UNIVERSITY OF MINNESOTA

GRADUATE MEDICAL EDUCATION

2017-2018

PROGRAM POLICY & PROCEDURE MANUAL

Primary Care Behavioral Health Fellowship

Family Medicine and Community Health

UNIVERSITY OF MINNESOTA

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INTRODUCTION/EXPLANATION OF MANUAL

Welcome to the Primary Care Behavioral Health Fellowship at the University of Minnesota in the Department of Family Medicine and Community Health. The fellowship is overseen by Dr. Eli Coleman and directly supervised by Dr. Christine Danner and Dr. Dana Brandenburg at the Bethesda/Smiley’s program and by Dr. Michelle Sherman at the Broadway program. The fellows work directly at the residency program outpatient clinics. In addition to providing psychotherapy for a variety of mental health issues, fellows provide education and teaching to the Family Medicine residents through a variety of modalities including integrated care clinic half days, shadowing, video review, and traditional lectures and workshops. The information contained in this program manual pertains to all fellows in the Primary Care Behavioral Health Fellowship except as otherwise identified.

OVERVIEW OF THE DEPARTMENT

The Department of Family Medicine and Community Health is one of the largest of all the Family Medicine departments in the nation and has always been dedicated to serving the health needs of families and individuals in Minnesota, the Upper Midwest and beyond. As part of the University of Minnesota, the Department shares in the University’s threefold mission of research and discovery, teaching and learning, outreach and public service. The Department of Family Medicine & Community Health is one of 18 clinical departments within the University of Minnesota Medical School. As such, it is also part of the University’s academic health center, which encompasses the Medical School, Dental School, School of Public Health, School of Nursing, School of Veterinary Medicine, and the Duluth Medical School, as well as the University of Minnesota Medical Center.

The creation of Family Medicine and Community Health was prompted by a national shortage of primary care physicians in the 1960s and by the Minnesota State Legislature’s realization that physician supply in rural Minnesota was at a critical point. The Department head reports directly to the Dean of the Medical School and is administratively responsible for the Department’s budgets and programs. The Dean of the Medical School is also the Vice President for Health Sciences, Academic Health Center. The Vice President for Health Sciences reports directly to the President of the University of Minnesota.
The Department as a whole has graduated over 2,000 residents and fellows. The eight residency programs in Family Medicine have thrived not only because of the quality of faculty, wide choice of training sights, and constantly updated curriculum and education resources, but because the programs attract excellent residents with varied backgrounds, interests and aims. In addition to the residency programs, the Department has a busy medical student education program, a strong research area, programs in faculty development, and fellowships in sports medicine, hospice and palliative medicine, and human sexuality in addition to the Primary Care Behavioral Health Fellowship. Read more about the Department of Family Medicine and Community Health here: http://www.familymedicine.umn.edu/

**DEPARTMENT MISSION STATEMENT**

See details at: Department-Level Policy: Mission Statement

**SECTION 1: STUDENT SERVICES**

**SCHEDULE**

**Bethesda/Smiley’s**

The Bethesda/Smiley’s primary care fellows will split their time between Smiley’s Clinic and Bethesda Clinic.

- The junior fellow works at Bethesda Clinic on Mondays and Tuesdays and Smiley’s on Wednesdays and Fridays.
- The senior fellow works at Smiley’s Clinic on Mondays and Tuesdays and Bethesda Clinic on Wednesdays and Fridays.
- Fellows alternate clinics every other Thursday. On Thursday mornings (when at Smiley’s), fellows will spend one half day shadowing residents at the hospital and provide feedback on their patient interaction/communication skills.

Each fellow will have about 20-25 clinical hours available each week; 5-6 half days a week will be scheduled with 3-5 patient slots per half day. There will be 3 half days a week available where the fellow will be in Integrated Care Clinic (ICC). This is a time when behavioral health is available for brief consults to the primary care physicians on a variety of presenting problems.
**Broadway**

The fellow will have five half-day sessions of brief, problem-focused psychotherapy (individual, couples). The expectation is the fellow sees 9-10 hour-long session/week. The fellow will also complete CPM care plan assessments during this time.

There will be ~3 half days a week available where the fellow will be in Integrated Care Clinic (ICC). This is a time when behavioral health is available for brief consults to the primary care physicians on a variety of presenting problems. The fellow will also do video review follow-up shadowing with FM Residents during this time.

Fellows attend the PHS didactics on the 1st and 3rd Wednesday of the month from 11-12pm.

The fellow will co-facilitate the Hmong women’s group every other week for 1 hour.

In the 2nd year of fellowship, the fellow will shadow the FM residents while rounding at the NMMC, offering coaching and feedback on patient communication skills. The fellow will also attend table rounds at 11am the day they shadow.

The fellow will attend and develop into a leadership role of Team (8-8:40) and video review (8:40-9:20) once/week.

**MONTHLY SCHEDULES**

**Smiley’s Clinic:** You will receive an email from administration with a link to your schedule in a system called AMION (https://www.amion.com/; login for clinic: umnfm). This schedule indicates what activities you will be doing each half-day. When you receive this email, it is your responsibility to look over the schedule and make sure it accurately reflects your schedule, including the times you are in clinic, as well as any vacation or CME days. Any vacation or CME requests need to be submitted prior to the date listed in the email stating when schedules will be finalized. There is a subsequent email stating when the schedule is closed to changes. After this point, any late schedule changes need to be approved by Dr. Brandenburg. There is a schedule change form that is then completed and sent to Nancy Arnston, clinic manager.

