UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2019-2020
POLICY & PROCEDURE MANUAL

Department of Family Medicine
and Community Health

Methodist Hospital Program
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Introduction
Welcome to the Methodist Hospital Family Medicine Residency Program! The Methodist Hospital Family Medicine Residency Program is sponsored by the University of Minnesota Department of Family Medicine and Community Health (DFMCH). This manual provides policies and procedures for the Methodist Hospital Family Medicine Residency Program and the DFMCH. Contact Jeremy Springer, MD, Residency Program Director or the residency coordinator, with questions regarding the content of this manual. The information contained in this program manual pertains to all residents in the UMN/Methodist Hospital Family Medicine Residency Program except as otherwise identified.

Explanation of Manual
The program manual is a tool with key policies and required procedures as well as general information to ensure a smooth transition to your institution and program.

At the department level, the program director is responsible for providing trainees with program-specific policies and procedures. This includes items such as ACGME Program Requirements, procedures to follow institutional policies, and other information specific to the department and the GME program.

References and/or links to Institution and Department-level policies have been added in all applicable sections of this manual.

Institutional Profile
Information about graduate medical education at the University of Minnesota is available on this webpage. The webpage includes our Statement of Commitment, Goals for Graduate Medical Education and our Diversity Statement.

Institutional Responsibilities
The Institution Manual http://z.umn.edu/gmeim is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take precedence.

State of Inclusion of Program
The information contained in this Policy Manual pertains to everyone in the Methodist Hospital program except as otherwise identified.
Departmental Mission Statements
See details at: Department-Level Policies: General (under Department Mission Statement)

Program Mission Statements
The University of Minnesota Methodist Hospital Family Medicine Residency has a dual mission of patient care and education:

● To provide personalized high-quality care to each patient and to serve the health needs of our community.
● To create an outstanding educational experience for family medicine residents and students in an enthusiastic environment where respect, teamwork, responsibility, continuous learning and innovation are valued.

Program Aims

1. Graduate well-trained Family Medicine physicians who provide high-value care, practicing collaboratively with inter-professional teams in urban, suburban or rural settings, while maintaining personal and professional well-being in sustainable practices.
2. Produce physicians to fill workforce demands locally and regionally.
3. Provide opportunities for residents to pursue areas of concentration, including preparing for fellowships.
4. Respond to needs in our community, including providing care for underserved populations, addressing social determinants of health in our patients, and working for health equity for patients in our practice, community, and state.
5. Maintain broad faculty expertise across the spectrum of family medicine.
6. Support a culture of inquiry and learning, including pursuing scholarly activity within the residency, promoting a culture of education in our institution by providing teaching opportunities for colleagues, and engaging in local and system-wide quality improvement.
7. Continue active support for family medicine maternity care in our system.

Departmental Organization Chart

Department Chair
James Pacala, MD, MS

Vice Chair for Education
Shailey Prasad, MD, MPH

Program Director
Jeremy Springer, MD
Appointment and Reappointments

Eligibility Requirements
See details at: Department-Level Policies: General (under Resident Selection)

Non-discrimination Statement
University of Minnesota Medical School Diversity and Inclusion statement.

Program Specific Visa Policies
See details at: Department-Level Policies: General (under Visa Sponsorship)

Appointment and Promotions
See details in the institution's Resident/Fellow Standing and Promotion policy and Training Program Reduction/Closure or Sponsoring Institution Closure.

Resident Registration Policy
See details at: Department-Level Policies: General (under Registration Policy)

Requirements for Completion of Training and Graduation
The following programmatic requirements need to be met prior to completion of the Residency training program and in order to receive a graduation certificate:

1. Completion of the following required workshops in the specific years:
   a. First-Year Workshops (strongly encouraged to enroll in PGY-1)
      i. Advanced Life Support Obstetrics (ALSO®)
      ii. Primary Care Psychiatry
      iii. Sports Medicine: Basic Musculoskeletal Assessments
iv. Sexual Medicine
b. Second-Year Workshops (strongly encouraged to enroll in PGY-2)
   i. Leadership and Finance
   ii. Community Health
   iii. Sexual Medicine

2. Completion of the Community Health Rotation and Community Health Project
3. Sitting for ABFM In-Training Examinations
4. Certification in ACLS and BLS
5. Complete all evaluations, submit procedures and patient logs, timely review and approval of duty hours, satisfactory completion of all rotations and rotational activities, compliance with ABFM rules regarding time off.
6. Completion of Board Certification Requirements

Satisfactory completion of the residency is contingent on the passing of all rotations in each year of the residency by evidence of at least a satisfactory rating on the completed evaluation forms, or as an exception to this rule, verification of satisfactory completion by the program director. Resident evaluations will be reviewed semi-annually by the Clinical Competency Committee.

USMLE and COMLEX Exams
See details at: Department-Level Policies: General (under USMLE and COMLEX Exams)

Policy on Effect of Leave for Satisfying Completion of Program
See details at: Department-Level Policy: LEAVE

Non-renewal of Appointment
See details at: Institution-Level Policy: Discipline, Dismissal, Non-Renewal
See details at: Department-Level Policy: Disciplinary & Grievance Procedures

Trainee Responsibilities and Supervision

Clinical Responsibilities

Transitions of Patient Care Policies

Patient Care - Transitions of Care Coverage Policy

Providers We Cover For
- All Creekside residents
- Creekside faculty who see pts at Creekside clinic or Nursing Home: Jeremy Springer, Shannon Neale, Steven Kind, Amy Bonifas, Teresa Quinn, Selam Kifleyesus, Kumba Kanu.
- Prairie Center Providers: Sally Kline, Aaron Timmerman, Dean Kaihoi, Tiffany Armstrong, Kaitlyn Henkelman, Alice Macdonald, Jared Mell, Brittany Solc
- MHealth for Teens and young Adults Clinic: (952) 474-3251 X13. Secure voicemail
- Catalyst Medical Clinic Providers: Scott Jensen, M.D., Melinda Ament, C.N.P, Curtis Whisler, M.D., Kristin Olson, C.N.P. (952) 955-1963
- FP-OB faculty providers for in-house assistance when verbally requested by said clinician.

