AAN coverage schedule and other planned conference attendance, it is the responsibility of the resident to ensure that all affected continuity clinics are indeed cancelled six weeks prior to the conference at the respective teaching site.

As a program our goal is to provide access to the American Academy of Neurology for as many of our residents as possible. It is a goal of the program that every resident attend the American Academy of Neurology's Annual meeting at least once during this residency program. The following set of priorities will be used as a guide in order to achieve this goal.

First priority: PGY-4 residents who have never attended the AAN will have the opportunity to attend five days of the AAN conference during the PGY-4 year. This is regardless of other national conference attendance. This will be Monday through Friday and will allow for two additional days of travel.

Second priority: AAN scholarship recipients will have the opportunity to attend five days of the conference. Two additional travel days will be provided. This will allow for the minimum of the required sessions to be eligible for the scholarship.

Third priority: Residents with platform presentations will have the opportunity to attend three days of the AAN conference excluding travel and including the day of presentation. An additional two days will be allowed for travel.

Fourth priority: Residents who are first author of a poster presentation will be allowed to attend three days of the AAN including travel and including the day of the poster session. Additional travel days will not be provided. In the case of multiple posters and insufficient coverage a resident may have to choose between poster presentations as these days are not necessarily cumulative.

Final priority: All other interested individuals in the PGY-2-PGY-4 classes will attend parts of the AAN conference as the coverage schedule permits.

Resident Reimbursement Process:

To qualify to use education allowance or travel funds, residents must submit the following items to the Residency Coordinator:

- A brief description of what the reimbursement is for and if the resident is requesting to use their education allowance or travel allowance to cover it.
- Itemized receipts for all purchases except food.
- Agenda of conference that shows which meals were covered by the event (if related to travel)

Once the Employee Expense Worksheet has been filled out by the Resident Coordinator, the resident and Department Administrator will need to sign before it can be processed. Receipts for purchases should be turned in during the current academic year. **Receipts turned in to be reimbursed when the purchase was made during a previous academic year will not be allowed.**

PGY-4 residents must turn in all remaining reimbursement requests by **May 15** so they can be processed prior to graduation or the resident may risk losing their remaining allowance balance.

Leave Policies

Please refer to the current Institution Policy Manual for Medical School Policies regarding leave. The Neurology Department program policies for Bereavement Leave, Parental Leave, Medical Leave, Family Medical Leave Act (FMLA), Jury Duty, Military Leave and Personal Leave of Absence follow applicable GME or University of

Minnesota policies. See GME website at <http://www.med.umn.edu/gme/home.html>. Other information is detailed in the following sections.

Vacation and Sick Policy

All residents will be given 22 days of leave to be used for **both** vacation and sick leave. Any leave that exceeds 22 days will be unpaid and must be made up at the end of training. There is no carryover of vacation or sick time from one year to the next.

Emergency Policy:

In case of an emergency (illness, accidents, death in family, court appointments) residents/fellows are responsible for notifying the program coordinator, administrative chief resident(s), senior resident at their site, and the appropriate faculty member of their rotation as soon as possible. Jeopardy resident will cover at HCMC, UMMC and VA. The administrative chief resident(s) should ensure that coverage is adequate.

Sick Time Policy:

For sick time, residents are responsible for notifying the Residency Program Coordinator, Carly Dolan, at 612-626-6519, the senior resident at their site, and the appropriate faculty member of their rotation as soon as possible.

Vacation Policy:

Residents are given 15 weekdays of vacation per academic year (PGY1 residents have 21 days). Resident vacations are scheduled into the rotation schedule at the beginning of the academic year, and are not flexible. Finding coverage for any vacation requests made after the yearly rotation schedule has been finalized is the resident's responsibility.

Residents are only allowed to take vacation during ambulatory and elective rotations. Vacation days can be taken on individual days or up to 5 days in a row. Any exception to this policy must be approved by the program director. Vacations are not allowed during certain rotations including inpatient rotations at University of Minnesota Medical Center-Fairview, Hennepin County Medical Center (an exception being the PGY1 rotation on Neurology) and the Veterans Affairs Medical Center, the Pediatric Neurology rotation, and the Psychiatry rotation.

Residents/fellows who are graduating from the program are allowed to take vacation during one of the last two weeks of their residency. Please plan accordingly and save a week of vacation if you wish to use it at the end of the academic year.

Vacation requests are made in writing in March prior to the beginning of the academic year. However, vacations are not approved until the Program Director signs off on your request. Planned absences for conferences and interviews may also be requested throughout the year. UMMC requires a 90 day clinic cancellation notice, the VA and HCMC require a 6 week notice. You may not miss more than 3 days of continuity clinic per year due to vacation.

Any planned absences (vacation, conference, interviews, doctor's appointments) with anticipated clinic cancellations will be communicated to the sites by the resident.

Any unanticipated absences (sick time, urgent doctor's appointments) with clinic cancellations such as interviews, conference attendance or sick time need to be communicated by the residents to the respective site and the program coordinator immediately.

It is the responsibility of the resident to check that the clinic cancellation has been appropriately processed and that the change it is correctly reflected in the schedule and hospital pager systems.

All planned absences are requested using the program's request form (attached). The following steps need to be verified through the form:

- Site director permission requested
- Clinic notified and clinics cancelled
- Site coordinator notified and clinic cancellation confirmed
- Coverage arranged and outlined in writing
- Main program coordinator notified and schedule updated and reviewed to reflect above process

Vacation is not approved until the resident completes the steps above and returns the vacation request form to the Program Coordinator. The Program Director when then approve or deny the request and the Program Coordinator will inform the resident of the result.

Maternity/Paternity Leave of Absence

Please see institutional policy for guidelines. Please contact your coordinator and program director.

Professional Leave

The Department of Neurology recognizes the need for PGY-3 and PGY-4 residents and fellows to schedule interviews for fellowship or practice opportunities. The program allows PGY-3 and PGY-4 residents and fellows to take up to 5 days "Professional Leave". Interview time must be scheduled to create minimal disruption to the resident's schedule. Each resident or fellow must make arrangements with their rotation director to take time off to interview (see clinic cancellation policy). Arrangements must be made at least six weeks in advance of the interview if a clinic cancellation is involved. You must contact your program director, continuity clinic and residency coordinator six weeks ahead of time to make arrangements. It is not advised to interview during an inpatient month; however, if it happens to be the only time, you must arrange coverage for yourself. You must also notify the Residency Program Coordinator and director in writing of the date, contact person and location of interview. Failure to follow the outlined procedure will result in the loss of vacation days and/or you may have to make up the time at the end of your residency. If more than 5 days is needed, approval must be given by the program director, who decides if time needs to be taken from vacation days or made up at the end of the year. Please work with your coordinator for time away to follow the above policy.

The PGY-1 and PGY-2 residents may take up to 2 days of professional leave for the Step 3 exam. Service coverage has to be arranged by the resident. Please inform the program coordinator at least six weeks ahead of time to allow for timely continuity clinic cancellations.

Leave of Absence and Satisfying Requirements of Program

All Neurology residents must meet the 48-month training program requirement as established by the American Board of Psychiatry and Neurology (i.e., residents may miss 4 weeks per year (allotted vacation and sick leave). Fellows must meet the 12-month training program requirement required by the American Board of Psychiatry and Neurology. Time away from training due to absences in excess of four weeks per year, whether for additional vacation, sick leave, leave under FMLA, or leaves of absence (LOA) must be made up at the discretion of the program director. If the time away will be extending your residency the rotations you will miss will be renamed as "Time Away Extends Training." If you leave will not be extending your residency, the rotations to be

missed will be re-named as "Time Away Does Not Extend." Duty hours do not need to be recorded for this time period.

The program requirements mandate that PGY-2-PGY-4 residents have 40 continuity clinics per year. This minimum must be met for each year and cannot be averaged over the duration of training. Clinic attendance during the PGY-1 year does not fall under this mandate and will be cancelled during certain rotations (boot camp and EM at HCMC). It is the resident's responsibility to track their continuity clinic attendance in RMS and contact the program coordinator and site coordinators to arrange for make-up time if the 40 required clinics cannot be completed due to cancellations secondary to absences, holidays or other reasons.

Holidays

On these dates, resident clinical duties will be minimized, typically so only the on call and post call residents are covering the service (similar to weekend coverage). A call schedule will be created by the chief resident to indicate the on call residents (daytime and night coverage) for each holiday. The program coordinator sends out a reminder email in the week leading up to a holiday.

Some sites may allow additional site holidays (VA Medical Center) and site directors have the authority to release assigned residents from clinical duties accordingly. Residents rotating from other services are subject to the same rules that govern the neurology residents and should not be used solely to provide patient coverage.

Please note, that sites retain the authority to mandate additional resident attendance on holidays. Specifically, if there is a high patient load additional team members may be required to participate in morning rounds. The goal is to minimize the time spent in the hospital for any additional team members unless the resident is the one scheduled to be on call. The determination of additional coverage need is made by 7 AM on the morning of the holiday by the chief resident, site and program director.

Every attempt is made to schedule resident holidays as fairly as possible, however, there is no guarantee. All University of Minnesota official holidays are not necessarily program holidays.

Here are the Program holidays for this year:

Monday July 4, 2016
Monday, September 5, 2016
Thursday, November 24, 2016
Friday, November 25, 2016
Friday, December 23, 2016
Monday, January 2, 2017
Monday, May 29, 2017

Here are the University holidays for 2016/17:

Monday, July 4, 2016
Monday, September 5, 2016
Thursday, November 24, 2016
Friday, November 25, 2016
Friday, December 23, 2016
Monday, December 26, 2016
Monday, January 2, 2017
Monday, January 16, 2017
Friday, March 17, 2017
Monday, May 29, 2017

A University holiday means the Neurology Education and Administrative offices are closed. See above for resident program holidays.

The program will attempt to assign coverage for the weeks of Christmas and New Year with a special holiday coverage schedule and residents will be assigned to cover the inpatient and consult services for the three main clinical sites during one of the two weeks. Nonessential services will not have coverage during this time. This will allow for some extra days off during winter break for everybody. Holiday coverage preference will be request prior to the academic year while the schedule is being created by the chief resident. No guarantees can be made that requests can be accommodated and coverage issues may make it impossible to grant winter break. Please note that continuity clinics should not be cancelled during the off service week unless it is a policy of the site to cancel clinics during this time of the year. Friday school will be cancelled for two weeks and resume after the holidays.

Parking

Parking is provided at each site.

University of Minnesota Medical Center, Fairview:

Parking is provided at the Oak Street Ramp. Residents are issued parking cards on the first day of their PGY-2 year (or PGY-1 year if available). Cards must be returned to the Residency Program Coordinator when graduating or leaving the program. Residents will be charged \$25.00 for lost cards.

Contact Carly Dolan at 612-626-6519 for more information.

Hennepin County Medical Center:

Parking arrangements are made through the Neurology Office. All other rotating residents must go to the Parking/Security Office (RL.150) and pay a \$50.00 deposit for their card, before picking up. This card **must be returned** at the end of the year at which time you will get your deposit back.

Contact Katie Dolan at 612-873-6288 for more information.

Minneapolis VA Health Care System:

Residents rotating at the VA may park in any lot designated for employees, which does not include the staff physician's parking lot. Parking in the lots designated for visitors and outpatients may result in a parking ticket from the VA Police.

Contact neurology Program Support Assistant at 612-467-2047 for more information.

Meal Cards

University of Minnesota Medical Center, Fairview:

Residents doing overnight night (i.e. night float or Saturday coverage) are given a specific allotment when on an inpatient service at UMMC. The amount of the allotment will vary with the amount of call duty. There will be an amount for the whole year depending on how much call you are scheduled for.

A card, like a gift card, will be issued to you at the beginning of the month. When you go to the cafeteria, they will swipe the card and the amount will be deducted from the card. If you reach zero before the end of your rotation, you will not be issued another card. Cards may be used at the Bridges Cafeteria (8th floor the main

hospital) or either cafeteria on the Riverside Campus. These cards will be issued to you by the residency coordinator.

The Department will not cover any meal charges from the Doctor's Lounge on the Riverside Campus.

Hennepin County Medical Center:

A given dollar amount is given for the whole year depending on how many rotations that you may have.
\$25/month for occasional call (this is what our Neuro residents get for a 24-hr Saturday call as this is a one day only).

\$50/month for half month on call

\$100/month for entire month on call

Contact Katie Dolan at 612-873-6288 for more information.