**Bethesda Clinic:** At Bethesda, fellows are expected to submit their monthly calendar to Faith Parenteau-Ek and Dr. Danner three months before the month in question. You should receive an email reminder from Faith about this with the deadline for when this will be due.
As a junior fellow, Dr. Danner will submit the September, October and November schedules on your behalf until you can be oriented more fully to this process. In the early months of fellowship, Dr. Danner will show you the template she uses for behavioral health schedules. Once the schedule is final, late changes are discouraged as this creates more work for staff, so think ahead regarding vacations, courses, and other activities that take you out of clinic. Please indicate these on your schedule so that Faith and Dr. Danner can be aware. Late changes (any changes after you submit your initial calendar) need to be approved by Dr. Danner. Fellows are encouraged to post their monthly calendar outside the fellowship office so that your Bethesda colleagues have an easy reference if they are looking for you.

**For Bethesda/Smiley’s:**

- **Vacation** must be submitted electronically via “My Time” under your “MyU” account once approved by supervisors. Vacation days must also be sent to Bobbi Kruse in an email.
- **CME days** must be submitted to Bobbi Kruse via the time away request form once approved by supervisors (https://umn.qualtrics.com/jfe/form/SV_8JiS6w3vMKHLf5b).

**Broadway Clinic:** You will receive an email asking for your schedule about 3 months in advance. Please insert your available times and email back to Dr. Sherman. Once the schedule is final, late changes are discouraged as it creates more work for staff. Therefore, please anticipate times you’ll be away. Late changes are to be approved by Dr. Sherman.

You will also write your schedule on the whiteboard in the residents' room daily.

- **Vacation** must be submitted electronically via “My Time” under your “MyU” account once approved by Dr. Sherman.
- **CME days** requests are submitted in writing to Dr. Sherman for approval.
PARKING

Each Clinic has designated areas for employee parking. Please speak with the clinic manager at each clinic to learn the areas where employees are asked to park. Please be respectful of these policies and park in designated areas. At Broadway Clinic, please speak with Dr. Sherman about parking and safety issues. BFM Security staff are in clinic from 7am-6:30pm daily, and you are encouraged to ask them to walk you to your car if leaving at irregular times.
Parking while at Smiley’s clinic for TS Rounds at the East Bank Hospital: It may be easiest to access the campus via the Franklin Avenue Bridge due to the Light Rail on Washington. Take a left at East River Road, just over the bridge.
You may park at either Oak Street Ramp or Washington Ramp. Enter the Ramp and take a parking ticket. Before you leave, stop at the department (6th floor PWB building) and get a parking coupon. When you leave, insert your parking ticket followed by the coupon.

When you enter the hospital, take the elevator up to the 5th floor. Look for corridor 5B. Our Smiley’s Workroom is located just inside the doors to corridor 5B in room 5-241. The code to the door is 2020#.
MAIL

Each fellow has a mailbox in the mailroom at the clinic, which should be checked each time a fellow is in clinic. Please see administrative staff at the clinic for assistance mailing documents via intercampus mail, USPS, or FedEx. Please contact your clinic supervisor for any name or address changes.

You have a mail slot located in the mailroom located within the faculty office area at Smiley’s Clinic. Your mailbox at Bethesda is located outside the Behavioral Health Fellow offices.

When requesting information to be sent to you, you can use the central address:

University of Minnesota
Department of Family Medicine and Community Health Medical School MMC 381
420 Delaware Street SE Minneapolis,
MN 55455

Mail that is sent to this address will be sent interoffice to whichever of the three sites (Smiley's, Bethesda or Broadway) that you designate as your home site.

E-MAIL AND INTERNET ACCESS

See details at: Department-Level Policy: E-mail & Internet Access

Computer services are available to fellows at their program through University of Minnesota Physicians (UMPhysicians). The UMPhysicians Information Services provide technology support for equipment and networking, as well as software support and applications development.

Fellows will obtain X500 e-mail and internet access accounts from the University of Minnesota Department of Family Medicine and Community Health at the Medical School. Fellows are required to activate the X500 e-mail account. Important information relating to the fellowship is sent to fellows via this account, and fellows are required to read this email communication and respond within 48 hours.

Computer training is provided and computers are available for use in the clinic and hospital. For help with computer applications, call UMPhysicians Information Services Help Desk 612-884-0884 from 7 a.m. to 5 p.m. For University of Minnesota e-mail or internet services, call 612-301-4357 for computer support. For North Memorial EPIC
technical support, call 763-581-2580.

**OCCUPATIONAL HEALTH**

See details at: [University Health and Safety-Occupational Health](#)

**NAME CHANGES**

See details at: [Department-Level Policy: Name Changes](#)

**SECTION 2: PAYROLL AND BENEFITS**

**MYU PORTAL** ([www.MyU.umn.edu](http://www.MyU.umn.edu))

See details at: [Department-Level Policy: MyU Portal](#)

See also Institution-Level Policy at: [Resident and Fellow Information & Resources Guide-MyUPortal](#)

**HOLIDAYS**

Please note that the University designated holiday schedule differs from the UMP designated holiday schedule. The clinics are open the day after Thanksgiving and for the entire Christmas break except Christmas Day and New Year’s Day. The clinics also do not observe the MLK holiday or any UMN floating holidays. Please check with your supervisor regarding the holiday dates in advance to discuss clinic coverage.