Providers We Do Not Cover For
- Creekside faculty/rounders who see pts elsewhere: Judy Boylan, Christine Morley, Bill Knopp, Greg Dukinfield, Julie Farias, Virginia Kakacek, Emmy Earp, Tanya Henke-Le, and Rick Mitchell
- Dr. Chris Johnson
- Dr. Dave Wilkins (faculty cover prescription refills during the days he’s away)

Patient Care - Transition of Care Policy (Updated )

Transition of Care Policy:

1. Inpatient Transitions
   a. Weekday rounding team to weeknight call resident (5pm Mon-Fri)
   b. Weeknight call resident to weekday rounding team (7:30am Mon-Fri)
   c. Weekend rounder to weekend call resident (after rounds on Sat and Sun)
   d. Weekend call resident to weekend rounder (7:30am on Sat and Sun)
      i. Evening transitions (items a and c above) will be done via e-summaries in the EMR for each service patient that is updated each day after rounds by the rounding resident(s). The summaries are written in SBAR format. Summaries include code status. The daytime rounder will also page the on call resident to notify them that the day team has completed its work for the day and notify of any unstable patients or specific items for the on call resident to follow up (labs, etc.). Transitions will be verbally discussed prior to leaving the hospital for the day.
      ii. Morning transitions during the week (item b above, Mon-Fri) consist of in-person verbal signout. The resident on call the previous night meets the rounding team in the hospital at 7:30am each weekday to provide updates on new admissions overnight and other overnight events.
      iii. Morning transitions on the weekend (item d above, Sat-Sun) vary based on the weekend rounder. If the weekend rounder is a G1 resident on call, the resident on call the previous night will meet the G1 at 7:30am in the hospital to give verbal sign out of overnight events. If the weekend
rounder is a G2 or G3 resident or a G1 resident not on call, the resident
on call the previous night will page the rounder at 7:30am and given
verbal sign out of overnight events.

2. Clinic Transitions
   If there is a medical matter that occurs at Creekside Clinic or Prairie Center Clinic
during clinic hours that needs follow up after clinic hours, the resident or
physician who is managing the issue during clinic hours will page the on call
resident that evening to verbally inform him or her of the matter and give direction
about what to follow up on.

3. Transitions between the inpatient team and primary care providers of patients that are
   admitted to the Creekside Inpatient Service
   a. Admissions: The admitting resident will inform the patient’s primary care
      provider about the admission when the patient is admitted.
      i. For Park Nicollet patients – automatically routes to the
         PCP in Epic
   b. Discharges: The discharging resident will inform the patient’s primary
care provider about the discharge and post-discharge follow up plan.
      i. For Park Nicollet patients (Creekside and Prairie Center)
         discharging to home
         1. Route DC summary to PCP via Epic (EHR).
            Include comments if applicable.
      ii. For patients with PCP out of system discharging to home
          1. Send the discharge summary to the
             patient’s PCP via routing to HIM.
      iii. For all patients discharging to long term care facility
          covered by Park Nicollet MD (nursing home or TCU)
          1. Leave voicemail or page receiving NP with
             signout
          2. Route DC summary to covering MD/NP via
             Epic (EHR)
          3. Route DC summary to PCP based on
             criteria above (i, ii, or iii)
          4. Print the DC summary prior to patient
             discharge and send with patient at time of
             discharge
      iv. For all patients discharging to long term care facility not
          covered by Park Nicollet MD
          1. Call or page the covering MD or NP at the
             LTC facility and inform him/her of the
             discharge/transition
          2. Route DC summary to PCP based on
             criteria above (i, ii, or iii)
          3. Print the DC summary prior to patient
             discharge and send with patient at time of
             discharge
c. After Hours Phone Calls: The on call resident documents all phone calls with patients via Epic EHR and updates the patient’s primary care provider about the discussion.
   i. For Park Nicollet patients (Creekside or Prairie Center), create a phone note encounter to document the phone call and route to the patient’s PCP.
   ii. For patients of My Health Teen Clinic (formerly West Suburban Teen Clinic), call their secure after hours number and leave a message with the patient’s name, the discussion and any necessary follow up.

4. OB patients:
   a. Residents may be involved in coverage and co-management of faculty patients
   b. First call resident is listed on the sticky note and/or at the top of the OB “episode of care”
   c. Transitions of care beyond these clinicians needs to involve person to person communication, documentation in the EHR and verbal communication with nursing (if inpatient)
   d. Communicate with FM-OB faculty plan for Mom and baby including who will be rounding

We will evaluate this process by routinely surveying the residents, rounding faculty and the physicians that we admit to assess how the process is going.

Procedure Documentation
Procedure Tracking Is Designed For Your Benefit and it is a program requirement!!
Procedures are documented in New Innovation RMS. Properly completed over the three-year residency program, this case log is your “ticket” for privileges in the hospital where you choose to practice. They do not guarantee that you will be granted the privileges you request, but will greatly enhance the probability. Also, with such documentation, there is a much greater chance that you would be able to appeal if privileges are initially denied. In addition to your privileges, the faculty can use this information to keep track of many aspects of the program. We can see which physicians admit to our teaching floors, what diagnoses are being admitted, what procedures are being performed by residents, etc. You will be trained in the procedure logger in RMS at orientation.

Non-clinical and Administrative Responsibilities
Please see Systems and Communications near the end of this document
Trainee Supervision
See details at: Institution-Level Policy: ACGME institutional policies & procedures -

Supervision Policy
- All patient care must be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents and fellows at all times.
- Residents will be provided with rapid, reliable systems for communication with supervising faculty.
- Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
- On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
- The teaching staff must determine the level of responsibility given to each resident/fellow.
- Faculty and Residents are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.

Graded Responsibilities
The program director, faculty, and rotation preceptors provide resident physicians with direct experience in progressive responsibility for patient management through one on one precepting and quarterly scholastic standing counseling. Residents are evaluated based on accomplishment of rotation objectives and demonstration of attainment of competencies of patient management of inpatient and outpatient care delivery.

Monitoring of Well-Being
See details at: Department-Level Policy: Resident Well-Being

Resident well-being and stress levels are monitored on a regular basis through a number of ways. Work hours and moonlighting activities are closely monitored and are kept in compliance with the ACGME institutional standard for resident duty hours. These are verified by residents monthly and reviewed quarterly. Residents meet with a faculty advisor quarterly to discuss, among other issues, resident well-being and stress. Residents meet monthly with the non-faculty physician without other faculty for the purpose of discussing their stress and well-being. Residents get together as a large group monthly to discuss residency issues and daily for didactics. Residents are allowed five discretionary days each year for unexpected emergencies and illness. Maternity and paternity leaves are granted as needed. Residents who are too fatigued or stressed to provide safe patient care may contact the program director, behaviorist, other faculty, or program coordinator in order to find appropriate care and evaluation for themselves and their patients.
Conference Attendance Requirements
Residents are expected to attend noon conference didactics every weekday unless they are post call, off site, or are on an approved leave or time away from residency.

Periodic learning days, retreats, and workshops are scheduled for residents and attendance is expected unless an exemption is granted by the residency program director.

Attendance at U of MN DFMCH courses as outlined above in the manual are required.