Minneapolis VA Health Care System:

Meal service is provided to on-call residents (officers of the day) by the Veteran's Canteen Service (Gift Shop Office). 1) The Officers on Evening call are entitled to breakfast, lunch and dinner in VA cafeteria during the week and/or weekends when on call. 2) The Veteran's Canteen Service receives rosters from the Medicine, Psychiatry and Surgical Services of the Doctors on Call prior to each month. 3) The Officers on Evening call are required to present picture ID and sign for the allowance at the Veteran's Canteen Office to pick up the allowance. The allowance DOES NOT accrue from month to month. If the allowance is not picked up during the month of call, it is refunded to the University of Minnesota and the funds cannot be retrieved. 4) Cafeteria hours are Monday-Friday 6:30 am – 6:30 pm and weekends from 9:00 am to 3:30 pm.

Call neurology Program Support Assistant at 612-467-2047 for more information.

White Coats

Each resident (beginning with PGY-1 year) is given two white coats to use throughout residency.

Laundry Services:

Dirtied white coats can be placed in the yellow bin in the white coat closet in the department. Cleaned coats will then be placed back into the closet for pick up. Clean scrubs are available on each of the inpatient units at all hospital sites.

SECTION III: INSTITUTION RESPONSIBILITIES

Please refer to Institution Policy Manual at
<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

SECTION IV: DISCIPLINARY AND GRIEVANCE PROCEDURES

Please refer to the Institution Policy manual first for the Medical School Policy:

<http://www.med.umn.edu/gme/InstitutionPolicyManual2013/index.htm>

Resident Substance Use/Abuse Policy

It is the policy of the University of Minnesota that University personnel will be free of controlled substances. Chemical abuse affects the health, safety and well-being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Neurology recognizes that chemical/substance abuse or dependency may adversely affect the physician-in-training's ability to perform efficiently, effectively and in a professional manner. The Department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.

- A. No resident shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs, including those prescribed by a physician, which affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.
- B. Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on resident's ability to perform his/her duties; therefore, no resident shall use, sell, possess, distribute, dispense, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.
- C. Any violation of this policy may subject the resident to discipline, including, but not limited to, suspension and/or termination.
- D. When there is reasonable cause to believe that a resident may be using, selling, possessing, distributing, dispensing, transferring, or manufacturing any illegal drug, controlled substance, or alcohol, the resident may be required to undergo medical evaluation and assessment. The resident's ability to continue participation in the program will be determined by the Residency Program Director and the Head of the Department. Actions may include, but are not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.
- E. Depending upon the circumstances, the Department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.
- F. Residents who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform the Residency Program Director or Department Head of the conviction (in writing) within five (5) calendar days thereof.
- G. Other residents who have reasonable cause to believe that a colleague is using a substance which adversely impacts on the resident's performance in the training program must report the factual basis for their concerns to the Neurology Residency Program Director.
- H. If a resident is taking a medically authorized substance which may impair his or her job performance, the resident must notify his or her supervising resident, chief resident, attending faculty or the Residency Program Director of his or her temporary inability to perform assigned duties.

- I. The policy of the American Board of Psychiatry and Neurology maintains that a candidate for examination must have a full and unrestricted license to practice medicine. "A full and unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements. Restriction of a physician's license does not, however, include voluntary participation in an impaired physicians program or other appropriate, monitored alcohol or chemical substance-abuse recovery program, if the physician has not been reported to either the National Practitioners' Data Bank or the Data Bank of the Federation of State Medical Boards. It is the responsibility of the candidate to inform the Board immediately upon a change in licensure status."
- J. Residents are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse. The services of the Fairview University Employee Assistance Program for Children, Physicians Serving Physicians, and the Minnesota Association of Public Teaching Hospitals Resident Assistance Program are available to all residents and their families. (Please refer to Part A for contact numbers and descriptive information on these programs.)
- K. Residents must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture, and fines.

Academic Grievance Policy

Please refer to the Institution Policy manual first for Medical School Policy.

Discipline/Dismissal/Non-renewal of Residents/Fellows

From Institution Policy Manual

Trainees can be disciplined for both academic and non-academic reasons. Forms of discipline include, but are not limited to: warning, required compliance, remedial work, probation, suspension, contract non-renewal and dismissal. There are separate grounds and procedures for each type of discipline as outlined below.

Discipline/Dismissal for Academic Reasons:

Grounds

As students, GME trainees are required to maintain satisfactory academic performance. Academic performance that is below satisfactory is grounds for discipline and/or dismissal. Below satisfactory academic performance is defined as a failed rotation; relevant exam scores below program requirements; and/or marginal or unsatisfactory performance, as evidenced by faculty evaluations and other assessments, in the areas of clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professionalism, and/or motivation and initiative.

To maintain satisfactory academic performance, residents/fellows also must meet all eligibility requirements throughout the training program. Failure or inability to satisfy licensure, registration, fitness/availability for work, visa, immunization, or other program-specific eligibility requirements are grounds for dismissal or contract non-renewal.

Procedures

Before dismissing a trainee or not renewing the contract of a trainee for academic reasons, the program must give the trainee:

- Notice of performance deficiencies;
- An opportunity to remedy the deficiencies; and
- Notice of the possibility of dismissal or non-renewal if the deficiencies are not corrected.

Trainees disciplined and/or dismissed for academic reasons may be able to grieve the action through the Conflict Resolution Process for Student Academic Complaints Policy. This grievance process is not intended as a substitute for the academic judgments of the faculty who have evaluated the performance of the trainee, but rather is based on a claimed violation of a rule, policy or established practice of the University or its programs.

Academic Probation:

Trainees who demonstrate a pattern of unsatisfactory or marginal academic performance will undergo a probationary period. The purpose of probation is to give the residents/fellows specific notice of performance deficiencies and an opportunity to correct those deficiencies. The length of the probationary period may vary but it must be specified at the outset and be of sufficient duration to give the trainee a meaningful opportunity to remedy the identified performance problems. Depending on the trainee's performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; non-promotion to the next training level with further probationary training required; contract non-renewal; or dismissal.

Discipline/Dismissal for Non-Academic Reasons:

Grounds

Grounds for discipline and/or dismissal of a trainee for non-academic reasons include, but are not limited to, the following:

- Failure to comply with the bylaws, policies, rules, or regulations of the University of Minnesota, affiliated hospital, medical staff, department, or with the terms and conditions of this document.
- Commission by the trainee of an offense under federal, state, or local laws or ordinances which impacts upon the abilities of the trainee to appropriately perform his/her normal duties in the residency program.
- Conduct, which violates professional and/or ethical standards; disrupts the operations of the University, its departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, students, hospital/clinical staff, or others involved in the training program.

Procedures

Prior to the imposition of any discipline for non-academic reasons, including, but not limited to, written warnings, probation, suspension, or termination from the program, a trainee shall be afforded:

- Clear and actual notice by the appropriate University or hospital representative of charges that may result in discipline, including where appropriate, the identification of persons who have made allegations against the trainee and the specific nature of the allegations; and,
- An opportunity for the trainee to appear in person to respond to the allegations.
- Following the appearance by the trainee, a determination should be made as to whether reasonable grounds exist to validate the proposed discipline. The determination as to whether discipline would be imposed will be made by the respective Medical School department head or his or her designee. A written statement of the discipline and the reasons for imposition, including specific charges, witnesses, and applicable evidence shall be presented to the trainee.

After the imposition of any discipline for non-academic reasons, a trainee may avail himself or herself of the following procedure:

- If within thirty (30) calendar days following the effective date of the discipline, the trainee requests in writing to the Dean of the Medical School a hearing to challenge the discipline, a prompt hearing shall

be scheduled. If the trainee fails to request a hearing within the thirty (30) day time period, his/her rights pursuant to this procedure shall be deemed to be waived.

- The hearing panel shall be comprised of three persons not from the residency/fellowship program involved: a chief resident; a designee of the Dean of the University of Minnesota Medical School; and an individual recommended by the Chair of the Graduate Medical Education Committee. The panel will be named by the Dean of the Medical School or his or her designee and will elect its own chair. The hearing panel shall have the right to adopt, reject or modify the discipline that has been imposed.

At the hearing, a trainee shall have the following rights:

- Right to have an advisor appear at the hearing. The advisor may be a faculty member, trainee, attorney, or any other person. The trainee must identify his or her advisor at least five (5) days prior to the hearing;
- Right to hear all adverse evidence, present his/her defense, present written evidence, call and cross-examine witnesses; and,
- Right to examine the individual's residency/fellowship files prior to or at the hearing.
- The proceedings of the hearing shall be recorded. After the hearing, the panel members shall reach a decision by a simple majority vote based on the record at the hearing.
- The residency/fellowship program must establish the appropriateness of the discipline by a preponderance of the evidence.
- The panel shall notify the trainee in writing of its decision and provide the trainee with a statement of the reasons for the decision.

Although the discipline will be implemented on the effective date, the stipend of the trainee shall be continued until his or her thirty (30) day period of appeal expires, the hearing panel issues its written decision, or the termination date of the agreement, whichever occurs first.

The decision of the panel in these matters is final, subject to the right of the trainee to appeal the determination to the President's Student Behavior Review Panel.

The University of Minnesota, an affiliated hospital, and the department of the trainee each has a right to impose immediate summary suspension upon a trainee if his or her alleged conduct is reasonably likely to threaten the safety or welfare of patients, visitors or hospital/clinical staff. In those cases, the trainee may avail he or she of the hearing procedures described above.

The foregoing procedures shall constitute the sole and exclusive remedy by which a trainee may challenge the imposition of discipline based on non-academic reasons.

Non-renewal of Agreement of Appointment:

In instances where a trainee(s) agreement is not going to be renewed, the University of Minnesota Medical School ensures that its ACGME accredited programs provide the trainee(s) with a written notice of intent not to renew a trainee(s) agreement no later than four months prior to the end of the trainee(s) current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the University of Minnesota Medical School ensures that its ACGME-accredited programs provide the trainee(s) with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

Trainee(s) will be allowed to implement the institution's grievance procedures if they have received a written notice of intent to not renew their agreements.

Academic Incivility: Resources for Dealing with Harassment

If you or someone you know has experienced offensive, intimidating or hostile behavior that interferes with your ability to work or study, you don't have to face these challenges alone. Delaying or avoiding a situation can make it worse. Don't put off addressing a problem until you're falling behind in your coursework or considering leaving your program or job. You don't have to face it alone. The UM is committed to providing you with a respectful academic environment. There are services here to support you.

Primary sources of assistance include: Your Program Director or Faculty Advisor.

They are your essential partners in a successful educational experience. If you encounter a problem and feel comfortable approaching them, do it and do it early.

Student Conflict Resolution Center (SCRC). If you want to talk to someone outside of your department, you can contact the SCRC. Consultations are confidential - no one will know you contacted SCRC without your permission. SCRC works with hundreds of students and offers information, coaching, and intervention. You can reach them by phone 612-624-SCRC, by email sos@umn.edu, or in person (211 Eddy Hall).

Mary Tate. The Director of the Medical School Office of Minority Affairs and Diversity is the Equal Opportunity and Affirmative Action liaison. For questions or concerns regarding matters of allegations of mistreatment, sexual harassment, or discrimination, the Office of Minority Affairs and Diversity may assist in finding solutions. You can reach her by phone 612-625-1494, by email tatex001@umn.edu, or in person B608 Mayo.

Scott Slattery, PhD is the Medical School Director of Learner Development. Dr. Slattery assists residents and fellows with learning/performance concerns across the GME competencies and residency/fellowship requirements; provides assessments and referrals for special services [disability evaluation, ESL tutoring, personal/couple counseling, health/wellness assistance]; and is available for consultation on academic/training process difficulties. You can reach him by phone 612-626-7196, by email slatt008@umn.edu, or in person B609 Mayo.

Resident Assistance Program (RAP). The Resident Assistance Program (RAP) is a confidential counseling service designed to offer residents and their immediate family members a professional, external resource to address a variety of stressors, at no cost to the client. In many cases, these stressors are affecting personal lives and impacting a resident's ability to meet professional expectations in the workplace. You can reach them by phone 651-430-3383 (local) OR 1-800-632-7643 (toll free); or the web www.sandcreekeap.com.

SECTION V: GENERAL POLICIES AND PROCEDURES

Overall Program Goals and Objectives

The goals of the University of Minnesota residency education program in Neurology are to prepare the physician/trainee for the independent practice of clinical Neurology and passing the ABPN certification exam in Neurology. These overall goals include attaining competence in the six core areas of the ACGME.