**2017-2018 UMN Holidays**

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<td>Independence Day</td>
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<td>Monday, September 4, 2017</td>
<td>Labor Day</td>
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<td>Thursday, November 23, 2017</td>
<td>Thanksgiving Holiday</td>
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<td>Friday, November 24, 2017</td>
<td>Floating Holiday</td>
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<tr>
<td>Monday, December 25, 2017</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Tuesday, December 26, 2017</td>
<td>Floating Holiday</td>
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<td>Monday, January 1, 2018</td>
<td>New Year’s Day</td>
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<td>Monday, January 15, 2018</td>
<td>Martin Luther King, Jr. Day</td>
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<tr>
<td>Monday, May 28, 2018</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>Unassigned</td>
<td>(One Personal Floating Holiday)</td>
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FELLOW BENEFITS

The fellow benefits are administered through the Department of Family Medicine and Community Health. Contact Angela Kamau, Human Resources Generalist Koon0008@umn.edu 612-301-1602.

VACATION

Smiley's/Bethesda Vacation Procedure:

When you are planning to go on vacation from either clinic, you need to submit a vacation request well in advance of your time off (3 months ahead preferred). Your request will have to be approved by your supervisors at each clinic affected by the absence, and then submitted for departmental record. To request vacation:

1) Receive verbal approval from supervisors.
2) Submit vacation requests through the vacation request form (https://umn.qualtrics.com/jfe/form/SV_87ZTe0oTuC6EGuV) (this is how overall vacation is tracked and how Smiley's tracks absences)
3) Send an email to Faith Parenteau Ek at Bethesda with requested vacation dates on a Word calendar to ensure there are no conflicts at Bethesda Clinic.
4) Submit requested vacation dates online via the MyU system for departmental tracking.
5) Verify that the dates appear on your Amion schedule, EPIC, and the hard copy calendar that Faith Parenteau Ek manages at Bethesda.

Your responsibilities regarding vacation:
1) Identify either Dr. Brandenburg or Dr. Danner to check your task list when you are absent.
2) Make sure to set up an out of office message where applicable.

Broadway Vacation Procedure:

When you are planning to go on vacation, you need to submit a vacation request well in advance of your time off (3 months ahead preferred). Your request will have to be approved by Dr. Sherman, and then submitted for departmental record. Generally, we like clinicians to limit time away from patients for 2 weeks for continuity of care - but of course exceptions arise & can be discussed.
To request vacation:

1) Email Dr. Sherman indicating when you'll be away, your duties, and who is covering what duties.
   (e.g., if a Hmong group or prenatal group is held during your absence, who is covering?)
2) Once you have Dr. Sherman's approval, submit requested vacation dates online via the MyU system for departmental tracking.

Your responsibilities regarding vacation:

1) Turn on "out of office" in EPIC & indicate who will be covering your EPIC "in" box (Dr. Sherman)
2) Talk to Dr. Sherman about your current caseload, alerting her to any potential crises or issues

URGENT/EMERGENT ABSENCES

Smiley's:

1) Call 612-333-0774, Option 5, before 7 am.
2) Leave a voicemail with the following information 1) your name, 2) phone number you can be reached, 3) date/s affected, 4) activities affected, 5) reason for your absence.
3) Your voicemail will be returned by 8 am – It is your responsibility to have a live discussion before your absence is excused.

These absences are tracked centrally at Smiley’s. Please be aware that if you are calling in an absence to Bethesda, this information will be forwarded to Bobbi Kruse at Smiley’s to be tracked on your Amion schedule. You can check your Amion schedule to see which days you have taken for sick time or vacation. Sick days will appear as “UFTO” on your Amion calendar.

Bethesda:

1) EPIC message Dr. Danner that you will be out.
2) EPIC message any resident who might be scheduled to be with you that you will be out. If you can provide alternative educational options with this message (e.g., see if you can shadow Dr. Danner, work on your MH KSA, complete MI readings, etc.) that’s great.
3) Call Clinic at 651-223-7322 and leave message on the voicemail of Faith Parenteau-Ek, Administrative Coordinator, that you will be out (front desk should check this daily when they arrive at 7:30am). Call back after 7:30 at the main clinic number (651-227-6551) to talk to a "live person" to make sure that someone received the
message and to pass along any additional instructions (e.g., so and so can be rescheduled with me on such and such date, can you have Taylor reach out to this patient just to check in given X,Y, and Z, etc.).

**Broadway:**

1) If you are going to be away from the clinic unexpectedly (e.g., sick), please call & leave a message on the management phone (612-302-8205), informing them when you’re out & what patients/activities need to be cancelled.
2) Email Dr. Sherman, informing her what patients/activities need to be cancelled (and/or who will be covering for them). This is such that she can help arrange coverage (if needed) and quickly talk with the Front Desk staff to help cancel appointments in a timely fashion.

**APPENDIX TO POLICY: PAID AND UNPAID LEAVES FOR POSTDOCTORAL ASSOCIATES (9546)**

Related Policy: Postdoctoral Appointments
Eligibility criteria and details of provisions are found within the included policy links.

Postdoctoral Associates are eligible for paid and unpaid leaves of absence to include the following:

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<th>Type of Leave</th>
<th>Specifics</th>
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<td>Bereavement Leave</td>
<td>At the discretion of the department, up to three work days paid bereavement leave provided upon the death of an immediate family member. Leave granted for purposes of (1) attending the funeral services, ceremonies, and/or interment; (2) making necessary arrangement; (3) travel related to the death; and (4) bereavement time. Responsible administrators/supervisors are encouraged to make special arrangements to accommodate granting of this leave.</td>
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<td>Court Appearance or Jury Duty</td>
<td>Entitled to paid leave for jury duty. A copy of the court notice is to be provided to the responsible administrator/supervisor. Refer to the Administrative Policy: Military, Court, and Civic Duty Leaves.</td>
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May be eligible for up to twelve week’s absence during a fiscal year for reasons of:
- The employee's own serious health condition
- The serious health condition of an employee's immediate family member; or
- Caring for a newborn or newly-placed adopted child or foster child. Refer to the Administrative Policy: *Family & Medical - FMLA Leave.*