Duty Hours Requirements and Reporting (aka Clinical Experience and Education)
- See details at: Department-Level Policy: Clinical Experience and Education
- See details at: Institution-Level Policy: ACGME institutional policies and procedures - Duty Hours Policy

Each month, residents complete a duty hours survey that addresses adherence to the duty hour requirements. The surveys are completed in New Innovations Residency Management Suite.
Program Curriculum

ACGME General Competencies
See details at: Department-Level Policy: ACGME Family Medicine Competencies

Clinical Rotations and Block Schedule
Faculty and rotation preceptors have developed a teaching module for each rotation offered to residents. The residency program coordinator maintains the master copy of these teaching modules. A copy is available in the residents’ room and is on the computer network at I:\Creekside\Residency\Rotation & Curriculum Manual. Residents will also receive a copy of the curriculum prior to the start of each rotation via RMS. Please review the module prior to beginning your rotation. Questions should be addressed with faculty or the rotation preceptor.

First-Year Rotations
Cardiology 1 month
Emergency Medicine 1 month
Family Medicine 3 months
Hematology/Oncology/Palliative 1 month
Neurology 1 month
Obstetrics 2 months
Pediatrics 2 months
Surgery 1 month

Second-Year Rotations
Critical Care 1 month
Elective 1 month
Family Medicine Inpatient 1 month
Gynecology 1 month
Infectious Disease 1 month
Obstetrics 1 month
Orthopedics - Tria 1 month
Pediatrics–Children’s Minneapolis 1 month
Pulmonary 1 month
Sub-Specialty 2 months
Surgery 1 month
Third-Year Rotations
Cardiology 1 month
Community Health 1 month
Family Medicine Center 1 month
Family Medicine Inpatient 2 months
Gastroenterology 1 month
Orthopedics - General 1 month
Pediatrics - Outpatient 1 month
Sub-Specialty 2 months
Elective 2 months

Elective Rotations:
Addiction Medicine
Eating Disorders
Gastroenterology
Gender
Global Health
Infectious Disease
Obstetrics
Palliative Care
Parental
Pharmacotherapy
Physical Medicine & Rehabilitation
Procedures
Rheumatology
Reproductive Choice / Abortion Training
Urgent Care
Weight Management

Competency-based Goals & Objectives
Competency-based goals and objectives for each rotation by training level are available in RMS as well as on the computer network at I:\Creekside\Residency\Rotation & Curriculum Manual.

Specialty-specific Curricula
See details at:
- American Board of Family Medicine (ABFM) Residency Training Guidelines.
- ABFM - I am a Resident in an ACGME Program
  - Training Requirements for Initial Certification
  - In-Training Examination
  - Resident Certification Entry Process
  - Professionalism Requirements for Residents
  - Self-Assessment Activities for Residents
  - Performance Improvement Activities for Residents
○ Examination Information for Residents

In-Training Examination
See details at: Department-Level Policies: General (under In-training Examination)

Didactics
U of MN Methodist Hospital Family Medicine Residency didactics take place primarily over the noon hour and include but are not limited to:

- Faculty talks
- Specialty talks
- Schwartz rounds
- Ethics cases
- SIM center cases
- Methodist Grand Rounds
- Department WebEx live and recorded learning
- Resident talks
- Lunch and Learn shared conferences with PNHS Hospitalists
- QI meetings
- Open resident and administrative meetings

Conferences or required learning not part of the noon series include:

- U of MN department programmatic courses
- Primary Care Update
- Spring Refresher
- Procedure nights
- Sports Ultrasound
- Sports journal club
- Retreats
- Half day block learning

See Department of Family Medicine and Community Health Grand Rounds information under “Professional and Academic Leave”

Programmatic Courses
See details at: Department-Level Policies: General (under Programmatic Course Calendar)
Programmatic Courses, Rules for Attendance
See details at: Department-Level Policies: General (under Programmatic Courses: Rules for Attendance)

Clinical Education Requirements
See “Clinical Responsibilities” and “Clinical Rotations and Block Schedule”.

Research Requirements
The residents will be provided opportunities to participate in clinical research during their residency tenure. Faculty are dedicated to fostering the development of clinical questions, research ideas, poster presentations, and other scholarly activity.

The program follows ACGME regulations with respect to scholarly activity within the residency.

Research Resources at the University Level
See details at: Department-Level Policies: Payroll, Reimbursements, and Benefits (under Research Resources)

Quality Improvement Project Requirements
- Residents will participate in QI committee meetings and commit to at least one QI project during residency.
- Residents will complete an improvement project sufficient to satisfy ABFM MOC requirements so as to be board-eligible by time of graduation.

Evaluations and Outcomes Assessment

Evaluation Process
While in residency training, all residents are required to use the internet-based New Innovations Residency Management Suite (RMS) (located at http://www.new-innov.com/login) for the completion of rotation and preceptor evaluations. Residents are provided individual log-in information at the start of residency. Residents will be expected to fill out at least two evaluations at the end of each rotation; one evaluation on the preceptor and one evaluation on the rotation. (Please note that multiple preceptors will require multiple evaluations.) Please contact your residency coordinator with questions.
Satisfactory completion of the residency is contingent on the passing of all rotations in each year of the residency by evidence of at least a satisfactory rating on the completed evaluation forms, or as an exception to this rule, verification of satisfactory completion by the program director. Resident evaluations will be reviewed semi-annually by the Clinical Competency Committee.

Residents may view completed evaluations in RMS. Instructions for doing so are included in the Resident Handbook which is distributed during orientation. If a resident has questions or concerns regarding a completed evaluation, the resident should speak with the program director.

**Evaluation Tools**

Residents are evaluated on each rotation by preceptors. Peer reviews, staff reviews, and self-assessments are also gathered during residency. Semi-annual meetings of the Clinical Competency Committee (CCC) will review resident performance and progress including evaluations, completion of expected administrative and academic tasks, and in-training exams. Quarterly meetings will occur with the resident’s individual academic advisor for review of evaluations and progress.

**Life Support Certification Requirements**

Residents receive training in BLS, ACLS, PALS and NRP during first-year orientation. Local residency administration arranges for recertification in BLS, ACLS and PALS as to keep certification current through residency tenure.

Additional Life Support Training costs may be covered by the program at the discretion of the program director.