Resident education will be based on supervised clinical work with increasing responsibility for outpatients and inpatients of all ages and genders. It will have a foundation of organized instruction in the basic neurosciences.

Other basic goals of the University of Minnesota Neurology Residency Program are:

1. To provide the highest quality of training and mentorship for residents in Neurology, and to produce graduates who are exceptional neurologists, clinical investigators, neuroscientists, educators and leaders.
2. To prepare neurologists for a career in academic medicine, beginning with the acquisition of excellent clinical skills. A rich and diversified clinical experience is assured by exposure to several distinct inpatient services, consultative services, and outpatient settings at several teaching hospitals and clinics.
3. To prepare the physician in developing the skills, knowledge and attitudes required to become a competent clinical neurologist.
4. The U of MN Neurology Residency Program will provide a broad exposure to acute and chronic neurological diseases, emphasizing inpatient and outpatient experiences, and elective rotations in subspecialty areas.
5. The objectives for the University of Minnesota Neurology Training Program are:
6. To provide the intellectual environment for acquiring knowledge, diagnostic skills, and clinical judgment, that are essential to the practice of Neurology. This includes a sufficient knowledge base in the basic neurosciences, neurological subspecialties, (neuromuscular, neurophysiology, child Neurology, rehabilitation) and related fields (neuropathology, neuroradiology, psychiatry, neuro ophthalmology, neurosurgery).
7. To provide a broad based clinical program with exposure to neurological diagnosis, pathophysiology, therapeutics, and to the ethical aspects of medicine.
8. To prepare the trainee for independence and proficiency in the current treatment of neurologic disorders, and in the management of patients with disorders which have no well-established treatment protocol.
9. To cultivate an attitude of scholarship, dedication to continuing medical education and an understanding of research methodology that should remain with the trainee throughout his or her professional career.

10. To provide insight into the record-keeping, administrative and financial aspects of Neurology, which allow the trainee to become more familiar with the practice of Neurology.
11. To create the conditions and provide the human and material resources for full attainment of competence in the six core areas of the ACGME: Patient care, Medical knowledge, Practice-based learning and improvement Interpersonal and communication skills, Professionalism, and Systems-based practice.

Supervision

The supervision of residents accomplished through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines are communicated to all members of the program staff. Residents are provided with prompt, reliable systems for communication and interaction with supervisory physicians. On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty.

All residents are provided with trigger cards that can be attached to the ID badge holder. The residents must report significant events as listed on the trigger cards (i.e. change in illness severity, death, etc.) to the attending of service as soon as possible.

Residents are supervised by teaching staff in a way that will allow progressively increasing responsibility for patient care according to their level of training, ability and experience. The teaching staff determines the level of responsibility accorded to each resident/fellow.

The following levels of supervision are available:

Direct

- The supervising physician is physically present with the trainee and patient

Indirect

- The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by phone and/or other electronic modalities and is available to provide direct supervision.

Oversight

- The supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered

You should never feel "out of your depth" as there is always more experienced backup (whether it be the senior resident, attending, or other expert in the Department) available. If you find that you cannot contact senior support, page the assigned attending. If you are not able to reach the attending, please contact Dr. Santiago (612-301-1048). Never be afraid to ask for help or to say that you're not sure how to do something.

If unexpected patient care need creates resident fatigue sufficient to jeopardize patient care, at any time, the assigned attending should be paged immediately. The attending is then responsible for arranging or providing patient care.

Process for Problems and Concerns

Residents are encouraged to voice any problems or concerns immediately. Regular education meetings, chief and chair chat allow venues to discuss issues in a safe environment within a group. Individual discussion and counseling is also available. The following individuals are available as resources to the residents. In addition, the resident-selected faculty advisors are also available. Residents are instructed to use them as a point of contact for any individual, programmatic, departmental or institutional issues.

Administrative Chief Resident:

Anisha Bhangav, M.D.
Pager: 899-1990
bhang005@umn.edu

Chief Resident for Curriculum and Education:

Abby Metzler, M.D.
Pager: 899-2315
ametzler@umn.edu

Junior Administrative Chief Resident:

Jessica Jarnot, M.D.
Pager: 899-3588
vani0071@umn.edu

Junior Chief Resident for Curriculum and Education:

AJ Christnovich, D.O.
Pager: 899-3591
chri2603@umn.edu

Chief Resident of Academic Affairs

Pratit Patel, M.B.B.S.
Pager: 899-2261
patel234@umn.edu

Program Coordinator:

Carly Dolan
Phone: 612-626-6519
cldolan@umn.edu

Head of the Department:

Jerrold Vitek, M.D., Ph.D.
vitek004@umn.edu

Program Director:

Anthony Santiago, M.D.
Phone: 612-301-1048
asantiag@umn.edu

Site Directors:

UMMC

Georgios Manousakis, M.D.
Phone: 612-624-5485
gmanousa@umn.edu

VAMC

Gregg Meekins, M.D.

gmeekins@umn.edu

HCMC

Katie Esse, M.D.

katherine.esse@hcmed.org

North Memorial

Charles Horowitz, M.D.

horow003@umn.edu

United

Julie Hanna, M.D.

macba004@umn.edu

Regions

Michael Rosenbloom, M.D.

Michael.H.Rosenbloom@healthpartners.com

Dispute Resolution Resources Outside of the Department

The University of Minnesota Medical Education School is committed to providing an educational and work environment in which trainees may raise and resolve issues without fear of intimidation or retaliation and in a confidential and protected manner.

The following contacts are available for the trainee to raise issues or concerns regarding their work and/or education environment.

Resident/Fellow Ombudsman

Wm. Scott Slattery, PhD, LP

Phone: 626-7196

Email: slatt008@umn.edu

Associate Dean for GME

John Andrews, M.D.

Phone: 612-626-4009

Email: Andrews@umn.edu

GMEC Resident Leadership Council

Please visit: <http://www.med.umn.edu/gme/residents/gmecrescouncil/home.html>

University of Minnesota Student Conflict Resolution Center

Phone: 612-624-7272

Email: sos@umn.edu

Confidential Graduate Medical Education Email

GME Administration has an email link on the GME website that goes to the Interim Associate Dean for Graduate Medical Education. This is a confidential venue for trainees to report any concerns they may have regarding their program. Violations reported will be investigated by GME Administration and acted upon accordingly. Email: gmedhv@umn.edu

Confidential Reporting Service for the University of Minnesota

What to Report: You should report any situation or University conduct you believe violates an applicable law, regulation, government contract or grant requirement, or University policy. You do not need to know the exact law or requirement, or be certain a violation has or will occur. If you suspect something is wrong, the better course of action is always to report it. Examples include theft; wage, benefit, or hours abuses; discrimination or sexual harassment; misuse of University property or equipment; violation of safety rules; OSHA or environmental abuse concerns; conflicts of interest; NCAA violations; and intentional misuse of the University's network or computers. Select a campus location on the reporting homepage, and then click on the violation categories on the following page for a more complete list. This reporting service does not include employment concerns that are not legal or policy violations. For these, and other issues, see the topic "Other Reporting Options and Contacts" for a list of University offices to contact about these concerns.

Transitions of Care/Handoff Policy

House staff must comply with the following recommendations, which standardize the handoff process and ensure error-free handoffs:

- Communication between providers must be interactive and allow—even promote—questions between the giver and receiver of information.
- The information must be accurate, complete, and up to date. Residents must include recent or anticipated changes, and there must be an opportunity for the receiving provider to review test results and relevant historical data.
- Interruptions during the handoff should be limited. Conduct handoffs in face-to-face encounters whenever possible, in an atmosphere free of unnecessary noise and interruptions. If patient information is provided electronically or hard copy form, a face to face or telephone conversation is required to allow for feedback and an opportunity for questions.
- Allow for a verification process, such as write-down/readbacks as appropriate (alarm values, specifically).
- Use precise language; avoid terms such as "unstable" or "okay." Refrain from jargon, but define the patient's situation. Adhere to approved abbreviations and keep the handoff free of irrelevant details.
- Use a standardized, consistent reporting format such as SBAR (see below). At a minimum, the format should include a summary of the current neurological and medical status, resuscitation status, recent laboratory values, allergies, and both problem and to-do lists.
- The provider signing out must familiarize him- or herself with the appropriate patient information before initiating the handoff.
- Report SBAR:
 - Situation: Identify yourself, your position, the patient's name, and current situation. Describe what is currently going on with the patient.
 - Background: State the relevant H&P, physical assessment, treatment and clinical course summary, and any pertinent changes.
 - Assessment: Offer your conclusions—what is the problem in your opinion?
 - Recommendations: What needs to be done?

Dictation and Notes

All notes must be completed within 48-hours of discharge at all training sites. If notes are delinquent, the coordinator or site director at the appropriate site will send the resident a list of outstanding dictations and request that the resident complete the notes/dictations within 24-hours. If notes continue to be delinquent, the program director will be notified and a letter of reprimand may be placed in your file. Please contact your site coordinator for provider codes, which are used to access the system. Residency Program Coordinator

Licensure

Please refer to the Institution manual for the Medical School Policy.

Residents are not required to have a Minnesota medical license to participate in a program. However, state law mandates that each resident have a Minnesota Residency Permit. The program coordinator will issue a permit application form for you to complete. Upon receipt of your completed form, the Residency Program Coordinator will send it in to be processed. You must have a permit before starting any rotation. Permits are valid through your entire residency or fellowship. Residents who decide to get a Minnesota license are responsible for the completion, payment and coordination of licensing. Upon receipt of the license, send a copy to the program coordinator.

If a trainee extends their residency/fellowship, a letter must be sent to the MBMP referencing the Doctor's name and Residency Permit number as well as the specific dates of the training extension. There is no extra charge for an extension on the original program. If a trainee transfers to another program a new permit must be obtained.

Trainees holding a Minnesota medical license do not need to be credentialed by the hospitals they are rotating to as long as they are performing duties within the scope of their training program and not billing for their services. A physician holding a Minnesota license has to be credentialed by the hospital if they are acting as an independent physician where there will be patient billing (i.e. moonlighting). Trainees who moonlight outside their training program must have a physician license.

The program is responsible for monitoring renewal deadlines and insuring that trainee's permits or required licenses do not expire. Minnesota licenses are renewed annually based on birth month. Please note there is no "grace" period when a Permit expires. Trainees whose permit or license expires are pulled from their rotation until the paperwork is received and processed by the MBMP.

For questions contact the board directly:

Minnesota Board of Medical Practice
University Park Plaza
2829 University Avenue SE, Suite 500
Minneapolis, Minnesota 55414-3246
Phone: 612-617-2130
Fax: 612-617-2166

Neurology Moonlighting Policy

Moonlighting requires a prospective, written statement of permission from the program director that will be made part of the resident's file.

Residents are not required to engage in moonlighting.

Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the educational program and its faculty.

The Resident's performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

All moonlighting must be counted toward the 80-hour weekly limit on duty hours.

In addition to the Moonlighting Policy set forth in the Institution Policy, residents must adhere to the following guidelines specific to the Neurology Residency Program.

Moonlighting may not conflict with duties assigned in the residency program. For example, residents must not leave the hospital early in order to moonlight, moonlight while on call from home, or use sick days to moonlight.

Hours spent moonlighting must not, when added to residency assignments, exceed the mandated guidelines of the ACGME for consecutive hours on call during residency, nor may the cumulative hours of Neurology residency and moonlighting duties exceed other ACGME guidelines.

PGY-1 residents and residents holding J1 visas or sponsored by ECFMG **may not** moonlight.

Ancillary Services

Phlebotomy and Transport: Residents are not routinely required to provide intravenous phlebotomy or messenger/transport services. Those services are provided at all sites. Residents should contact the Neurology Department at each site for specifics.

Duty Hours and Days Off

Duty hours are defined 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 are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. **All residents in University of Minnesota ACGME accredited programs are required to update and approve their assignments and duty hours in RMS on a daily basis.** All duty hours must be approved by the resident by the fifth business day of the following month. If, after 10 days of delay, duty hours have not been entered and approved, a notification is sent out to the resident reminding them of their responsibilities with the Program Director and Program Coordinator copied in on the message.

Residents/Fellows are provided with 1 day in 7 **free** from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.

The training program provides adequate time for rest and personal activities, which consists of a 10-hour time period provided between all daily duty periods and after in-house call.

When averaged over a 4-week rotation or assignment, residents will not spend more than 80 hours per week in patient care related duties, including moonlighting activity. Residents taking call from home should keep track of time spent in patient related activity when at home and when called into the hospital. Time out of the hospital not engaged in patient care duties does not accumulate toward the 80-hour cap. Residents will not be assigned on-call/in-house duties more frequently than every third night.