Entitled to fifteen days leave in a calendar year for active military duty; such leave falling within a paid appointment period is paid. Verification of notice to report for duty (including dates of leave) is to be provided to the responsible administrator/supervisor. Refer to the Administrative Policy: *Military, Court, and Civic Duty Leaves.*

Parental leave benefits provided if employed at the University for at least nine-months and an average of 20 or more hours of service provided per week. The following provisions apply: 1. A female may, upon request, take up to a six week leave with pay related to the birth of her child. This leave is for the purposes of child rearing and recovery associated with the birth. 2. A female may, upon request, take up to two weeks leave with pay and four weeks leave without pay related to the adoption of a child. 3. A male may, upon request, take up to two weeks leave with pay and four weeks leave without pay related to the birth or adoption of a child. 4. Parental leave provisions as provided under this policy are applicable to registered same-sex domestic partner relationships. All parental leave time must fall within the term appointment and must be taken consecutively without interruption. Refer to the Administrative Policies: *Parental Leave for Academic Employees* and *Family & Medical - FMLA Leave.*

Provided up to 10 working days of paid sick leave for occasional or serious illness or injury to the employee, their dependent child, or the dependent child of a registered same-sex domestic partner at the percentage of their appointment for each appointment year. Healthcare provider's certification may be requested by the responsible administrator/supervisor verifying inability to work.

Refer to the Administrative Policy: *Vacation Leave for Faculty and Academic Professional and Administrative Employees* for provisions.
Voting Leave

Eligible for a paid leave of absence to vote in any statewide general election or state-wide primary election, or in any election to fill a vacancy in the office of a United States senator or representative during the morning of the election day. Paid leave to vote will cover only those hours the employee is regularly scheduled to work and will be reasonable in relation to voting site location and distance. Refer to the Administrative Policy: Military, Court, and Civic Duty Leaves.

ADMINISTRATIVE POLICY

Vacation Leave for Faculty and Academic Professional and Administrative Employees
Responsible University Officer: Vice President for Human Resources Policy Owner: Director, Employee Relations and Compensation Policy Contact: See Contacts Section.

POLICY STATEMENT

Eligible faculty and academic professional and administrative (P&A) employees are provided paid vacation leave. Vacation days may be used as they are accrued and are scheduled at the mutual convenience of the department/responsible administrator or supervisor and the faculty member or P&A employee. Twenty-two days accrue annually on a biweekly basis over 26 pay periods for individuals holding a single qualifying 100 percent time, twelve- month appointment or multiple qualifying twelve-month appointments totaling 100 percent. Individuals in qualifying positions totaling 67 percent up to 100 percent time accrue vacation leave on a prorated basis. Vacation for any qualifying percentage of time will not accumulate beyond a total of 22 days except under exceptional circumstances.

Unused vacation days up to a maximum of 22 days are paid out when the individual terminates University employment, providing the employee has worked 67 to 100 percent time for at least eleven months, and has not been terminated for cause. If the employee has not worked the required time or has been terminated for cause, the employee’s unused vacation will not vest, and the employee will have no right to payout of any vacation balance. When an individual changes from a vacation eligible appointment (e.g., 100 percent down to 50 percent time) or position to one that is ineligible for vacation, the accrued vacation balance will be paid out.

Documentation of vacation leave within the Human Resource Management System (HRMS) is required.
Eligibility

Faculty and P&A (93xx, 96xx, 97xx; 9540, & 9546) employees eligible for vacation leave must hold:

- A single 67 to 100 percent time appointment for a twelve-month term (A-base) OR
- Multiple appointments where each appointment is for a twelve-month term (A-base) and when combined the total percentage is at least equal to the minimum qualifying threshold of 67 percent.

Represented faculty are to refer to their respective collective bargaining agreement. Excluded from coverage under this policy are

- civil service and union-represented staff
- graduate assistants
- professionals-in-training (except 9540 & 9546)
- employees holding "Without Salary" appointments

PROFESSIONAL TRAVEL AND CME

As a postdoctoral fellow, you have $1000 and up to five days for professional travel and C M E available to you per year. We encourage our fellows to attend professional meetings appropriate to their future career in human sexuality or behavioral health. You should discuss with your supervisor about potential meetings in the coming year and try to attend as many of those as possible. It is a way of introducing yourself to the field and getting acquainted with other professionals. These scientific meetings also provide opportunities for you to further your education.

There are often ways to reduce the cost of your travel by searching for special air rates, staying with friends or sharing rooms. You are also eligible for student rates for registration fees.

Attending professional meetings is also an opportunity to make presentations. You might be asked by faculty to present with you but certainly you can do this on your own as well. Please discuss these opportunities with your supervisor.

PROFESSIONAL MEETINGS

There are number of meetings for Behavioral Health fellows.

- Collaborative Family Healthcare Association (CFHA) - Fall
- Association for the Behavioral Science and Medical Education (ABSAME) -Fall
- The Society for Teachers of Family Medicine (STFM) has a variety of conferences including:
  - Conference on Practice Improvement -Late Fall
  - Behavioral Science Forum -End of September
  - Annual Meeting -End of April/Begin of May

**PRIMARY CARE PSYCHIATRY COURSE**

Twice a year the Department of Family Medicine and Community Health holds a Primary Care Psychiatry course, which is a one-day course that is offered for residents in family medicine. We have found this to be an invaluable course for our fellows as well. So, in the first year of your fellowship, you will be asked to attend this course. We feel that this will be very valuable to you in understanding many of the pharmacotherapies for a variety of mental disorders. This course is offered November 9, 2017 and April 26, 2018.