**Annual evaluation of program goals and objectives**

The Program Evaluation Committee consists of all core faculty members, the program coordinator and the chief resident. The PEC meets annually to:

- Review data, evaluations and other program information (resident performance; evaluations of learning experiences and preceptors by residents; evaluations by patients, preceptors and staff; overall program evaluations by residents; graduate surveys; cited areas of non-compliance with ACGME or RRC standards)
- Review the previous year’s action plans and goals, and evaluate progress towards those goals
- Complete a systematic evaluation of the curriculum and educational activities
- Plan development and revision of educational activities and set measurable goals for the upcoming year
LCME Requirement
PENDING

Teaching Medical Students
See details at: Department-Level Policies: General (under Teaching Medical Students)

Program Procedures

Attendance - expectations and reporting instructions
Residents are expected to attend all rotation assignments as outlined in the rotation and curriculum manual: I:\Creekside\Residency\Rotation & Curriculum Manual

Information about absences and reporting are referenced in the Resident Handbook and in this manual under Leave Policies

Duty Hours - requirements and reporting mechanism
Each month, residents complete a duty hours survey that addresses adherence to the duty hour requirements. The surveys are completed in New Innovations Residency Management Suite. Work hours and moonlighting activities are closely monitored and must fall within the requirements as specified in the institutional duty hours policy.

Leave Policies - program procedures for requesting and documenting
See details at: Department-Level Policy: Leave
- Bereavement
- Holidays
- Paid Time Off (PTO)
- Leave of Absence
- Medical
- Parental
- Personal
- Professional and Academic
- Health - previously known as sick
- Unauthorized Leave
- Military, Court Appearance, and Civic Duty
See details at Institution-Level Policy: GME Leave

- Bereavement
- FMLA
- Holiday
- Military, Court Appearance, and Civic Duty
- Parental
- Personal
- Professional
- Vacation
- Health - previously known as sick

All leaves must be approved by the program director and submitted to the program coordinator prior to all resident leaves. If you are on an unpaid leave of absence and you want your benefits to continue, you must contact the program coordinator immediately. If you fail to notify the coordinator about continuing your benefits, they will be discontinued.

**Vacation**

No more than fifteen (15) paid working days are granted for vacation each academic year. Vacation requests must be submitted to the program coordinator by the first of the month, three months prior. (The dates are outlined on the time off request form.) Residents are allowed only ONE late notification per year. Anything past the deadline will be considered late. Scheduling vacation at the beginning of the resident’s year is strongly encouraged. Please do not make final arrangements, purchase airline tickets, etc., until your request has been reviewed and you have received approval.

The following criteria applies to scheduled vacation:

- Annual vacations must be taken in the year of service for which the vacation is granted and may not be accumulated. Any vacation time that is not used at the end of each year will be lost and will not be paid out.
- No more than one week (i.e., 5 weekdays) of vacations may be take per rotation.
- July vacation requests will be determined on a case by case basis due to lack of coverage.
- Limited vacation will be granted in the last two weeks of the third year.
- Residents will not be permitted to take more than 2 days off from the ER & Peds 2 rotations.
- No vacation will be allowed during Peds 3, Family Medicine Inpatient and OB.
- Local program rules will apply for regulations pertaining to rotations where no vacation is allowed.
● The senior resident on service rotations will be required to work the holiday.
● Vacations requested around the observed holidays will be based on seniority. Holiday vacation requests will be determined three months prior to the holiday.
● A resident does not have the option of reducing the total time required for the residency by foregoing vacation time.

Vacations may not be approved if requesting time off during a scheduled programmatic course.

See details at: Department-Level Policy: Leave

Sick
Short periods of sick leave that would not compromise the total one-month away from the program will be handled at the discretion of the program director. However, sick time, when added to vacation time and any other personal time away, resulting in more than 21 working days away from the program in a PGY year will be considered a medical leave (see Medical Leave Policy), and the days in excess of 21 working days must be made up before the resident progresses to the next PGY level. This will extend your residency, and is a non-negotiable ABFM requirement (see ABFM requirements). A resident leave for any reason must be discussed with and approved by the program director.

The Resident Handbook outlines the processes for calling in sick.

See details at: Department-Level Policy: Leave

Holidays
● Please see Park Nicollet/Facets page for specific Park Nicollet holidays.
● Senior Residents on inpatient service round with Attendings on Park Nicollet designated Holidays.
● Consistent with future practice expectations and Park Nicollet operations, compensation days are not issued to physician employees for working on recognized holidays.
● See details at: Department-Level Policy: Leave
Family Medical Leave (FML)
Park Nicollet specific information on FML is available here:

Medical Leave
Any sick time added to vacation time and other personal time that results in more than one-month away from the program in a PGY year must be processed as a formal leave of absence. Contact the residency coordinator for a leave of absence request form. All leaves must be approved by the program director. Stipend and benefits may or may not be paid during medical leaves of absence; this determination is made on an individual basis by the program director. Forms to process short term disability and FMLA documents are found here:

Parental Leave
Parental leave includes maternity and parental leave (i.e, adoption or foster care). Time away from the residency in excess of one (1) month will require a request to the program director for a leave of absence and it will require extension of residency training. Every effort should be made to schedule rotations and call in a manner that will meet the resident’s individual needs as well as the needs of the resident’s peers. Any days covered by PTO will not extend residency.

See details at: Department-Level Policies: Leave & Time Off (under Leave of Absence)

Inclement Weather
In the event of inclement weather preventing the ability to get to work, residents should follow the process for calling in sick which is outlined in the Resident Handbook.

Cancelation of outpatient clinic activity will be guided by Park Nicollet Leadership decisions. Please be alert to direction from local site leadership.

Academic / Educational Leave
● Academic leave to present at or attend conferences may be granted at the discretion of the program director. A maximum of five days is allowed away by the ABFM.
● Expenses for conferences at which residents are presenting or are required to attend are generally covered by the program.
● See details at: Department-Level Policy: Leave
Administrative/Other leave

Personal Leave
- Five (5) paid personal days are available for residents to use for sick time, urgent appointments, and emergencies.
- Requests for Personal Leave are evaluated on a case by case basis and are at the discretion of the program director.

See details at: Department-Level Policy: Leave

Departmental Disaster Plan
Park Nicollet Emergency Plans can be found here: http://intranet.parknicollet.com/EmergencyPrep/Pages/Emergency-Plans.aspx

Moonlighting - program limitations and reporting requirements
- See details at: Department-Level Policies: General (under Moonlighting)
- See also Institution-level policy here: ACGME institution policies and procedures - Moonlighting

Impairment
See details at: Institution-Level Policy: Fitness for Duty

Grievance / Due Process
See details at: Department-Level Policy: Disciplinary & Grievance Procedures

Disciplinary - Corrective Action Policy
See also: Institution-Level Policy: Discipline, Dismissal, Non-Renewal

Employee Assistance Program (EAP)
Resources are available through the University:
- GME Current Resident and Fellows web page under the Support Services area > Mental Health Resources.
- Office of Student Health Benefits Well-Being Resources - Online Mental Health Resource only

Additional resources are available through Park Nicollet: http://intranet.parknicollet.com/HR/Pages/physician-eap-wellness-resources.aspx

Residency Permit Application
See details at: Department-Level Policies: General (under Residency Permit Application)

State Medical Board Licensure Requirements
United States and International Medical Graduate requirements are listed on the Minnesota Board of Medical Practice website. See also the Physician Fact Sheet.