Minimum Time Off between Scheduled Duty Periods: Intermediate-level PGY-2 residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Minimum Time Off between Scheduled Duty Periods:

Residents in the final years of education PGY-3 and PGY-4 are considered to be in the final years of residency must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

Minimum Time Off between Scheduled Duty Periods:

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods. The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or humanistic attention to the needs of a patient or family when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Maximum Frequency of In-House Night Float:

Residents must not be scheduled for more than six consecutive nights of night float. Residents should not have more than two consecutive weeks of night float or half of a calendar month (maximum 16 days).

In compliance with ACGME guidelines, residents must receive one day off (24 hours continuously) per week when averaged over a month on all rotations. A week is a seven day period running from Sunday 12:01 a.m. to Saturday 12 midnight. This policy applies to all residents whether assigned to an in-patient ward or ambulatory/consult service. This rule means that residents will not have any responsibility to be available on their day off. Days off are typically either Saturday or Sunday, but may be a weekday as scheduling allows. This weekday off shall not occur on a continuity clinic day. Residents are given one weekend off each month when they are neither on call or post-call. This weekend will satisfy the one-day off per week guideline for the 7-day period ending on Saturday and the next 7-day period beginning on Sunday.

VA Home Call:

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are expected to be within a 30 minute drive while they are on call.

Residents are permitted to return to the hospital while on at home call to care for new or established patients. Neurology Patient care episodes during home call that require in-house presence between 10 PM and 5 AM will trigger an "off duty period" of 10 hours as required by the training program (not required by ACGME), with the following three exceptions:

1. The residents are expected to attend their own continuity clinic and be in clinic in time for the start of the clinic, even if this means less than a 10 hour off duty period.
2. The residents are expected to allow for team members to attend their continuity clinic and be at their assigned hospital in time for a hand-off of the inpatients and consults, even if this means less than a 10 hour off duty period.
3. The residents are expected to attend Friday school from Noon to 4 PM.

Jeopardy Call

A jeopardy call schedule will be created on a yearly basis to provide coverage of inpatient teaching team in emergencies at the University of Minnesota Medical Center, Hennepin County Medical Center and Minneapolis VA Health Care System. Emergencies are as follows:

- Illness
- Death in the family
- Court

Residents are assigned to the jeopardy call schedule when scheduled for a consult or an elective month.

Vacations are not allowed during the time that you are scheduled for jeopardy call. You may, however, choose to switch with another resident. Notify the chief resident(s) and Residency Program Coordinator as soon as possible when a switch is made. Residents are expected to be available during the times they are assigned to the jeopardy call schedule.

Emergency Back Up Call Policies:

We have two layers of emergency backup to provide for the coverage of critical services in the case of emergencies, illness and a limited number of other events. Residents will be provided with emergency back up coverage when they are ill, have jury duty, or have a death in their immediate family. Please call the chiefs and Carly Dolan as soon as you know you are unable to report to service so that the backup resident may be notified. Many of us have had events in our lives that do not fit into the classification of an excused "emergency", but we feel that we are required to be away from service. These absences from service need to be covered through residents trading shifts with other residents. Generally your fellow residents want to help out, and you shouldn't have difficulty finding someone to cover for you. We all know you would cover for us if we asked! If you are having problems finding coverage for an unavoidable absence that does not fall under the emergency backup policy call the chiefs as we may be able to help assist you in finding coverage. These absences that do not qualify as an official "emergency absence" are cases where you will be expected to trade shifts, or otherwise "pay back" the favor of coverage. Sometimes a fellow resident will cover for you and ask nothing in return. If you have any questions please contact Carly or the administrative chiefs.

Please review the schedule and make sure that you are aware of all your scheduled backup responsibilities. The back up resident's pager need to remain on with fully charged batteries and on the person of the back up resident at all times during backup call duty. Residents should be prepared to report for duty within 2 hours of notification during their backup call period, 24 hours a day. Jeopardy shifts start/end on Sundays at 7pm. Please pay careful attention to these responsibilities. There have been occasions in the past where residents were unable to be reached during a back up period. In the event that a resident cannot be contacted during a scheduled backup period an additional two week block will be assigned.

Program Requirements

The Neurology residency program, clinical neurophysiology fellowship and vascular fellowship programs are accredited by the Accreditation Council of Graduate Medical Education (ACGME). The ACGME has specific program guidelines, which outline strict requirements with which we must comply.

The purpose of the training program is to prepare the physician for the independent practice of clinical adult Neurology based on supervised clinical work with increasing responsibility for outpatients and inpatients and with a solid foundation in the basic neurosciences. The goal of our program is to ensure that each resident/fellow has the opportunity to acquire the medical knowledge, clinical management, interpersonal communication skills, professional attitudes and behaviors, experience for practice based learning and knowledge of the broader health care system (systems based practice) required to become a proficient neurologist with a commitment to lifelong learning and scholarly activity.

In order for individual neurologists to be board eligible, the American Board of Psychiatry and Neurology requires successful completion of an accredited Neurology program consisting of 48 months of training:

The program must include a minimum of 18 months (full-time equivalent) of clinical adult Neurology with management responsibility for patient care. This must include at least 6 months (full-time equivalent) of outpatient experience in clinical adult Neurology. The outpatient experience also must include a resident continuity clinic with attendance by each resident one-half day a week throughout the program.

The program must include a minimum of 3 months (full-time equivalents) of child Neurology with management and responsibility of patient care. Residents in Neurology must be under the supervision of an ABPN certified child neurologist or a neurologist with equivalent qualifications.

Residents are encouraged to read and become familiar with the ACGME special requirements. Residents will be asked to give feedback to the ACGME at future site visits regarding compliance. The ACGME requirements can be found at www.acgme.org.

Continuity of Care Clinic

Neurology Residents (beginning with PGY-1 year) attend a mandatory continuity of care clinic on average one-half day per week throughout the entire residency. The resident is expected to attend the Continuity clinic except on vacation. The winter break does not excuse the resident from attending the clinic or arranging for a make-up clinic for the week of the break. The clinics are scheduled in the afternoon. Residents are expected to complete their work in the morning on their scheduled rotation and are not expected to return to the hospital after clinic unless patient care would be otherwise compromised.

Continuity of Care Clinic Cancellation Policy

Continuity of Care Clinics are mandatory, and may be cancelled only under certain circumstances and with the approval of the continuity clinic preceptor and program director. Continuity of care clinics will not be cancelled during long call days on ward rotations or during post-call days on ward rotations. Continuity clinics may be rescheduled at the discretion of the Clinic Site Director to minimize the number of post-call clinic cancellations. Residents must have 40 continuity clinics per academic year to fulfill the program requirements.

Teaching Medical Students

Residents have the option to enhance their educator role and skills by engaging in a longitudinal teaching elective track. The goal of the elective is to create competent physicians that will be able to function as medical educators. The rotation provides residents with the opportunity to engage in a variety of different teaching environments over the course of one year. Residents will learn ways to become effective teachers on clinical rotations, participate as an educator in a variety of medical school courses, and complete formal coursework such as the Evidence Based Medicine toolkit offered by the American Academy of Neurology.

Neurology Clerkship

Goals and Objectives

The goals of the Neurology externship are to increase clinical skills in diagnosing and treating neurologic illnesses, to stimulate interest in clinical neurosciences, and to increase awareness of the role of the neurologist. It is hoped that upon completion of the course the student will be familiar with common neurological disorders and will have a sense for when neurologic consultation is appropriate.

- The student will become increasingly proficient at acquiring history and performing examinations on neurological patients and will be able to localize and describe the clinical profiles of common neurological disorders.
- The student will be able to describe and discuss the value, limitations, indications, and contraindications of common diagnostic procedures including LP, EEG, EMG, and neuroimaging techniques.
- The student will be able to correlate data obtained from the history, general physical examination, neurological examination, laboratory, and specialized diagnostic procedures to develop a clinical diagnosis, differential diagnosis, and management plan. The formulation will be presented orally and in written form.
- The student will be able to identify and characterize, assess, and (especially for chronic problems) plan integrated long-term management for the following common neurologic presentations: spine or limb pain, stroke syndromes, seizures, Parkinsonism and movement disorders, weakness, headaches, abnormalities of mental behavior, and dizziness.
- The student will be able to identify, assess, and formulate management plans for neurological emergencies such as coma, status epilepticus, meningitis, neuromuscular respiratory failure, spinal cord compression, and increased intracranial pressure.
- The student will learn to recognize situations appropriate for neurologic consultation, to determine the urgency of the consultation, and to define the role of the consultant.

From Gelb DJ, Gunderson CH, Henry KA, Kirshner HS, Jozefowicz, RF. The Neurology Clerkship Core Curriculum. Neurology 2002;58:849-852

Educational Program Objectives University of Minnesota Medical School

Graduates of the University of Minnesota Medical School should be able to:

| OBJECTIVE | OUTCOME MEASURES | ACGME ESSENTIAL COMPETENCY |
|--|---|---|
| 1. Demonstrate mastery of key concepts and principles in the basic sciences and clinical disciplines that are the basis of current and future medical practice. | USMLE Steps 1 and 2 Year 1 and 2 course performance, based on standardized examinations Clinical rotation performance Feedback from residency directors | Medical Knowledge |
| 2. Demonstrate mastery of key concepts and principles of other sciences and humanities that apply to current and future medical practice, including epidemiology, biostatistics, healthcare delivery and finance, ethics, human behavior, nutrition, preventive medicine, and the cultural contexts of medical care. | USMLE Steps 1 and 2 Course performance (esp. in Physician and Society, Nutrition, and Human Behavior at TC campus; Medical Sociology, Medical Epidemiology and biometrics, Family Medicine I, Medical Ethics, Human Behavioral Development and Problems, and Psycho-Social-Spiritual Aspects of Life-Threatening Illness at DU campus) Clinical rotation performance Feedback from residency directors | Medical Knowledge |
| 3. Competently gather and present in oral and written form relevant patient information through the performance of a | Yr 2 OSCE Physician and Patient (PAP) course performance at TC campus, | Patient Care; Interpersonal and Communication Skills |

| | | | |
|----|--|---|--|
| | complete history and physical examination. | assessed by tutors using global rating forms and observed practical exams Course performance at DU campus in Applied Anatomy, Clinical Rounds & Clerkship (CR & C), Clinical Pathology Conference, and Integrated Clinical Medicine Clinical rotation performance | |
| 4. | Competently establish a doctor-patient relationship that facilitates patients' abilities to effectively contribute to the decision making and management of their own health maintenance and disease treatment. | Yr 2 OSCE and Primary Care Clerkship (PCC) OSCE PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams Preceptorship and CR & C course performance at DU campus Clinical rotation performance | Patient Care; Interpersonal and Communication Skills |
| 5. | Competently diagnose and manage common medical problems in patients. | PCC OSCE Clinical rotation performance | Medical Knowledge; Patient Care |
| 6. | Assist in the diagnosis and management of uncommon medical problems; and, through knowing the limits of her/his own knowledge, adequately determine the need for referral. | Clinical rotation performance Documented achievement of procedural skills in the Competencies Required for Graduation | Medical Knowledge; Patient Care; Practice-Based Learning and Improvement |
| 7. | Begin to individualize care through integration of knowledge from the basic sciences, clinical disciplines, evidence-based medicine, and population-based medicine with specific information about the patient and patient's life situation. | Clinical rotation performance Feedback from residency directors | Patient Care; Medical Knowledge; Interpersonal and Communication Skills; Professionalism |
| 8. | Demonstrate competence practicing in ambulatory and hospital settings, effectively working with other health professionals in a team approach toward integrative care. | Yr 2 and PCC OSCE PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams Physician and Society (PAS) course performance at TC campus Preceptorship, CR & C, and Introduction to Rural Primary Care Medicine course performance at DU campus Clinical rotation performance | Practice-Based Learning and Improvement; Systems-Based Practice |
| 9. | Demonstrate basic understanding of health systems and how physicians can work effectively in health care organizations, including: Use of electronic communication and database management for patient care. Quality assessment and improvement. Cost-effectiveness of health | PAS course performance at TC campus Medical Sociology and CR & C course performance at DU campus Clinical rotation performance, especially the PCC Feedback from residency directors Feedback from local health plans | Practice-Based Learning and Improvement; Systems-Based Practice |

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| interventions. Assessment of patient satisfaction. Identification and alleviation of medical errors. | | |
| 10. Competently evaluate and manage medical information. | Critical reading exercises in PAS and other courses at TC campus Clinical Pathology Conference performance and exercises in Problem Based Learning Cases at DU campus Year 2 Health disparities project PCC EBM project | Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Systems-Based Practice |
| 11. Uphold and demonstrate in action/practice basic precepts of the medical profession: altruism, respect, compassion, honesty, integrity and confidentiality. | PAS course performance at TC campus Preceptorship and Cr & C course performance at DU campus Clinical rotation performance Participation in honor code and student peer assessment program Participation in anatomy memorial Participation in volunteer service activities | Professionalism |
| 12. Exhibit the beginning of a pattern of continuous learning and self-care through self-directed learning and systematic reflection on their experiences. | PBL cases at DU campus Yr 2 Health disparities project Clinical rotation performance Participation in research | Professionalism |
| 13. Demonstrate a basic understanding of the healthcare needs of society and a commitment to contribute to society both in the medical field and in the broader contexts of society needs. | Course performance in all years Introduction to Rural Primary Care Medicine course project at DU campus Involvement of students in international study Enrollment in RPAP, RCAM, and UCAM Yr 2 Health disparities project Feedback from residency directors Participation in volunteer service activities | Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Professionalism; Systems-Based Practice |

These objectives are written to reflect the qualities and competencies expected of our graduates. Each objective specifies the expected competency level to be attained by our students, the outcome measures used to evaluate attainment of the objective, and the essential qualities and competencies of a physician (as defined by the six ACGME Essential Competencies) addressed by the objective. The Accreditation Council for Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. They are:

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care

The objectives for the undergraduate curriculum can be grouped as follows:

Objectives 1-3: Knowledge and skills addressed principally in the first two (preclinical) curricular years;
 Objectives 4-9: Knowledge and skills addressed principally in the second two (clinical) curricular years;
 Objectives 10-13: Knowledge, attitudes, and skills addressed throughout the curriculum.