**HAZELDEN EXPERIENCE**

Fellows at Smiley's/Bethesda have the opportunity to spend one week at the Professionals in Residence Experiential Training Program at Hazelden, a chemical dependency program Center City, MN. The program begins at 8:15am on Monday morning and ends at 2:30am Friday afternoon. Fellows should plan to participate in at least 2 evenings of evening programming. Meals and materials are included. Casual layered dress is recommended.

For more information about this program, please visit the [Hazelden Website](#).

If you look on the left side of the page, there is a link to find out the dates the program is occurring during the current year. They hold the program one week a month. Please select 2 possible weeks that are 4-5 months in advance. You will then need to talk to the Program Administrator at Smiley's, Bobbi Kruse, about registering for the program. She will give you the appropriate forms to complete. Make sure you also fill out the CME/travel form so that it will be documented in Amion that you are away at CME for that week. You will still need to inform Bethesda through their usual scheduling process when you will be gone for the program. This opportunity is optional for the Broadway fellow.
RELEVANT CONFERENCES

Fellows are required to attend the Integrated Behavioral Health Conference and are highly encouraged to attend the Psych Update conference.

Integrated Behavioral Health Conference
The 2018 Integrated Behavioral Healthcare conference will be on Friday, April 27, 2018. Check the Family Medicine and Community Health website for more information and registration details as they develop.

Psych Update Conference
This conference will be held October 26-27, 2017. Click below for more details. https://www.cme.umn.edu/courses-learning-opportunities/psychiatry-review-2017

CLINIC MEETINGS

Bethesda Clinic Meetings: Fellows are expected to attend scheduled meetings if they fall on the days that the fellow would be regularly scheduled at Bethesda with the exception of behavioral health lectures. If a fellow is not scheduled to be at Bethesda on a day that they are the designated speaker for a resident didactic, they should be aware of this in advance and block time at Smiley’s to allow for travel to and from St. Joe’s on this day. Accommodations to the schedule will also be made at Bethesda if the fellow is scheduled to give a presentation at Smiley’s on a day when they are typically scheduled at Bethesda. It is the fellow’s responsibility to block their schedule appropriately and communicate this scheduling variation to supervisors and impacted staff at the appropriate site. If meetings conflict with regularly scheduled clinic slots (mental health or lifestyle), clinical obligations are the priority, but fellows are encouraged to attend if they have cancels, no-shows or unscheduled slots.

Meetings at Bethesda Clinic:
- All Clinic Meetings: 1st Wednesday of the month 12:00-1:00pm (lunch provided)
- CQI (Clinical Quality Improvement) Meetings: 3rd Wednesdays, 12:00-1:00pm
- Interprofessional Team Meetings: Typically Tuesdays and Thursdays from 1:10-2:00pm (check clinic schedule for this as they can be variable).
- Bethesda Behavioral Health Meeting: 2nd Tuesday 8:15-9:15am

Meetings at St. Joe’s:
Residency Block Education Didactics: Two Tuesday afternoons per month, 12:00-5:00pm. These will not always focus on or include behavioral health. Dr. Danner will inform you if you
are scheduled to be part of a particular didactic session well in advance. There are two block
ed sessions specifically devoted to Psych over the course of the year, but we are often
integrated into other sessions run by family medicine faculty. At times fellows would benefit
from attending didactics not specific to psych, Dr. Danner will alert fellows to these
opportunities so that schedules can be blocked on an as needed basis.

See directions below to the hospital along with a map of the lobby level of the hospital.
You should obtain a parking card for the 10th or 11th Street ramps (talk to Bei Ruetten
about the process for obtaining this). The attached lobby level map (below) should direct
you to the location of the St. Joe’s conference room. It can be a bit convoluted so feel free
to catch a ride with Dr. Danner or one of the other residents/faculty for a guided tour the
first time over.

Smiley’s Clinic Meetings: Fellows are expected to attend scheduled meetings if they fall on
the days that the fellow would be regularly scheduled at Smiley’s with the exception of
behavioral health lectures. The same guidelines apply as are listed for Bethesda above in
regard to days you are scheduled to give a lecture. It is the fellow’s responsibility to block
his/her schedule appropriately and communicate this scheduling variation to supervisors and
impacted staff at the appropriate site.

- Depression QI meetings: 2nd and 4th Monday of the month from 9-10am
- Interprofessional Team meetings: various days either 8:00-8:20am or 1:00-1:20pm.
  Attend those that occur on days you are co-precepting or if a patient cancels or
  no-shows on a clinic half day.
- POPS Meeting: every other Tuesday 12:00-1:00pm
- All Clinic Meeting: Second Monday of the month from 9-9:4am
- Lecture Block: Mondays 7:45-1pm (fellows are expected to attend lectures from 8-10
  am. If we are scheduled to give a lecture it is typically at 9am or 12pm).

Broadway Clinic Meetings: Fellow are expected to attend scheduled meetings on the days
that the fellow is in clinic.

- All clinic meetings: Tuesday, 8-9am
- Interprofessional meeting (quarterly; see Dr. Sherman)
- Didactics: Fridays, 0730-noon (you will select with Dr. Sherman which sessions to
  attend)
- Chronic pain committee meeting (quarterly; see Dr. Sherman)
- Research percolator meeting (monthly; see Dr. Sherman)
- Grand rounds (once/month, Fridays, 12-1, NMMC Vance De Mong room)
- Team meeting (fellow will attend once/week, 8-8:40am)
St. Joseph’s Hospital

FROM WEST

Take I-94E to the 10th Street exit. Follow 10th St. approximately one-third mile to the entrance to the ramp, which will be on your left. After parking, take the elevator down to the tunnel, which will bring you into the main portion of the hospital.