**DEA Certificate**
See details at: [Department-Level Policies: General](#) (under **DEA Certificate**)

**Medical Licensure Application**
See details at: [Department-Level Policies: General](#) (under Medical Licensure Application)

**Medical Records Procedures/Completion**
All clinic and hospital staff must use the approved documentation methods based on the documentation need. Failure to use approved documentation methods may lead to progressive disciplinary action including loss of privileges.

This policy includes, but is not limited to:
Clinical documentation associated with a Park Nicollet Health Services’ clinic or hospital visit, requires online documentation via approved processes.

These processes include:
- Park Nicollet Health Services’ contracted transcription vendor
- Typing directly into a transcription window in the electronic medical record
- Use of speech recognition directly into a transcription window or
- Via an application with a transcription interface to the electronic medical record.

**Definitions:**
Loss of Privileges – Disciplinary action may include, but is not limited to restriction of admitting patients to the hospital, scheduling patients for surgery, seeing patients under the name of any other staff member or see patients or bill for patient visits in the clinic.

**Process:**
1. All online clinical documentation tools will have approved processes and guidelines.
2. Approved processes and guidelines will be updated and available via the Health Information Management site on Facets or through the processes (standard work) created by the team implementing the online documentation tool.
3. Failure to use approved documentation methods will be reviewed by the CIM committee.
4. The CIM committee will forward ongoing lack of compliance to the appropriate entities for progressive disciplinary action.

Complete information on this policy can be found on Park Nicollet’s Intranet – Facets.
Medical Records 952-993-7600
The complete patient medical record is available 24 hours / day, 365 days / year though the electronic medical record system or, for information not yet contained in the electronic record, from the medical records departments of both Park Nicollet Clinic and Methodist Hospital.

Pharmacy Procedures
University of Minnesota Methodist Hospital Family Medicine Residency is proud to have a PharmD on our faculty. Park Nicollet also has pharmacies imbedded within the organization with which we collaborate.

Clinic Procedures
Guidance for Primary care policies and procedures can be found starting at the Primary Care Home page in Facets
http://intranet.parknicollet.com/PrimaryCare/Pages/default.aspx

Patient Grievance Policy
Details can be found in the Park Nicollet 2019 Quality and Safety Plan: Patient Safety and Quality Document

Needle Stick Procedures - Infection Control
Follow Park Nicollet Policies and Procedures. Details are at the Employee Occupational Health and Safety Website:
http://intranet.parknicollet.com/HR/Pages/more_about_health_safety.aspx

University policies may be reviewed here: Worker’s Compensation and Occupational Health Claims Resident benefits are issued through Park Nicollet.

Take care to follow the safety and reporting procedures at the institution at which you are rotating (Children’s Hospital, etc)

Patient Safety Procedures
Please see 2019 Quality and Safety Plan accessible on Facets:
http://intranet.parknicollet.com/PatientSafety_QualityAssessment/Pages/Policies.aspx
DISCLOSURE OF UNANTICIPATED OUTCOMES AND MEDICAL ACCIDENTS

SUBJECT: Disclosure of Unanticipated Outcomes and Medical Accidents

Policy Number: ADM-P5-04

PURPOSE: To clarify Park Nicollet Health Service’s (PNHS) philosophy and approach to providing patient or their surrogate timely and accurate information, especially when there is a need to disclose an unanticipated outcome of care. An unanticipated outcome does not necessarily mean an error has occurred.

OWNER: Executive Medical Director Caregroup and President, Methodist Hospital

CONTACT/CONTENT EXPERT: Vice President Medical Affairs, Risk Manager, Senior Director Quality & Safety, Manager Patient Safety & Patient Relations.

POLICY:
Disclosure of an unanticipated outcome of care will occur in the following circumstances:

1. Unanticipated outcome of care (typically affecting one patient): Disclosure is appropriate when an actual or potential outcome differs significantly from the anticipated outcome, whether the outcome results in harm or not.

2. Unanticipated process variation (typically affecting multiple patients): Disclosure is appropriate when a process differs significantly from the anticipated process and there is a reasonable likelihood of actual or potential harm to the patient as a result of the variation.

3. If the emotional/psychological harm to the patient or surrogate from disclosure clearly outweighs the benefit of disclosure, then disclosure may be delayed until the harm of disclosure is diminished. In rare circumstances, disclosure may be indefinitely deferred under this paragraph.

DEFINITIONS:
Accident - A series of events that involves damage to a defined system disrupting the ongoing or future output of the system.

Error – An act of commission (doing something wrong) or omission (failing to do the right thing) that leads to an undesirable outcome or significant potential for such an outcome.

Harm – An impairment of structure or function of the body and/or any deleterious effect arising therefrom, including disease, injury, suffering, disability and death, and may be physical, social, or psychological.

Unanticipated outcome - A negative unexpected result stemming from a diagnostic test, medical treatment, or surgical intervention. For purposes of this policy, unanticipated outcomes include death, serious physical or psychological injury, or any outcome which results in an increased length of stay or a substantive change or medication in the patient’s orders or treatment plan.
PROCESS:

A. Determine who will lead the disclosure of the unanticipated outcome and who should be part of the discussion. The person(s) performing the disclosure should be the individual(s) who is (are) in the best position to answer patient and family questions about the outcome and next steps.

B. Determine when and where the disclosure should occur. Consider any special accommodations or requests of the patient or surrogate.

C. Determine the contents of the disclosure, taking into consideration the uniqueness of each situation. The following items may or may not be part of the discussion:
   1. Objective statement of what happened (without speculation as to causes);
   2. Clear, honest communication of regret and apology (if appropriate);
   3. Discussion of changes in the patient’s plan of care (if any);
   4. Steps taken to take care of the patient (if appropriate);
   5. Steps taken to prevent recurrence (if appropriate);
   6. Identification of whom the patient or surrogate will hear from next or next steps they have to take;
   7. Offer of appropriate support services to patient or surrogate. Questions about compensation will be referred to Risk Management.

D. Develop a plan for follow-up conversations with the patient or surrogate (if appropriate).

E. Document the disclosure in the patient’s electronic health record. Documentation should include:
   1. The facts given during the disclosure, including outcomes of the event and changes in treatment course;
   2. Who participated in the conversation.
   3. Key questions asked and answers given;
   4. Next steps;
   5. Services offered and accepted; and
   6. Content of the apology.

F. Discuss the event and outcome of the investigation with the appropriate medical staff and quality and peer review committees as warranted. Patient Safety and/or Risk Management may discuss the event and disclosure plan with the Senior Leadership Team.