The objectives, which relate to the ACGME essential competencies, are designed to be modified for use also by the graduate (GME) programs at the University of Minnesota Medical School. Residency programs can modify the competency level stated in the objectives and the outcome measures to reflect their own programs, while maintaining the overall integration of basic learning objectives across undergraduate and graduate medical education.

One of the primary outcome measures for the objectives is **clinical rotation performance**. To expand on this; clinical rotation performance is assessed by attending physicians and residents using a Web-based global rating form, evaluating the following knowledge, competencies, skills, and attitudes:

- Medical knowledge and the ability to apply knowledge in clinical situations
- Competency in patient care including communication and relationships with patients/families
- Skills in data gathering from the history, physical examination, clinical and academic sources, and diagnostic tests
- Assessment and prioritization of problems
- Management of problems, including knowledge of patient data and progress
- Appropriate decision making
- Communication in written and oral reports
- Professionalism, including: patient care and management in teams (work habits), independent learning, personal characteristics, and commitment to medicine
- Specific procedural skills (see report outlining Competencies Required for Graduation)

On-Call Rooms:

Call rooms are available at each site. Contact program or site coordinator for more information.

Laboratory/Pathology/Radiology Services:

Inpatient clinical support services are available on a 24-hour basis at University of Minnesota Medical Center, Hennepin County Medical Center and Minneapolis VA Medical Center, to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, inpatient radiology services including laboratory and radiologic information retrieval systems that allow prompt access to results.

Medical Records:

Clinical records that document both inpatient and ambulatory care readily available 24-hours a day. Each site provides electronic and/or paper based medical records for patient care. Passwords and access to these records are provided at each site on the first day of rotation.

Security/Safety:

Security and escort services are available 24-hours a day (<http://police.umn.edu/home/escort>).

Overview of Resident Curriculum

The Neurology residency program consists of both clinical and didactic components. Curriculum and descriptions of clinical rotations can be found on the website at <http://www.neurology.umn.edu/> and will be given out at the beginning of the new academic year.

The didactic portion of the residency consists of Department of Neurology conferences, seminars and literature review activities as well as journal clubs, assigned reading and tutorial sessions. This didactic portion of the residency is expected to cover general clinical Neurology and subspecialties within each discipline. These activities are held on an ongoing basis at all hospital sites and will be structured to provide instruction and supervision of the residents as they develop competency in Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice Based learning and Systems Based Practice. The conference schedule is structured to provide core curriculum including topics in general Neurology, medical subspecialties, and basic procedural skills necessary for a practicing neurologist.

Teaching rounds take place at all three sites. Teaching rounds are patient-based sessions in which a few cases are presented as a discussion of interpretation, clinical data, pathophysiology, differential diagnosis, specific management, the appropriate use of technology, and disease prevention. Inpatient teaching rounds take place at a minimum 5 times a week. The teaching component includes direct resident and attending interaction with the patient at the bedside at all sites. Each resident's interview and physical evaluation skills must be demonstrated and evaluated. Residents should contact the senior residents or the attending physician for site-specific schedules, in particular in regards to scheduled rounding times.

Rotation Schedules

The annual rotation schedule is distributed approximately six weeks prior to the beginning of the academic year. Residents are asked to submit their vacation preferences in late March. Schedules are made according to programmatic requirements and the resident's vacation preferences. Changes to the rotation schedule are not encouraged. However, changes can be made with the approval of the Administrative Chief Resident and the Program Director.

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|------------|---|---|--------------------|-------------------------------|--------------------------|------------------------|---------------------|------------------------|-------------------------|----------------------------|
| PGY-1 Year | Medicine Regions 2 blocks | Medicine HCMC 1 block | ED HCMC 1 block | Cardiology Regions 1 block | Psych Regions 1 block | Neuro HCMC 2 blocks | Rehab VA 1 block | ICU Regions 1 block | Medicine VA 2 blocks | Q1/ Bootcamp 1 block |
| Call | Every 4 th Night (not Overnight) | Every 4 th Night (not Overnight) | NA | NA | NA | NA | NA | NA | NA | NA |

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|------------|--|---------------------|----------------------|---------------------|----------------|---------------------|-------------------------------------|-------------------|------------------------------------|
| PGY-2 Year | UMMC Jr. 4 blocks | Dementia 1 block | NM Clinic 1 block | HCMC Jr. 1 block | EEG 1 block | Epilepsy 1 block | HCMC Jr./Night Float 2 blocks | VA Jr. 1 block | Night Float/UMMC Jr. 1 block |
| Call | Every 14 th day (every other Saturday) | NA | NA | NA | NA | NA | NA | NA | One Saturday call per block |

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| PGY-3 Year | Neuropath 1 block | Night Float/ Clinic 2 blocks | Peds- UMMC 1 block | HCMC Sr. 1 block | UMMC Sr. 1 block | VA 2 blocks | EMG 1 block | Night Float/ Neuropath 1 block | Elective 3 blocks |
| Call | NA | NA | NA | NA | NA | NA | NA | NA | NA |

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|---------------|----------------|-----------------------|--------------------------------------|----------------------|--------------------|---------------|----------------------|--------------------------------|----------------|-------------------------|----------------------------|
| PGY-4 Year | EMG 1 block | UMMC Sr 1 block | Night Float/ Elective 2 blocks | Elective 2 blocks | Regions 1 block | VA 1 block | Selective 1 block | HCMC Sr/Elective 1 block | EEG 1 block | Peds- MEG 1 block | Peds- U of M 1 block |
| Call | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

UMMC – University of Minnesota Medical Center, Fairview

HCMC – Hennepin County Medical Center

VA – Minneapolis VA Health Care System

Regions – Regions Hospital

NM – North Memorial Medical Center

MASTER ROTATION SCHEDULE

| YEAR | ROTATION NAME (13 block rotation) | |
|------|-----------------------------------|---|
| 1 | HCMC Medicine | 1 |
| 1 | Regions Medicine | 2 |
| 1 | VAMC Medicine | 2 |
| 1 | HCMC - Neurology | 1 |
| 1 | Regions - Cardiology | 1 |
| 1 | Regions – ICU | 1 |
| 1 | HCMC - Emergency Medicine | 1 |
| 1 | Regions – Psychiatry | 1 |
| 1 | UMMC – Stroke | 2 |
| 1 | Q1/Bootcamp | 1 |
| 2 | UMMC Inpatient | 4 |
| 2 | UMMC Night Float | 1 |
| 2 | HCMC Inpatient Stroke/Night Float | 2 |
| 2 | UMMC EEG/Video Monitor | 1 |
| 2 | NM - Neurorehabilitation | 1 |
| 2 | Dementia | 1 |
| 2 | HCMC Junior Resident | 1 |
| 2 | Epilepsy | 1 |

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| 2 | VAMC | 1 |
| 3 | UMMC - Neuropathology | 1 |
| 3 | Night Float/Clinic | 2 |
| 3 | UMMC - Child Neurology | 1 |
| 3 | HCMC Senior Resident | 1 |
| 3 | UMMC Senior Resident | 1 |
| 3 | VAMC | 2 |
| 3 | EMG | 1 |
| 3 | Night Float/Neuropath | 1 |
| 3 | Elective | 3 |
| 4 | EMG | 1 |
| 4 | UMMC Senior Resident | 1 |
| 4 | Night Float/Elective | 2 |
| 4 | Elective | 2 |
| 4 | Regions | 1 |
| 4 | VAMC | 1 |
| 4 | Selective | 1 |
| 4 | HCMC Senior Resident/Elective | 1 |
| 4 | EEG | 1 |
| 4 | MEG – Peds | 1 |
| 4 | UMMC – Peds | 1 |
| ALL | Continuity Clinics | |

UMMC – University of Minnesota Medical Center, Fairview

HCMC – Hennepin County Medical Center

VAMC – Veterans Administration Medical Center

Regions – Regions Hospital

NM – North Memorial Medical Center

Gillette – Gillette Children’s Hospital

Departmental Conferences

Program-specific, required Conferences (mandatory attendance)

The Department mandates that residents/fellows attend a minimum of 90% of all required conferences. Night float, vacation, conference attendance or sick-leave count as excused absences and do not count towards the required attendance of 90%.

1. Tuesday 7:30-08:30 Clinical Neurosciences Joint Conference (CNJC):

All residents rotating on inpatient and consult services, on subspecialty rotations, outpatient rotations or elective rotations at the UMMC campus are required to attend this conference. The inpatient teams at HCMC and the VA as well as any off-site residents (i.e. North Memorial, United, etc.) are excused. Residents are to track attendance through RMS.

2. Friday 12:00-13:00 Grand Rounds:

Everyone is required to attend Grand Rounds including the inpatient teams at the VA and HCMC. Grand Rounds is dedicated to M&M on a quarterly basis. Residents are to track attendance through RMS.

3. Friday 13:00-14:00: Friday School Rotating Sessions:

Professor rounds, journal club, administrative meetings (chief chat, chair chat, education chat, etc.) or board/RITE review session: Everyone is required to attend these lectures; in person or if not otherwise possible remotely. Residents are to track attendance through RMS.

4. Friday 14:00-16:00: Friday School Core Didactics:

Everyone is required to attend these lectures; in person or if not otherwise possible remotely. Coverage of services is guaranteed under the protected-time policy. Residents are to track attendance through RMS.

Site-Specific Conferences (mandatory when resident is assigned to the site)

Residents are to attend morning report and all local conferences at the training sites that they are assigned to. This attendance will not be tracked in RMS.

Neuroradiology Conference at HCMC, Neurology Conference Room, Fridays 11:00 to Noon

Pathology Conference at HCMC, Neurology Conference Room, Wednesdays (every other week) 11:00 –Noon

Neuroradiology Conference VA Room 1Q-123 Tuesdays Noon-1:00 pm

Neurology Case Conference VA Room 4B-117 Wednesdays Noon-1:00 pm

Residents are invited to attend the following fellowship-based conferences:

- 1. Monday 14:30-16:00: EEG/Epilepsy Surgery Conference**
- 2. Friday 8:00-10:00: Neuromuscular Conference**

An available optional conference is:

- 3. Wednesday 8:00-9:00 Cerebrovascular Conference**
- 4.**

Friday School Coverage

During a faculty meeting on April 5, 2012 our faculty passed a motion to "protect" didactic time to allow for a better balance of service and education in the residency program.

UMMC

The attending on service will cover the general service pager. The attending will require a brief hand off of the pass pager with a print out of the patient list. New consults from the ED and urgent consults from the wards will not be held over during the didactic time and should be seen with timely service. The stroke fellow will cover stroke codes and cross cover ICU patients and stroke patients. Since the fellow at UMMC is not rounding on all stroke patients, the resident will provide a formal sign-out with an updated, printed patient list when passing on the stroke pager. The long-term plan is to have advanced practice providers hold the pager, see new patients and cover UMMC services during didactic time.