FROM EAST

Take I-94W to the 12th Street exit. Continue on 12th St. to Cedar St. Turn left on Cedar St. two blocks to 10th St. Turn right on 10th St. and continue two blocks. The parking ramp will be on your right approximately one-half block past St. Peter St. After parking, take the elevator down to the tunnel, which will bring you into the main portion of the hospital.

FROM NORTH

Take I-35E to the Wacouta/Tenth Street exit. Follow the Tenth St. signs and continue on Tenth approximately six blocks. The parking ramp will be on your right approximately one-half block past St. Peter St. After you park, take the elevator to the tunnel level, which will bring you into the main portion of the hospital.

OR

From I-35E take the University Avenue exit. Follow this (it will become Twelfth Street) to Cedar St. Turn left on Cedar St. two blocks to Tenth St. turn right on Tenth St. and continue two blocks. The parking ramp will be on your right approximately one-half block past St. Peter St. After parking, take the elevator to the tunnel level, which will bring you into the main portion of the hospital.

FROM SOUTH

Take Highway 3 north across the Lafayette Bridge. At Seventh St. turn left (going west) and follow this approximately eight blocks (it will curve to your right and become Eighth St). At Wabasha (top of the hill) turn to your right for two blocks. At Tenth St. turn to your left. The parking ramp will be one and one-half blocks farther on your right. After parking, take the elevator to the tunnel level, which will bring you into the main portion of the hospital.

OR

Take I-494 to I-35E north to 11th Street exit. At end of exit ramp, take a right on St. Peter. Go 1 block to 10th St. a right and go approximately one-half block to parking ramp.
POSTDOCTORAL SCHOLARLY PROJECT
Policy on Research Component of the Fellowship

Types of Projects. Examples of research projects include: original fellow-initiated research, working with faculty on existing projects, quality improvement projects, clinical case studies, meta-analyses and secondary data analyses, and literature reviews.

Scope of Project. The project should be manageable and must be completed within the period of the fellowship. Because fellows differ in their research interests and expertise, they are encouraged to choose a project(s) that will be sufficiently challenging without being overwhelming.

Completion Criterion. The minimum expectation for completion is that the fellow submits the project for presentation at a conference. Ideally, the fellow will have submitted at least one article for publication.

Getting Started. The faculty is sensitive to the challenging time commitments of providing clinical care and conducting research in the fellowship. These activities should be prioritized over other commitments. To help get started, fellows can do the following steps:

1. Interview faculty who supervise research. The interview should include review of the fellow’s research interests and ideas, the faculty’s projects, discussion of faculty availability to supervise and supervision expectations, and any potential difficulties or challenges.
2. During months 6-12, ideally the fellow will be working on their research plan and have it approved.

Research Plan. The following components should be detailed in the research plan:

a) Title of proposed project
b) Abstract overviewsing the project, its objectives, a broad overview of the research including subject description, instruments, and procedures.
c) A note detailing human subjects’ approval and/or form to get approval prior to instigating any research.
d) A realistic timeline that dates completion of major portions of the project, including data analysis, write-up, submission for publication and presentation of findings.
e) Information on proposed dissemination of findings including plans to attend appropriate conferences and possible journals for submission
f) A notation on research supervision including agreement on frequency.
g) The signatures of both the fellow and the faculty supervisor noting agreement.
h) The signature of the Director.

Research Implementation and Ongoing Review. The fellow is responsible for ensuring that any major changes in the research plan are brought to the attention of the supervisor, and revised time-lines approved.

Completing the Research Component. In addition to feedback during the project, at the end of the research component, both the fellow and supervising faculty member should evaluate this aspect of the fellowship.

POSTDOCTORAL FELLOW RESEARCH PLAN

1. Postdoctoral Fellow:
2. Research Supervisor:
3. Proposed title of research project:
4. Proposed research population:
5. Proposed research method: ☐ Quantitative ☐ Qualitative ☐ Other ________________
6. Proposed type of project: (eg, original research, secondary data analysis, case study)

7. Is there IRB approval for the proposed study/data? ☐ Yes ☐ No
Name of institution providing IRB approval: ______________

8. Will the study require IRB approval? ☐ Yes ☐ No
If no, please provide further explanation: ______________

9. Summary of the proposed project:
(Describe the specific topic to be studied. If applicable, include the following: problem/gap statement; hypotheses/research questions; inclusion criteria; sampling method; predictor/outcome variables; instruments and their psychometric properties; theoretical/clinical implications. Please include a reference list at the end of this document.)

10. Proposed Timeline:
Include anticipated timeline/due dates for:
   o approval of research plan;
   o training in CITI, IRB, HIPAA (or other ethics/research training);
   o IRB protocol submission (if applicable);
   o drafts of each section of the manuscript or presentation (eg, introduction, methods, results, discussion);
   o submission date to peer-reviewed journal or to professional conference;
   o revisions and resubmissions of manuscript or presentation
11. Frequency/type of research supervision and research project implementation.
   a. How frequently have you and your supervisor agreed to meet on this project?
   b. Given your other commitments, how have your prioritized your research to ensure success?

12. Dissemination of research project.
   • Proposed journals: (Please list in rank order the names of the journals that you are considering. Please review the website of the peer-reviewed journals you plan to submit to and determine the frequency of publication, audience, and goodness of fit with your topic. In order to determine your manuscript’s fit with the journal, consider contacting the editor and sending your abstract.)
   • Proposed professional conferences: (Please list state/national/international professional conference that you are considering. Please research the deadline for the call for abstracts to inform your timeline. Please list the dates/locations of the professional conferences and assure that they match your timeline and availability.)