G. The Risk Management Department and Patient Safety Department are available for consultation on the steps listed in Procedures A-F.

H. Support for Caregivers
   1. Consideration of consultation for the involved caregiver with the Employee Assistance Program in cases where the caregiver may be devastated by the occurrence.
   2. Patient Care Conferences may be used to share the patient’s current status and make plans for the future. This provides added support by all disciplines involved in the patient’s care.
   3. Ancillary services are available to assist the physician or designee in discharging their responsibility including but not limited to social services, chaplains, patient relations.
   4. Training is available for those who find it difficult to discuss unanticipated outcomes and medical errors and by virtue of their position may be called upon to do so.
Dress Code
See details at: Institution-Level Policy: ACGME institution policies & procedures - Professional Dress Code Policy

See Park Nicollet specific details at Personal Appearance of Employees (Dress Code).

Residency Management System
New Innovations (www.new-innov.com) is the Residency Management system used. For assistance with the system you can contact RMSHelp@umn.edu or phone 612-624-0750.

Institutional Committees
Residents will have opportunities to participate in institutional committees within Park Nicollet and are encouraged to do so.

Benefits, Information, and Resources

Paychecks/Payroll
https://hr.parknicollet.com/teams/Library_Content/Creekside.pdf
Insurance

- **Health** - see “Health care program” in Benefits Summary

- **Professional Liability**
  Park Nicollet Health Services has a comprehensive insurance program that provides various types of coverage for the entire organization, including Methodist Hospital, Park Nicollet Clinics including TRIA, Melrose Institute, Park Nicollet Institute and Park Nicollet Foundation.

  Responsibility for oversight of the insurance program is Jeremy Sundheim, Director of Risk Management. Responsibility for the daily management of the insurance program is Jill Thrasher, Project Manager of Insurance and Business Continuity.

  Please contact Jill Thrasher at (952) 883-7191 for all insurance related questions.

- **Professional Liability**
  PNHS provides professional liability (malpractice) coverage for clinicians for care provided in the course and scope of employment, or for claims that arise after you leave employment when the care occurred while you were our employee. Please [click here](#) for more information regarding tail coverage.

- **General Liability**
  General Liability coverage provides coverage for bodily injury or property damage as a result of our negligence (not related to patient care). If someone is injured on our property, please attend to their immediate needs and get them the help they need. Then, contact Risk Management so we can help determine next steps. Do not promise to write off care until we have had a chance to investigate.

- **Foreign Travel**
  PNHS offers foreign travel insurance for anyone traveling outside the United States on authorized PNHS business. Please [click here](#) for a wallet card that will explain the services available and who to contact if you need assistance.

- **Disability** - see “Income Protection” in the Benefits Summary
Worker's Compensation Injuries
Reporting Work-related injury or illness:
1. Report the incident immediately to your supervisor.
2. If injured, report to the EOHS (Employee Occupational Health and Safety) Office to obtain medical evaluation or referral (non-life threatening injuries), or report to the Emergency Center at Methodist Hospital or Park Nicollet Urgent Care.
3. Contact the EOHS department within 24 hours and complete an Employee Injury Report Form.

Exposure to Blood, Body Fluids, or Other Potentially Infectious Materials
Call the 24-hour Pager at 952-231-5223. Obtain and complete BBF Report Form.

Moving Expense Reimbursement Policy
See details at: Department-Level Policies: Payroll, Reimbursements, and Benefits (under Moving Expense Reimbursement)

Moving expenses for newly appointed residents with a one-time maximum of $1,000. The resident will pay for the move and apply for reimbursement after the move.

Qualified moving expenses include the reasonable cost of moving household goods and personal effects from former to new residence (including services for packing, hauling, delivery, storage and unpacking as well as transportation and lodging during the move and cost of truck rental or trailer rental). Mileage reimbursement will be based on the Internal Revenue Service standard mileage rate.

Nonqualified moving expenses include boats, hot tubs, firewood, satellite discs, campers, pet’s playhouses, utility sheds, and swing sets. The cost of settling an unexpired lease at a former residence or costs associated with the acquisition of a new residence, and house hunting trips.

Each resident will submit for reimbursement electronically through the ChRIS system. Once that account is set up residents will receive an email confirmation and will be sent a Webinar training on how to submit for reimbursement. Original receipts for all expenses that are listed for reimbursement must be submitted at the time of requesting reimbursement. Please see the program coordinator if you have any questions regarding reimbursement or how to submit for reimbursement.
Systems and Communication

Email and Internet Access
See details at: Department-Level Policies: General (under Email and Internet Access)

Each resident will be given two unique email accounts at the beginning of residency – one at the University of Minnesota and one at Park Nicollet. For communication purposes, residents are required to check both accounts on a daily basis and will be held accountable for the information communicated to them in emails.

The Department and University use the UMN email as the official means of communicating to residents. Residents are responsible for reading and responding to their UMN email. Residents should not auto-forward their UMN email to any other email account.

Computers can be found on all floors in the hospital. Residents will receive a Park Nicollet laptop to use during their residency. Prior to graduating from the program, all laptops need to be returned. Each resident is given an account on the PNHS network and have access to email, calendar function and Internet. Residents experiencing computer problems, contact the helpdesk at 952-967-7000.

As employees of PNHS, all residents are given access to Internet. Employees are expected to use discretion and comply with PNHS policies at all times.

Mail
See details at: Department-Level Policies: General (under Campus Mail and Address Changes)

Resident inboxes are located on the shelf above each desk in the residents’ room. Mail will be sorted and delivered to their personal box on a daily basis. It is expected that residents will open, read and respond to mail on a regular and timely basis. Outgoing mail can be deposited in the outgoing box on the wall outside of the residents’ room or in the mail bins at the front desk.

It is critical that we have your current home address and phone number at all times. If you move, please contact your residency coordinator at (952) 993-7711 and let them know your new mailing information. They will also email Laura Pham, residency programs coordinator, at the DFMCH. You will also need to
complete a Change Form on Park Nicollet's Facets page (Employee Self-Service that will go directly to Human Resources).
The addresses, main phone and fax numbers for the U of M Department of Family Medicine & Community Health Graduate Medical Education are included in the Department Level Policy: Campus Mail and Address Changes.

Shipping and Mailing address for Creekside:
6600 Excelsior Blvd, Suite 160
St. Louis Park, MN  55426

Name Changes
See details at: Department-Level Policies: General (under Name Changes)

Occupational Health, Safety, and Immunization Requirements
See details at: Institution-Level Policy

Park Nicollet Policies:
http://intranet.parknicollet.com/HR/Pages/more_about_health_safety.aspx

Pagers
A Park Nicollet pager will be issued to each resident during orientation. This pager is to be used and worn for the duration of residency training. Information Management is responsible for the maintenance of pagers. Upon graduation from the program and/or termination of employment with Park Nicollet, all residents must return pagers to the residency coordinator.