HCMC

The general attending on service will cover the general Neurology pass pager. The attending will only require a brief hand off of the pass pager with a print out of the patient list. New consults from the ED and urgent consults from the wards will not be held over during the didactic time. The stroke fellow will cover stroke codes and cross-cover stroke and ICU patients. The stroke fellow is already familiar with all inpatient stroke and ICU patients at this site and will only require a brief hand off of the pass pager with a print out of the patient list.

The long-term plan is to have advanced practice providers hold the pager, see new patients and cover HCMC services during didactic time.

VA

There is no division in stroke and general service and a single attending is on duty at this site. In addition, there are no dedicated service pagers. The residents will leave their personal pagers with the attending and are expected to return to the site to pick up the pager. New consults from the ED and urgent consults from the wards will not be held over during the didactic time. The role of advanced practice providers is being explored.

Regions

The schedule for residents rotating at Regions will reflect the Friday School assignment and no pages will come to the residents. All service related calls will directly go to the faculty on duty.

Of note, rotating residents at all institutions (psychiatry, neurosurgery, medicine, PM&R, transitional year interns) have to be given the opportunity to attend Friday School didactics as do residents in the core program. They cannot be used for coverage while the Neurology residents are excused. However, since their attendance to Friday school is not mandatory, they may opt to work one on one with the attending for the learning experience during this time.

Resident Responsibilities

The residents will keep their personal pagers on (with the exception of the VA residents that cannot hand off a pass pager) during didactics. Calls are expected to be answered briefly by referring to the covering person for Friday school. Residents will also be required to keep a log of all personal pages during didactic time, so we can identify and solve any unexpected problems. The nature and volume of pages to personal pagers will be reassessed periodically to help decrease the volume.

Residents on inpatient services are expected to return to their sites in a timely fashion to reclaim the service or personal pagers, receive an handoff about events or new patients and make sure that all clinical information is updated and ready for hand-off to the on call residents.

Impact on Faculty

All residents/fellows are exempt from their duties to attend the required conferences including grand rounds. It is anticipated that staff covering didactics during a particular week is excused from grand rounds and there is no penalty in terms of attendance rate (similar to vacation, conference or family emergencies). If time and available technology permits, attendance through teleconferencing is encouraged.

Riverside Coverage

As of July 2012, consults at Riverside Campus are not considered part of the teaching service and are seen by the UMMC attendings without resident participation. All consults from Riverside will be called directly to the

UMMC attending. This includes evenings, weekends and holidays. Patients who need to be seen right away will still be transferred to the University side and promptly be seen by the resident team.

Given that there is no resident involvement in the care process of patients that remain at Riverside, there is no handoff at the end of the day. The attending physician takes crosscover calls on Riverside patients directly at night.

Routine Video EEG Coverage

As of July 1, 2013, the Epilepsy-EEG Service will begin functioning without residents during the daytime. Residents will continue to cover the video-EEG patients at night.

The Epilepsy-EEG Service will be run directly by the epilepsy attending assigned each week, with the assistance of assigned nurse practitioners and nurse care coordinators including:

- Admission, daily and discharge notes and orders.
- Morning rounds.
- Sign-out rounds to evening-night coverage residents.

The nurse practitioner availability is currently quite limited. In addition to covering the video-EEG in-patients, the Epilepsy-EEG Service attendings will be interpreting all in-patient and out-patient EEGs, video-EEGs, and other procedures.

Therefore the Epilepsy-EEG Service will admit and follow only the patients who were evaluated by UMP epileptologists in our clinics before admission for video-EEG monitoring.

The General Neurology service will continue to have full daily coverage by residents. The General Neurology service will perform consults for and admit other patients with seizures and spells who need diagnostic video-EEG and seizure-epilepsy management, at the judgment of the General Neurology attending.

The Epilepsy EEG service will continue offering initiation of video-EEG between 6:30 a.m. and 10:30 p.m. and emergency portable EEGs during these periods of time. The Epilepsy EEG service will also be available to interpret these studies on an interim basis as needed 24/7. The Epilepsy-EEG Service attendings will be available to discuss patients with epilepsy and events mimicking epilepsy with the General Neurology team, but will not serve as the primary attending or consultant of record for these patients who were not referred for video-EEG by UMP epileptologists. (In unclear situations the Epilepsy-EEG and General Neurology attendings will arrive at a consensus as to which service follows a patient.)

| Epilepsy Service Schedule | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|--------------------------|------------------------------|------------------------------|
| Sign-Out Huddle | 2-2:30 p.m. (6A) | 2-2:30 p.m. (6A) | 2-2:30 p.m. (6A) | 2-2:30 p.m. (6A) | 4-4:30 p.m. (EEG Lab) | Attending departure* (6A) | Attending departure* (6A) |
| EEG Session | 2:30-4 p.m. | 3-4 p.m. | 3-4 p.m. | 3-4 p.m. | 3-4 p.m. | - | - |

* Time of attending departure from 6A after completing patient rounds and EEG reviews.

Scope of Practice

The following list outlines the scope of practice for Neurology procedures for Neurology trainees at HCMC.

1. Fundoscopy: PGY-2 after successful completion of PGY-1 year.
2. LP : PGY-2 after successful completion of sim lab during PGY-1 bootcamp and 5 supervised procedures
3. Art line placement: PGY-2 after successful completion of sim lab and 5 supervised art line placements (by stroke/ICU fellow or staff)
4. Central line placement: PGY-2 after successful completion of sim lab and 5 supervised central line placements (by stroke/ICU fellow or staff)
5. Central line removal: PGY-3 after successful completion of PGY-2 year
6. Evaluation for and tx with IV-TPA: PGY-2 after successful completion of stroke training in sim lab, supervised by stroke fellow or faculty
7. Electromyogram/ nerve conduction velocity studies (EMGs): PGY-3 after successful completion of PGY-2 year and EMG rotation at VAMC with a minimum of 10 supervised EMGs/NCS procedures
8. Occipital nerve block: PGY-3 after successful completion of PMR rotation and 5 supervised procedures
9. Tensilon test: PGY-3 after successful completion of PGY-2 year, supervised by faculty every time
10. Initiation of procedural sedation: PGY-3 after successful completion of PGY-2 year
11. Botox injections: PGY-3 after successful completion of chemodenervation workshop and PGY-2 year
12. Ultrasound: PGY-3 after successful completion of ultrasound workshop and PGY-2 year
13. Ventilator management: PGY-3 after successful completion of PGY-2 year and ICU rotation
14. EEG interpretation: PGY-3 after successful completion of PGY-2 year and EEG rotation
15. Interpretation of CT/CTA/CTP and MRI/MRA: PGY-3 after successful completion of PGY-2 year and neuroradiology learning module (please check about progress with chief resident)

Rotation at an Outside Institution

Out of state rotations are subject to availability of necessary funds. A resident is eligible for up to two out of state rotations during their training. A proposal for an out of state rotation outlining the goals and objectives of the experience and identifying supervising faculty needs to be submitted for review and approval no later than 3 months prior to the begin of the rotation. A justification about how the rotation delivers content or experience that is not otherwise stained in the program or how the rotation opens research avenues and networking should be delivered. The rotation should be of sufficient duration (no less than 2 weeks).

Off site rotations (including out of state or international) have to be approved by the program coordinator and program director and are granted on a case to case basis depending on the finances of the institution and the department. Of note, off site rotations cannot be taken during the RITE exam, OSCE, simulation days or any other special assessment events that the program conducts. All residents are required to be present at such events. It is the resident's responsibility to check for any potential conflicts. It is the program's responsibility to keep those dates on the residency Google Calendar and update information in a timely manner. Any cost that occurs as a result of scheduling conflicts are not the responsibility of the residency program.

International Rotations

Please see program director for approval. Please note that an agreement must be put in place prior to your buying an airline ticket. Agreements between the two institutions can take months to complete. As such the program coordinator and program director should be contacted no later than 6 months prior to the rotation start make arrangements. Currently there are contracts with the University of Athens (until 2017) and two sites in New Zealand (until 2018). Any other sites (such as Uganda) require renewal of paperwork with specific dates of the rotation.

To record Duty Hours in RMS, the assignment "OFF SITE Rotation-out of the country" should be used.

Faculty Advisor System

Residents are paired with a PGY-2 resident in the PGY-1 year who serves as a peer mentor. Residents must choose a faculty advisor for counsel when they enter the PGY-2 year. The role of a faculty advisor includes the following:

- Serve as a mentor and support throughout residency
- Keep resident informed of faculty and medical center issues
- Provide advice regarding rotations
- Help create an individualized learning plan that is reviewed on a semiannual basis
- Actively follow the academic progress of the resident
- Provide advice regarding career choices
- Facilitate problem solving

Resident In-Service Training Examination

All residents (PGY-2-PGY-4) are required to take the Neurology Residency In-Training Examination (RITE) sponsored by the American Academy of Neurology. The Department will cover the costs of the exam. Results of the in-training exam assist individual residents, the neurology residency competency and curriculum committee (NRCCCC) as well as the program director in identifying strengths and weaknesses of both the residents and the program on a yearly basis.

PGY-1 residents are not eligible to take the RITE exam. Instead, the residents will be given a mock-RITE exam (scheduled during the week of the AAN) to familiarize them with the test format of the RITE, assess their level of medical knowledge and provide feedback about test taking and areas to study.

The RITE exam results will not be used to decide about advancement in the program. However, if a resident has performed poorly or less than expected when comparing to their peers nationally (as determined by the PD and the NRCCCC), remediation will be required. This will usually be supervised studying with the help of the faculty mentor and likely include additional testing to determine progress.

Resident CEX

ABPN has made changes in the credentialing process effective for residents. Some of the clinical skills evaluations that were conducted in the Part II examination will now take place within the residency program, and the residents will be required to submit documentation of satisfactory performance in the evaluation of clinical skills as part of the ABPN credentialing process. All residents are required to complete a total of 4 adult Neurology (ambulatory, neuromuscular, neurodegenerative, ICU) and 1 pediatric neurology exam at any time during their G2-G4 years. All exams must be completed and turned in by April 30th of the PGY4 year in order to graduate on time.

Resident OSCE and Simulations

All residents participate in an annual OSCE (usually April/May) to better assess the domains of behaviors, attitudes and skills. The OSCE usually includes three stations that are focused on the core competencies of professionalism, communication skills as well as system-based practice. The residents are asked to self-reflect about their performance, fill out self-evaluations and the results will be shared with residents and faculty mentors. The OSCE will be reviewed during the NRCCC meeting in the summer and during 1:1 meetings with the program director.

Simulation experiences are carried out as part of onboarding in the summer and at additional time points. The simulation center at HCMC or at the University may be utilized. The simulations focus on team work and leadership in high fidelity settings, technical skills (such as line placement or LP) and communication.

Resident Research Presentations

The G4 residents are required to give a presentation as part of graduation, which takes place in June. Typically the format is a 10-minute platform presentation with 5 minutes for discussion.

Resident Awards

Annual awards are given at the graduation ceremony to recognize outstanding residents, faculty, and other teaching staff. Residents who are not in good standing are not eligible for awards or nominations for special recognition. Awards are dependant on funds available. The following awards are presented:

The Richard Foreman Resident Award:

Goes to the incoming administrative chief resident. Travel award pays for the administrative chief to attend the AAN conference the following year.

The Shapiro Award:

Given to PGY-4 winner(s) of the research presentations. Members of the Research Committee will serve as evaluators during the resident research presentations. The committee will determine the recipients in a meeting following the presentations. Awards are given to the Most Original Project, Second Place, and First Place presentations.

The John Gates Award:

Determined by the department Chair, with nominations by the residents.

Dr. John R. Gates was a neurologist, patient advocate and force of nature who died in 2005 at the age of 54. He struggled growing up in a difficult family in inner city Trenton, NJ. Once he "made it" (which he did: he flew his own airplane), he kept on struggling for his disadvantaged patients. His work in epilepsy went beyond the scholarly and included summer camp for kids with seizures, and advocacy in the halls of Congress. And who wouldn't listen to him? He was one of the most friendly, enthusiastic and down-to-earth people in medicine. Some of you may remember what an entertaining speaker he was. When discussing the new nosology of pseudo-seizures in the early 90's, he pointed out a certain lack of specificity: "The Gulf War was a non-epileptic event."