13. Research Responsibilities, Ethical Conduct, and Authorship.
Research Responsibilities. The expected outcomes for this research project includes either
1) a written manuscript submitted for publication to a peer-reviewed journal, or
2) an oral presentation at a (state, national, or international) professional conference.

These, or their agreed upon equivalents, are required to successfully complete the research component of this fellowship.

Faculty is committed to the professional development and success of the Postdoctoral Fellow; Faculty recognizes that it is not always possible to determine whether a manuscript will be published in a peer-reviewed journal or if the research project will be accepted for presentation at a professional conference. Should, after reasonable effort, the Postdoctoral Fellow’s scholarly work not be accepted for publication or presentation, faculty will determine if the Postdoctoral Fellow has completed the work required to meet the research component of their postdoctoral fellowship.

Ethical and Responsible Conduct. The Postdoctoral Fellow is expected to conduct ethical and responsible research. This includes using correct and appropriate references and citations; gaining appropriate permission/licenses before using copyrighted instruments/measures; not engaging in self- plagiarizing; not plagiarizing the work of others; not knowingly falsifying materials, data, or results; and not submitting the same research to multiple journals. In addition, if any errors are noticed in the manuscript, published article, or presentation, the Postdoctoral Fellow shall immediately notify the Research Supervisor. Please assure that you
have reviewed the Minnesota Board of Psychology Practice Act and the Ethical Principles of Psychologists and Code of Conduct from the American Psychological Association (APA).

Authorship Agreement. The Postdoctoral Fellow is responsible for ensuring that the research project is implemented on time, and in the case of a publication, submitted prior to completion of their fellowship. Any substantial changes in the research plan should be discussed with the Research Supervisor and any revised timelines, approved. This research is expected to result in a publishable manuscript or abstract listing the Postdoctoral Fellow as first author, with the supervisor as a secondary author. Throughout all phases of the development of the manuscript or presentation, the title page shall include the names of the individuals contributing to the scholarly work and should be listed by order of authorship. The Postdoctoral Fellow shall discuss with the Research Supervisor any other author(s) prior to extending an invitation for authorship on the paper.

In the event that the Postdoctoral Fellow does not complete the research project (including the submission of the manuscript or abstract to a peer-reviewed journal or professional conference), or if the Postdoctoral Fellow abandons the research project, the research supervisor will consult with the Postdoctoral Fellow (where possible) or with Dr. Coleman (program director) to determine the most appropriate and ethical resolution. In such a situation, the supervisor may have a duty to ensure that the study is published, yet to do so make take considerable contribution from the Research Supervisor or third party. In such cases, the Research Supervisor is responsible for using APA guidelines on authorship (see Ethical Principles of Psychologists and Code of Conduct; and Publication Manual). Should any problems or disagreements arise in the process of the proposed research project, final resolution will reside with the Program Director, Eli Coleman, PhD.

By signing below, the Postdoctoral Fellow agrees to the Postdoctoral Fellowship Research Plan and with the Research Responsibilities, Ethical Conduct, and Authorship Agreement.

[Name of Postdoctoral Fellow, PhD/PsyD] Date Postdoctoral Fellow

By signing below, the Postdoctoral Fellow's Research Supervisor and the Program Director indicate that the faculty Behavioral Health faculty have reviewed the research plan for scientific merit and have approved the Postdoctoral Fellow's Research Plan.

[Name of Research Supervisor, PhD/PsyD, LP] Date Assistant/Associate Professor and Research Supervisor

Eli Coleman, PhD, LP Date
Professor and Program Director

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RESEARCH RESOURCES

See details at: Department-Level Policy: Research Resources

We are committed to research opportunities with recent graduates being nominated and receiving awards for their research.

SUPERVISION

Bethesda/Smiley's: At least one hour of supervision is provided at each clinic each week. Your supervisors are available for further consultation as needed. If your supervisor at one clinic is unavailable and more immediate consultation is needed, you can contact either Dr. Brandenburg, Dr. Danner, or Dr. Coleman for further guidance. When one of your two primary supervisors is out of the office, arrangements will be made with another supervisor to provide an additional hour of supervision for that week.

Broadway:
Dr. Sherman will provide 2 hours of supervision/week. She is available for further consultation as needed. If she is not immediately available and more immediate consultation is needed, you can contact either Dr. Brandenburg, Dr. Danner, or Dr. Coleman for further guidance.

Group Supervision: Group supervision will typically be held at 12:00 PM per the rotation below. The exact dates will be provided to you, and will be at the respective clinics. You are expected to put these in your calendar and attend group supervision (either in person or telephonically). There is also an additional 1-4 hours of group supervision provided on the 4th Wednesday of the month as part of the behavioral science monthly meetings. These meetings are focused on practice management and operational aspects of a clinical practice in psychology.

Group Supervision Schedule:
1st Wednesday - Dr. Sherman
2nd Thursday- Dr. Danner
3rd Thursday- Dr. Brandenburg
4th Wednesday- Behavioral Science Meeting
5th Thursday- Dr. Coleman

Your hours worked, as well as the supervision you receive needs to be documented. The
weekly supervision documentation form is included in this manual. Please bring this to
every supervision session. Additionally, if there are other times of
supervision/consultation during the week with your supervisor, please document these
as well. You will receive a reminder email at the end of each month from Paul Drapiewski
requesting that you fax your supervision records for that month to the Fellowship
Administrative Coordinator, Heidi Cerdas Monge at 612-626-2694. These records are kept
in your fellowship file to be used as needed for billing and licensure purposes.