Tuition and Fees
All residents (trainees) are registered as students at the University of Minnesota. Currently tuition and student services fees are being waived for trainees enrolled in Graduate Medical Education programs. Your access to student services will vary dependent on the student classification you are appointed to.

Stipends
Stipends are issued as Salary and Benefits are through Park Nicollet. Please see Salary and Benefits above.

Laundry Services
Each resident will be given two white coats during orientation. If a coat needs to be replaced, please contact the residency coordinator.

Parking
ID badges grant access to the Methodist campus Orange Ramp around the clock. When taking call overnight, residents may park in the Blue Ramp. Clinic parking at PN-Creekside is in the surrounding surface lot. Take care to leave the westerly spaces available for patient use.

**Lockers**
Available in call room

**On-Call**

**Call Rooms**
The G2/G3 resident on call in the hospital has a call room on the 2nd floor near the ICU. This room has a combination-lock keypad to secure the room and its contents. First year residents have their own call room to use in the hospital for the day located on the ground level of the 6500 building and accessible by ID badge. OB/GYN Labor and Delivery call has its own call room on the Labor and Delivery Unit. If you have a problem with the call room facilities, please contact housekeeping or the residency coordinator.
Call Responsibilities

Title: On-Call Responsibilities of Family Practice Residents

Policy Number:
ADM-MS-13

PURPOSE:
To clearly define the responsibilities of the Housecall Family Practice Residents.

RESPONSIBILITY:
Program Director for Creekside Family Practice Residency Program

POLICY:
Residents in the family practice program at Methodist Hospital will be scheduled “on-call” on a rotating basis to cover medical emergencies, which occur in the hospital in the absence of the patient’s physician. (Exception: PNC surgical on-call resident covers emergencies which occur with the PNC surgical patients).

PROCESS:
A. Residents will attend classes and maintain competency in adult and pediatric advanced cardiac life support and neonatal resuscitation upon entering the program and every two years thereafter.

B. Residents will be expected to provide care, including procedures within the scope of their training and experience as indicated by the urgency of the medical situation.

C. After each patient visit, residents are expected to document on the patient’s medical record an appropriate progress note indicating their observations, interventions and medical orders or complete the appropriate medical record forms.

D. The responsibilities and priorities of the Family Practice Resident “on-call” are:
   1. Respond to “Code Blue” and assume responsibility for managing the Code until relieved by a qualified attending or consulting cardiologist.
   2. Respond to “Code 99” stroke codes and “Response Team Requested” events as member of team.
   3. Respond to RET codes and evaluate patients whose conditions have changed, notify the attending physician, institute treatment and when appropriate transfer to critical care units.
4. Evaluate patients who fall when nursing assessment indicates possible injury.
   Explanation: If, in the nurse’s judgement, he/she feels confident that the chance of any significant injury is unlikely, the resident need not be called.
   a. The following guidelines will be used by the nursing staff in determining if the resident should be called to examine the patient. All patients will be seen:
      (1) Who suffer a blow to the head;
      (2) Who have had recent bone surgery;
      (3) Who have sustained significant bruising, cuts or lacerations;
      (4) Who complain of pain following the fall;
      (5) Who show any evidence of a fracture; or
      (6) Who show a change in vital signs or change in level of consciousness.
   b. If none of the above apply, but the supervisory staff has concerns about the possible injury or potential legal implications, the resident will be asked to see the patient.
   c. The decision to call the resident to see the patient or to wait for the next visit by the attending physician will be made by the nurse assigned to the patient. The nurse should also notify the nurse manager or nursing supervisor of his/her decision to call the resident.

6. Administer IV medications not included in staff responsibilities as described in Nursing Administration policy “Medication Administration by (PMNH and Melfose)” (IP-MEDS-01).

7. Check x-rays for line placement and endotracheal or feeding tube placement.


E. SPECIAL NOTES:
1. The resident may occasionally scrub in the OR during his/her call hours; however, if he/she is needed for one of the above reasons, his/her first responsibility is in-house service and he/she will break scrub and respond to the need without delay.

2. The on-call resident is not responsible for:
   a. Routine medication orders, i.e., analgesics, hypnotics, sedatives, anti-pyretics, anti-emetics, and laxatives. This is responsibility of the attending physician.
   b. Admission evaluation of patients, except for those on the service to which the resident is currently assigned.
   c. In acute emergencies, it is appropriate for the resident to evaluate and stabilize the patient, giving the attending time to come to the bedside. The resident may transfer a patient to the critical care unit in an emergency or when the patient’s condition warrants it, but the attending is responsible for critical care management and communications with consultants regarding their patients.
   d. Questions on routine management and laboratory work should be directed to the attending.
Call Schedules

1. **G1:**
   - House Call shift is approximately q 5-6 (14 hour shift); 7:30 am – 9:30 pm
   - OB Rotation: 7:00 am to 7:30 am (24 hours) in L&D. Post Call next day.

2. **G2 & 3:** on call overall q 12
   - Call day: daytime is usual schedule.
   - Evening 5 pm to 9:30 pm: home call & admissions; PNHS hospitalist provides “direct supervision” to G1 house call.
   - 9:30 pm to 7:30 am: in-house coverage plus admits/clinic call. G1 is gone.
   - Post-call day is off. (Allowed 4 hours transitional care time.) (FMI residents therefore cannot take call Sunday through Thursday; could be on Friday or Saturday.)
   - Backup call resident will/may take call a week at a time, if possible; can be called in by the call faculty as needed.
   - On weekends:
     - Call from home with coming in for admits, from 7:00 am until 9:30 pm. (PNHS hospitalist is providing "direct G1 supervision" from 7:30 am to 9:30 pm for weekend house coverage) 7:30 am to 9:30 pm in house, same as weeknights.
     - During July and portions of August, the on-call G2/G3 will be in-house at all times on call with the G1 when they’re present.

3. **When to call in backup:**
   - If on-call resident has to do a delivery
   - Backup call is 24 hour call. When you are on backup the expectation is that you are available to come in for the entire day. On weekdays this will start as soon as your rotation is done (5:00PM) and on weekends it starts at 7:30AM and goes all day. This does mean that you are expected to be within 30 minutes of the hospital so could come in quickly if called. No moonlighting when you are on backup.