He was a remarkable citizen who connected well with everyone. He founded the Minnesota Epilepsy Group; the whole model of a dedicated, multidisciplinary epilepsy program owes a great deal to him. He had an international reputation in epilepsy. His wife, Rita Meyers, has established and funded an annual award for a University of Minnesota neurology resident who "exhibits the qualities that were the hallmarks of Dr. Gates, as a physician and as a person"

Qualities for which John Gates was admired: advocacy for patients and challenging causes, initiative, lack of pretentiousness, ecumenical spirit, sense of humor, intellectual prowess

The Kennedy Teaching Award:

The department Head will select the candidate based on recommendations of the selection committee.

Dr. William Kennedy sponsors a Neurology Department award recognizing an outstanding teacher and/or educator each year. The Kennedy Award is intended to recognize teachers that embody the essential elements of outstanding teaching, that is, respect for learners, humanism, life-long learning, intellectual honesty, positive role modeling, dedication to teaching, and educational scholarship. These elements transcend the specific education milieu and format in which transformative teaching and education occur. Hence teaching in all venues

(e.g., clinic, ward, lecture hall, laboratory, other) and formats (e.g., pedagogy, creation of curricula, scholarship of dissemination, mentoring, and advising) is eligible.

Eligible for nomination:

All full-time academic and adjunct faculty, fellows, residents. All hospital, clinic, and laboratory personnel. The Department Head is not eligible.

Eligible to nominate:

Students, residents, fellows, graduate students, postdoctoral fellows, faculty

Nomination process:

The nominator(s) prepares a brief written nomination (no more than one page) describing how the candidate's teaching embodies the essentials. Either electronic or paper nominations are accepted.

The Resident's Choice Teaching Award:

Engraved bronze brain presented to teaching faculty. Recipient determined by Residents.

Recruitment Season

The program interviews candidates from the end of October through early January of each year. During this time applicants are encouraged to meet with the residents to obtain an accurate picture of the training program. An extremely important factor in the success of our residency program recruiting is the satisfaction of the residents. The information given to the applicants is not only helpful, but often critical in allowing the applicants to form their opinions and make decisions. Thus, the success of recruiting top quality applicants depends in large upon the current residents. Residents are encouraged to participate in the recruitment process and to make themselves available to talk with applicants during the recruitment season.

Current residents will be asked to fill out a short survey about the candidates, which will mainly focus on visible strengths and weaknesses observed during their interaction (i.e., during dinner the night before interviews, during lunch with the candidates, during resident led tours of the city, etc.). Also, their opinions regarding why the particular applicant would fit well into the Neurology Residency Program will also be captured in this survey.

Residents who will have direct interactions with the candidates will be asked to think of their answers to the following potential questions from the candidates:

1. Why did you choose this program?
2. What do you like and dislike about the program?
3. What are the strengths and weaknesses of this program?
4. Have you secured a fellowship yet? If not, what are your plans after you graduate?
5. How do you commute among different sites?
6. What summer and winter activities do you do in the Twin Cities?

Neurology Education Meetings

Residency Education Meeting

This group meets quarterly on Fridays as part of Friday School, and is comprised by all residents in the program (G1-G4), of the Administrative Chief Residents, the Residency Program Director, and the Residency Program Coordinator. Residents can bring up any issues or concerns that have arisen, topics are discussed with the goal of being resolved or improved. Site directors and other key faculty are invited as needed based on the agenda. All residents are encouraged to turn in agenda items.

9 Ground Rules (8/18/11) for education meetings:

Everyone participates.
Different opinions are welcome.
Disagree in private, unite in public.
Silence is agreement.
No finger pointing.
Limit side conversations.
Start on time, end on time.
Follow through on action plans.
Everyone is responsible for success.

Chief Chat

Closed door meeting between the Chief Residents and all trainees held quarterly during Friday School. Chief Chat helps to foster an open environment without faculty present to insure residents are able to talk freely about issues and/or concerns.

Chair Chat

Informal meeting with the chair of the department held quarterly right after the quarterly faculty meetings to allow trainees to bring up any residency concerns directly to the departmental leadership. This also provides a venue to get updates about the department from the chair and obtain career advice and insider perspective directly from Dr. Vitek.

Resident Work Group (RWG)

Elected representatives from each class including Chief Residents meet approximately once per quarter to identify areas of improvement in the residency and help create solutions and new policies to address any issues or concerns. The meetings take place immediately following Friday school. The RWG reports back to the education meeting with updates.

Chief Resident Meetings

Approximately ten times per academic year, the chief residents, program director, and program coordinator meet to discuss residency concerns, program changes, upcoming events, and curriculum. Modified meeting notes will be distributed to all residents to create transparency.

Principles of Resident Evaluation and Advancement

- Evaluation is an essential component of the educational process and should contribute to the professional growth of each resident.
- Problems with expected performance or progress on the part of a resident should be identified and reported early.
- The evaluations of each resident's knowledge, skills and professional growth should be subject to regular and frequent review.

- Advisors should be central to the review process.
- Evaluation shall extend to the resident notice of all information pertinent to the evaluation and an opportunity for concerns to be communicated and heard.
- Please see “ACGME Outcome Project” for more specific details on evaluation methods.
 - Resident Research and Scholarship Committee

Neurology Residency Curriculum and Clinical Competency Committee (formerly Neurology Resident Evaluation and Promotions Committee)

The Neurology Residency Curriculum and Clinical Competency Committee (NRCCCC, formerly Residency Education and Promotions Committee) monitors resident performance, assesses clinical competency of all trainees, evaluates the residency program and its curriculum and addresses academic and non-academic problems and concerns as they arise. The NRCCCC meets on a biannual basis and as needed.

Time commitment includes a minimum of two hours for the biannual resident and program evaluation meetings in November and May. There is anticipated faculty development time around milestones and their assessment as our program gears up to implement the Next Accreditation System (NAS) in 2014. It is difficult to assess the time commitment required for reporting of milestones on each individual resident once NAS is fully implemented in 2014.

The NRCCCC is comprised of voting and non-voting members. Voting members include the education section head, the residency program director and all site directors of the main teaching sites of the residency program (UMMC, HCMC, VA, Regions, United). In addition, two faculty members from each site affiliated with the training program that represent key content areas for Neurology in the Next Accreditation System are voting members (please see list below).

The NRCCCC will review evaluations and all available data (RITE scores, OSCE performance, 360s, etc.) on resident performance at least every 6 months and assess clinical competency in accordance with ACGME requirements. The committee will make recommendations regarding advancement of individual residents to the next level of training including graduation. The committee will also review rotation and program evaluations and make recommendations for curriculum changes.

The education section head and the Residency Program Director are nominated by the Department chair. Site directors and faculty representatives for the content areas are nominated by the Residency Program Director. Non-voting members include the Residency Program Coordinator, relevant education consultants to the Department and a representative of the GME office.

Below please find the names of the nominated voting members for 2016/17

- Residency Program Director
- Assistant Program Director(s)
- David Anderson
- Tenbit Emiru
- Miguel Fiol
- Gregg Meekins
- Gerald Moriarty
- Michael Rosenbloom
- Jerrald Vitek

All actions of the Committee, other than dismissal from the training program, are by simple majority vote with a quorum present.

A quorum consists of 9 voting members. For the assessment of milestones within the Next Accreditation System, there needs to be a representative for the milestone content areas that is being assessed present at the meeting.

A recommendation for dismissal requires a vote in favor of this action by sixty percent (60%) or more of the committee members.

Written minutes of all meetings are maintained and approved at the following meeting.

All disciplinary actions of this Committee are binding.

Any recommendation of the Committee regarding a specific resident or residents will be made in writing, with copies given to the head of the Department of Neurology, the Neurology Residency Program Director, the GME office and the resident's faculty advisor. A copy will also be put in the resident's file.

All Committee members are expected to respect the confidentiality of residents discussed during Committee proceedings.

Resident Research and Scholarship Committee

Goals:

The goal of the Resident Research Committee is to provide residents with the knowledge and resources to understand clinical and translational research literature, and be able to conduct their own research projects during and after residency.

Committee Members:

- 1) Department Chair
- 2) Program Director
- 3) Administrative Chief Resident
- 4) Associate Chief Resident for Research
- 5) 3-4 faculty members from the Neurology Department with an interest in resident education
 - a. 1-2 with a clinical research background
 - b. 1-2 with a translational or basic research background

Resources:

- 1) Books available in resident room library
 - a. Cox, Planning of Experiments
 - b. Peat and Barton, Medical Statistics
 - c. Rohlf and Sokal, Biometry
- 2) Statistical software available on resident room computers
 - a. SPSS
 - b. MatLab
 - c. Microsoft Office
- 3) Lectures, Review Articles and PowerPoint presentations available on Moodle
 - a. AAN EBM toolkit ppt with voiceover; questions via Surveymonkey afterwards

- b. Topics of online videos of lectures
 - i. Introduction to journal paper review
 - ii. Introduction to planning of experiments (i.e. identifying the research question, assumptions, reduction of error designs, randomization, confounding, factorial experiments, planning a clinical trial)
 - iii. Introduction to medical statistics (i.e. Classical vs. Bayesian concepts, exploratory data analysis and confirmatory data analysis, descriptive statistics, sample comparison, selection of appropriate tests)
 - iv. Introduction to using a statistical package (e.g. SPSS)
 - c. Journal articles
 - i. How to write a paper
 - ii. How to prepare a poster presentation
 - iii. How to give a talk
 - iv. How to write a grant application/biosketch
 - v. The logic of exploratory and confirmatory data analysis
 - d. Templates
 - i. PowerPoint for poster presentations
 - ii. PowerPoint for conference lectures
 - e. Instructions for IRB approval
 - i. Website links to obtaining IRB approval to each of the rotating institutions
- 4) List of faculty members interested to be resident mentors on Moodle and respective mentees

Objectives:

- 1) By the end of the G1 QI month each resident is expected to review a core curriculum of online lectures and power point presentations with a post lecture quiz which will prepare him/her on going forward with a research project.
- 2) Semiannual review of residents' research project progress by the members of the Resident Research Committee
 - a. Starts at the end of the G2 year and occurs every six months until graduation
 - b. The resident will submit a short abstract with the current status of the main research project which should include:
 - i. Research objective and its importance
 - ii. Methods (e.g. target sample size and current sample size, biological data analysis, statistical analysis)
 - iii. Available results and preliminary interpretation
 - iv. Specific requests for the committee (e.g. additional resources, help dealing with a specific problem)
 - c. Both the resident and the resident's advisor will be present or available via skype/phone for committee structured feedback during these reviews
 - d. The committee will provide feedback to both resident and mentor as to the strengths and weaknesses of the current research status as well as recommendations on proceeding forward
 - e. The committee should evaluate the appropriateness of the fit between mentor and mentee and how this interaction allows the mentee to achieve his/her future goals
- 3) The resident may present his/her work at conferences after obtaining approval for submission of a project to the Resident Research Committee

- a. At least the Program Director should be made aware of the intention for submission prior to the resident submitting an abstract
 - b. Funding for resident conference attendance is expected to first come through the grant budget of the mentor. Should there be no grant budget for attending conferences the resident will have to allocate funds from his/her annual stipend directed towards educational purposes. If these funds have been used up the Resident Research Committee can decide if additional funding can be directed towards conference attendance.
 - c. Conference attendance may not be granted if scheduling cannot accommodate the resident being away from clinical duties.
- 4) Each resident is expected to complete at least one original scientific research or quality improvement project during the four years of his/her training. Should the resident have completed the project prior to the end of the residency, it is expected the resident also focus on additional research projects.
- a) Research Elective: Any elective time that is dedicated to research requires approval by the head of the NRRSC who serves as the "site director" for this rotation. The committee is currently chaired by Dr. Zahs. A proposal with specific goals and objectives for the block has to be submitted no later than 3 months prior to the start of the rotation and requires the approval by Dr. Zahs, the research mentor and the PD prior to the start of the rotation. In addition, the resident is required to submit a progress report at the end of the rotation to Dr. Zahs and to the program director, identifying progress and any barriers that were encountered during the block. The progress report needs to be co-signed by the research mentor and becomes part of the resident's portfolio for the semi-annual review.

Steps in the Evaluation Process

1. Appropriate faculty evaluator and evaluation setting are identified and set up through an online assessment software (New Innovations) by the residency program coordinator.
2. The evaluation format and instrument is made available through New Innovations with access to the assessment tools at the start of each block.
3. The evaluator determines and reviews sources of information pertinent to the evaluation.
4. Written evaluations are completed by the evaluator, using either the standard evaluation form that is provided in the system or, in exceptional circumstances, an ad hoc evaluation.
5. It is important for residents to meet with faculty at the beginning of a rotation to discuss and establish their goals and expectation for the rotation.
6. Residents are required to seek out verbal face to face feedback from the faculty at the midpoint and at the end of each rotation.
7. Residents have the ability to assign evaluators to obtain written input from all faculty they work with. If a faculty member was not assigned an evaluation but should have done one, the resident can create an evaluation for them to complete.
8. Residents and fellows can do ad hoc evaluations of each other. In such a circumstance, the residency coordinator is going to create a reciprocal evaluation of the faculty member or resident.
9. All resident evaluations are confidential and faculty will be given no less than three pooled, de-identified evaluations by residents to preserve resident confidentiality.
10. Faculty evaluations are not confidential and the residents are provided with the rotation and faculty ID.
11. Evaluations are kept as part of the resident's portfolio in New Innovations and remain accessible to the resident.
12. In accordance with ACGME policy, faculty evaluator(s) are highly encouraged to discuss the evaluation with the resident at the end of his/her rotation in a face to face manner.

- a. If an evaluator flags an evaluation for special attention, the members of the NRCCC will review the evaluation at once.
 - b. An Ad hoc review by the NRCCCC may be called.
13. In accordance with the resident contract, if at any time the Evaluator, the Residency Program Director or the NRCCCC determine that patient care or safety is jeopardized, they may bring that information immediately to an emergency meeting of the NRCCC and/or to the Head of the Department of Neurology, either of whom may suspend the resident from patient care responsibilities.
14. Copies of the written evaluations are available to the resident for review in real time through New Innovations. A summary of the preceding six months will be send to the chosen faculty advisor no less frequent than twice a year. Resident and faculty advisor will meet in person no less than twice a year and review the evaluations and the resident's progress and plans. This meeting will be documented and a learning plan with action items will be generated.
15. The NRCCCC will review evaluations and all available data (RITE scores, OSCE performance, etc.) of all residents at least every 6 months and assess clinical competency in accordance with ACGME requirements. The committee will make recommendations regarding advancement of individual residents to the next level of training including graduation.
16. The program director is to meet at least biannually with the resident to review the resident's progress. This meeting will include review the recommendation of the NRCCCC and review of the learning plan that was generated with the faculty advisor. A copy of the will be kept in the resident's file. The Program Director will also meet with the resident to discuss resident options and remediation plans for Outcomes 3, 4, 5 and 6 below.

Possible Outcomes of Review by the Neurology Resident Evaluation and Promotions Committee

The NRCCC may recommend to the Department Head and Residency Program Director one or more of the following as courses of action:

1. Normal advancement with commendation
2. Normal advancement within the training program
3. Normal advancement within the training program with warning
4. Medical and/or psychiatric appraisal as to suitability for continuation in the Neurology Training Program
5. Probation without loss of credit for a specified rotation or rotations, but with adjustment in the rotation schedule and assignments as deemed appropriate by the NRCCCC to facilitate more detailed and frequent evaluation. The NRCCCC may choose to implement additional evaluation modalities and tools to monitor the resident's progress during remediation.
6. Probation with loss of credit for a specified rotation or rotations when performance is deemed unsatisfactory by the NRCCCC. The NRCCCC may recommend that such non-credited rotations be satisfactorily repeated or that the resident be assigned to a comparable remedial service or a special remedial rotation.
7. Immediate suspension with pay. The resident is relieved of all duties relative to the residency training program. This action is temporary until one of the following is implemented.
 - a. Probation with certain rotations or services to be repeated
 - b. Dismissal from the program
8. A final written summary review will be placed in the resident's file on completion, or at the time of departure from the program.

Actions 6 or 7 above may require extension of the minimum training time necessary to become eligible for the examinations of the American Board of Psychiatry and Neurology.

Program Evaluation

Residents evaluate the faculty, their peers, sites and the rotation on a monthly basis. Residents are notified each month by e-mail when evaluations are due for completion. There is a direct link within the e-mail message to take them to the website. Once notified, residents can complete their evaluations using any Internet accessible computer. All evaluations are completely anonymous. Evaluations of each site, other resident and faculty members can only be viewed if three or more completed evaluations are in the system.

Residents are also required to evaluate the overall training program on a yearly basis. The results of the yearly evaluation are shared with each site.

The NRCCCC reviews the curriculum and evaluates the residency twice a year. The review process includes the results of an internal or if available external faculty survey.

Evaluation Tool – Residency Management Suite (RMS)

All residency program evaluations are distributed, completed, and collected via the Internet on a system called RMS supported by MMCGME office of the University of Minnesota Medical School. Residents are to complete evaluations on a monthly basis. The faculty evaluates the residents using the same RMS system. Discuss with your coordinator on directions.

Resident/Fellow Evaluation Tools

Valid evaluation systems must employ several different instruments, since no single evaluation instrument can assess each of the six ACGME Core Competencies. The following seven evaluation instruments will be used to evaluate University of Minnesota Neurology Residents' mastery of the Core Competencies:

- RITE (Residency In-service Training Examination)
- OSCE
- Chart Review
- Resident Case Log (Not doing at this time)
- Attending Global Assessment
- 360° Assessment
- Resident Portfolio
- Fellowship in service training examination

The Program Director will review the above with twice yearly meetings with residents and fellows.

Resident Education Tools (iPad)

The program will provide residents with iPads to enable better patient care and learning if sufficient funding is available. The iPad may be used to access the electronic health record, read electronic textbooks, manage calendar and email accounts and access guidelines, relevant websites and learning resources as needed. Each resident will be responsible for the safety and care of his or her iPad. There are care plans and insurance coverage offered through the University Bookstore. Purchase of these plans is optional, but highly encouraged. All purchases can be made using educational allowances. The residents are responsible for any damages that occur. If something happens to the iPad (for example, it gets dropped face-down and the screen shatters), ***the resident will not receive another device from the department but is responsible for providing the replacement.*** Similarly, any lost or stolen iPads are the resident's responsibility.

The following applications are recommended:

DynaMed

Description: An evidence-based clinical reference tool, created by physicians for physicians and other healthcare professionals for use primarily at the 'point of care.' Contains clinically-organized summaries for more than 3,200 topics.

Instructions: DynaMed requires that a Skyscape account ([Skyscape: New Member](#)) be created for each user and a specific serial number be provided as well. Your individual serial number has already been sent to your email address. Please email neuro@umn.edu if you have trouble locating your access code.

Micromedex Drug Information

Description: Micromedex Drug Information provides clinical care professionals with on-the-go access to the industry's most trusted drug information, when and where it's needed most.

Instructions: Make sure to download the Micromedex Drug Interactions (**NOT** Micromedex Drug Reference Essentials). After the download has completed, click on Micromedex Customer (**NOT** iTunes Customer) and enter the password provided below.

Password: Va3eHa

Password is case sensitive

Micromedex Drug Interactions

Description: With Drug Interactions, clinicians can check a patient's entire medication list simultaneously for potentially harmful interactions and view severity ratings that range from contraindicated to minor.

Instructions: Download the Free Micromedex Drug Reference app (it will have the same logo as Micromedex Drug Information). After the download has completed, click on Micromedex Customer (**NOT** iTunes Customer) and enter the password provided below.

Password: zn2ar9

Password is case sensitive

Natural Standard

Description: Natural Standard was founded by healthcare providers and researchers to provide high-quality, evidence-based information about complementary and alternative medicine including dietary supplements and integrative therapies. Grades reflect the level of available scientific data for or against the use of each therapy for a specific medical condition.

Instructions: Like with DynaMed, a Skyscape account is needed and each serial number is for a different person. Serial numbers can be requested at <http://www.skyscape.com/natstd/umn>.

Residency iPad Policy

Residents are required to sign the Residency iPad Policy before they are issued an iPad. iPads are to be turned in to the program at the end of training. If a resident wishes to keep the iPad it can be purchased at its depreciated value as determined in accordance with University guidelines. The educational allowance may be used for this purchase.

Public employees should understand that any records they create related to University business - including text messages, voicemail messages, emails, and other electronic communications - are University records. These records therefore (1) should be managed according to University records retention policies, and (2) may be subject to disclosure under the Minnesota Government Data Practices Act if someone requests them. These guidelines are intended to help you manage the business-related messages you send or receive on smart

phones, tablets, or similar devices (iPhone, iPad, iPod Touch, Blackberry, Android, etc.), to appropriately keep what you should keep and to delete what is unnecessary.

The general rule is that business-related records that the University should retain must be kept on University—not personal—computer systems, and business-related records that do not require retention should be deleted as you go. This rule applies to University-related information transmitted on your smart phone or similar device by email, instant message, or text message, whether the device is owned by the employee or provided by the University.

Password Protection & Autolock

- Password protect and autolock your device.
- No one should be able to pick up your device and access University data. The potential for disclosure of private data is too great.

Text Messages

- Use text messaging only for routine or transitory messages that don't need to be retained by the University. Examples include notices of meetings, directions, and scheduling information, and other routine messages that you would not keep in a file if it were a paper communication. Don't use text messages to send policy, contract, personnel or student related University data.
- Avoid sending private University data in text messages. This includes student grade information, evaluative personnel information, etc.
- Delete your routine, transitory, business-related text messages as soon as possible.
- If for some reason, your text messages need to be saved under University retention policies, you must be able to transfer messages to your unit's University network drive.
- Don't send social security numbers, passwords or credit card numbers in text messages.
- Don't text and drive at the same time. This is a State of Minnesota law.

Email and Calendars

- Again, password protect and auto-lock your device—it will protect the University data in your email and calendar. Documents and Other Files on Your Device.
- If your device has other programs on it, such as Microsoft Office products, and you are using these programs for business-related purposes, save those records to your network drive—make sure they don't exist only on your device.
- Encrypt any files that contain private data.
- Delete files from your device as soon as possible.
- Do not use personal or University-provided devices to take, transmit, download, upload, print or copy photos or videos of University employees or students without their permission.

I have read and understand the iPad use guidelines. If I do not abide this policy I understand that my iPad could be taken away and disciplinary action may result if I do not comply with this policy.

Signature

Date

Name (Printed)

SECTION VI: ADMINISTRATION AND GENERAL INFORMATION

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Minnesota Epilepsy Group

Minnesota Epilepsy Group Site Director

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SECTION VII. APPENDIX

Name _____ Date _____

Please use one form per vacation/sick or professional leave request. If you have more than one vacation planned please use an additional form. Make sure to fill this form out in its entirety; failure to do so will result in requested time off being denied until completed.

Code _____ Site Director/Faculty in Charge _____

Date(s) of Absence: _____

Rotation to be Missed: _____

Continuity Clinic to be Missed: _____

CODES

- | | | | |
|---------------------|------------------------------|-----------------------------|-----------------|
| 1. Vacation | 2. Conference (up to 5 days) | 3. Interview (up to 5 days) | 4. Sick/Illness |
| 5. Family Emergency | | | |

Total number of days requested: Vacation/sick days (max 15 vacation/7 sick/year) _____

Professional days (max 5 conference/5 interview/year) _____

Coverage for Responsibilities:

| | | |
|--|---|--|
| Continuity Clinic canceled with 6 weeks' notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No Reason why: _____ |
| Alternate MD to cover missed assignment? | <input type="checkbox"/> Yes Covering MD: _____ | <input type="checkbox"/> No |
| Illness or emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rotation Site approval? | <input type="checkbox"/> Yes Site Director or designee initial: _____ | <input type="checkbox"/> No Reason why: _____ |
| Night Float coverage?* | <input type="checkbox"/> Yes, coverage provided by: | <input type="checkbox"/> No responsibilities |
| Jeopardy coverage?* | <input type="checkbox"/> Yes, coverage provided by: | <input type="checkbox"/> No responsibilities |
| HCMC Saturday coverage?* | <input type="checkbox"/> Yes, coverage provided by: | <input type="checkbox"/> No responsibilities |
| Friday School responsibilities (Journal Club, Case Conference, etc.)?* | <input type="checkbox"/> Yes, coverage provided by: | <input type="checkbox"/> No responsibilities |

*Coverage can be switched with another resident, please make sure this is ok'd with the Chief Resident

Resident Signature _____

Date _____

Approved by _____

Date _____

Confirmation of Receipt of Policy Manual

Confirmation of Receipt of your Program Policy Manual for Academic Year _____

By signing this document you are confirming that you have received and reviewed your Program Policy Manual for this academic year. This policy manual contains policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Resident Name (Please print) _____

Resident Signature _____

Date _____

Coordinator Initials _____

Date _____