During your first month of house call, the clinic call resident will stay in the hospital to assist with emergencies and as needed. To maximize learning opportunities and minimize stress, other contacts to seek out and use as resources are: Park Nicollet attending in-house, Critical Care fellow, nursing supervisor, and the emergency room physicians.
Our answering service is at Methodist Hospital. G2 & G3’s may ask the operators to call you directly at home in the evening, otherwise they will page you. They will page the preceptor on call for you. If you have switched call days with another resident, check in with the operator to ensure correct information. All call switches must be approved by the residency coordinator.

The Senior on Service or Family Medicine G1 or G2 sign out hospital patients each afternoon to the resident on-call in person or by phone. Sign out any new admissions back to the Family Medicine service at 7:30 a.m. the next morning or the next person on clinic call (weekend or holidays).

**Support Services**

Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as, messenger and transporter services, are provided by Methodist Hospital employees not residents.

**Laboratory/Pathology/Radiology Services**

Laboratory, pathology, and radiology services are provided by Park Nicollet Clinics or Methodist Hospital. The family medicine center (PNC - Creekside) has a moderate complexity laboratory, with pathology and reference and high complexity laboratory services available by courier from Methodist Hospital. A radiology suite and operator for plain film radiography is also located within the family medicine center. Other radiologic services are available at Methodist Hospital.

All patient laboratory, pathology, and radiology data is available on the electronic medical record that can be accessed from any computer terminal within Park Nicollet Clinic or Methodist Hospital.

**Security/Personal Safety - 952-993-1501**

Safety and security services are available through the safety security department of Park Nicollet Clinic and Methodist Hospital. These services that include security patrols and escort services are available at all clinic sites, Methodist Hospital buildings and campus to include off site parking.

**Lab coats and scrubs**

Each resident will be given two white coats during orientation. If a coat needs to be replaced, please contact the residency coordinator.

Scrubs are issued at Methodist Hospital and are expected dress for Labor and Delivery duties and OR. Any scrubs worn into the OR must be obtained on site and have been laundered through Methodist Hospital Services rather than brought from home.
Meals
During orientation week, each resident will be given instructions on the procedure for meals at the Methodist Hospital cafeteria. If residents are unable to obtain food during their call day due to duties that prevent them from utilizing the cafeteria, the nursing supervisor will obtain a boxed meal from the hospital kitchen for the resident. In addition, there is a café and vending food employ room and other beverage and snack vending machines located within the hospital. These options are at your own expense.

Academic Business Expense (ABE) Fund Policy
The purpose of the Resident Academic Business Expense Fund is to provide new and continuing Methodist Hospital Family Medicine residents with continuing medical education resources to facilitate ongoing clinical and academic training through an annual reimbursement of each year of residency.

Funds of $1,000 will be available for each resident each Program Graduate Year (PGY). Unspent funds from each PGY year are carried over and are available to be spent during the next PGY year. Resident funds will be available up to $3,000 (a total of $3,000 per residency duration) over three years for the purchase of academic, clinical, or technology items (in support of patient care). All purchases must be compliant with this policy. All expenses should be submitted for reimbursement before the end of March in the academic year in which the expense occurred.

Academic Business Expense Fund Eligible Expenses
- **Taxable Items** include smartphone or mobile devices, computer hardware or accessories (laptop, desktop, tablets, e-book readers, monitors, flash drives, storage devices), stethoscopes, educational or clinical software/apps, or any item that will be the property of the individual trainee (processed through payroll and will appear on paycheck less any withheld applicable taxes).
  - **Items taxable to the individual are the property of the individual trainees and do not need to be returned to the department either at the completion of residency or prior to completion if on leave or as part of termination from the residency program.**
- **Non-Taxable Items** include clinical or educational conference expenses, including web-based CME courses, medical or professional journals, professional membership dues, ABFM certification exam fees, (reimbursed as processed through direct deposit or check; non-payroll payment).

Academic Business Expense Fund Non-Eligible Expenses
- Non-Reimbursable Items include monthly access and internet service charges, software and hardware updating and maintenance, including warranties, device insurance, travel and car insurance. These items are the responsibility of the resident.

**Parameters and Process for Academic Business Expense Reimbursement:**
- All expense reimbursement allowance begins July 1 of each program year.
- Borrowing from future year funds is not permitted.
- All purchases must be made after the first day of employment to qualify for reimbursement.
- Consult with the hospital and/or clinic IT department prior to purchasing new technology to ensure purchases are compatible and meet local network and resource configurations and requirements.
- All technology purchases must be made by January 1 of the PGY 2 and must be used in support of patient care.
- All reimbursement requests (other than technology purchases) must be submitted at least 30 days prior to completing residency.
- All resident expense reimbursement requests must be submitted through the Park Nicollet ChRIS System. Please see the Park Nicollet ChRIS Reimbursement System in Facets for expense guidelines.
- Residents must submit a legible itemized receipt for purchases when submitting for reimbursement through Park Nicollet ChRIS System.
- Expense justification within the Park Nicollet ChRIS System must be included with each reimbursement expense.

**Residents Academic Business Expense (ABE) qualifications**
If a resident has a poster accepted or presenting at a conference, the residency program will pay for the following (this will not come out of your ABE funds):
- Registration fee
- Hotel fee
- Transportation fee (excludes elite forms of transportation)
- Per Diem (in accordance of the IRS approved per-diem rate for meals)
- Resident will not be charged PTO to attend
- Parking for local conferences

If a resident is required to attend or volunteers to recruit for a conference, the residency program will pay for the following (this will not come out of your ABE funds):
- Registration fee
- Hotel fee
- Transportation fee (excludes elite forms of transportation)
- Per Diem (in accordance of the IRS approved per-diem rate for meals)
- Resident will not be charged PTO
- Parking for local conferences
If a resident attends a conference that is not part of a required activity, the resident will be responsible for the expenses. (Academic Business Expense funds will be used towards these expenses.)

- Registration fee
- Hotel fee
- Transportation fee
- Food purchased
- We would charge resident PTO
- Parking for local conferences

According to the American Board of Family Medicine, time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.

Car rental is approved only if other means of transportation are not available and the conference is a significant distance from the airport, or are more costly, or impractical. Most hotels offer shuttle service or the use of a taxi may be used for short destinations.

If you have questions, please contact your residency coordinator at 952-993-7711.

**Web Links To Additional Resources**

Methodist Hospital Family Medicine Residency Program

The FACETS home page is a valuable portable to valuable medical and Park Nicollet resources

**Medical library and services**

Arneson Medical Library located in the Creekside Building
Confirmation of Receipt of your Program Policy Manual and Fellowship addendum, if applicable

By signing this document you are confirming that you have received and reviewed your Program Policy Manual and Fellowship addendum, if applicable, 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.

Academic Year __________________

Trainee Name (Please print) _______________________________________________

Trainee Signature ________________________________________________________

Date __________________

Coordinator Initials ________________

Date __________________