You will be creating a supervision plan with each supervisor. A blank copy of the
supervision plan is included in this manual. Please check with each of your supervisors
to find out when you will have individual supervision. You will receive one hour each
week at each clinic. It is your responsibility to show up on time for the supervision.
Supervision contracts are updated annually.

If you are going to be out of the office for any reason during a typically scheduled
supervision time (individual or group), you need to talk to your supervisor to ensure that
this time is made up at some other point during the week.

Clinical Supervisor Signature requirements: Co-signatures are required for all diagnostic
assessments, progress notes, collaborative assessment and planning (CAP) notes,
treatment plans and forms/letters completed for outside agencies.

Supervision Contract
Your supervisors will discuss this contract which must be completed at the start of
your fellowship due to state rules.

Tracking Supervision Hours
Your supervisors will discuss the tracking form that needs to be completed.

EVALUATION

Fellows have formal evaluations conducted 2 times a year (every 6 months). About a month
before the scheduled evaluation, you will be sent a link to a self-evaluation and evaluation
of the fellowship program. Your direct clinical supervisor(s) will complete an evaluation on
your performance as well. You will be sent these evaluations prior to your scheduled
evaluation meeting for your review. You will then meet with your direct clinical
supervisor(s) to discuss the evaluations, your goals for the next portion of the fellowship, as
well as any feedback you have regarding the fellowship program. Since supervision occurs
with supervisor(s) on a weekly basis where feedback is provided in an ongoing manner, there should be no surprises that come up during these meetings. They are simply a time where we can all touch base to ensure a good fellowship experience. In addition to the meetings with your direct clinical supervisor(s), you will also set up a time to meet with Dr. Coleman at the 6 month, 12 month, 18 month, and 24 month point in the fellowship. This typically occurs after your evaluation meeting with your direct clinical supervisor(s) (Drs. Brandenburg, Danner and/or Sherman). Please contact Dr. Coleman directly to set up those meetings. You are always free to arrange times to meet with one or all of us as concerns arise.

Example:
Your start date is early September 2017
1st Evaluation will happen around mid- March 2018
2nd Evaluation happens around mid- September 2018
3rd Evaluation happens around mid- March 2019
4th Evaluation happens around mid-August 2019

SECTION 3: DISCIPLINARY AND GRIEVANCE PROCEDURES

DUE PROCESS AND GRIEVANCE GUIDELINES AND PROCEDURES

This section begins with an overview of our Postdoctoral Fellowship training program and the process for evaluation. This is followed by an overview of the identification and management of Postdoctoral Fellow problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. Most problems that arise in the course of a Postdoctoral Fellowship are a normal part of the training process and will be handled informally during supervisory sessions. The discussion and resolution of these problems are seen as opportunities for each Postdoctoral Fellow's professional growth. Similarly, grievance procedures and due process are envisioned as opportunities to collaborate in the remediation and/or resolution of problems or concerns regarding Postdoctoral Fellows' competence or progress. While there are specific grievance procedures available within the University of Minnesota, these internal guidelines and procedures may be more useful. They are not intended to supersede the University of Minnesota guidelines. Fellows have access to both procedures of grievance and due process.

The Fellowship Training Program will provide all Postdoctoral Fellows with information
of relevant professional standards and legal and ethical regulations and guidelines and offer opportunities to discuss the implementation of such standards.

Overview
The Department of Family Medicine and Community Health provides behavioral health fellows with opportunities for advanced training and supervision in behavioral health and primary care psychology. These fellowships are designed to prepare trainees for careers in clinical practice, whether in community mental health, academic medical centers or private practice. All fellows are expected to complete a research project under supervision.

Evaluation
Twice-yearly written evaluations with supervisors monitor the development and readiness of Fellows. In Supervision, Supervisors provide ongoing feedback on Fellows’ strengths and areas of growth. The ongoing evaluation process provides regular feedback and evaluation of goals set for the training year. There is further information regarding the evaluation process in this manual.

Definition of Problematic Behavior
Problematic behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when a Postdoctoral Fellow’s behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:

1) The Postdoctoral Fellow does not acknowledge, understand, or address the problem when it is identified;
2) The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
3) The quality of services delivered by the Postdoctoral Fellow is sufficiently negatively affected;
4) The problem is not restricted to one area of professional functioning;
5) A disproportionate amount of attention by training personnel is required; and/or
6) The trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time.

**Procedures for Responding to Inadequate Performance by a Postdoctoral Fellow**

If a Postdoctoral Fellow receives an "unacceptable rating" from any supervisors in any of the major categories of evaluation, or if a staff member has concerns about a Postdoctoral Fellow’s behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1) The staff member will consult with the Director of Training to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2) If the staff member who brings the concern to the Director of Training is not the Postdoctoral Fellow’s primary supervisor, the Director of Training and/or person with the concerns will discuss their concern with the Postdoctoral Fellow's primary supervisor.
3) If the Director of Training and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Director of Training will inform the person who initially brought the complaint.
4) The Director of Training will convene the behavioral health fellowship faculty to discuss the performance rating or the concern.
5) The Director of Training and primary supervisor may meet to discuss possible course of actions. The Director of Training will inform the Head of the Department of Family Medicine and Community Health of the issues involved.
6) Whenever a decision has been made by the Director of Training and other parties designated above about a Postdoctoral Fellow's status, the Director of Training will inform the Postdoctoral Fellow in writing and will meet with the Postdoctoral Clinical to review the decision. This meeting may include the Postdoctoral Fellow's primary supervisor.
7) The Postdoctoral Fellow may choose to accept the conditions or may choose to challenge the action (see Due Process Guidelines).

**Guidelines for Addressing Problematic Behaviors**

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the Postdoctoral Fellow, the patients involved, members of the training group, the training staff, and other Department of Family Medicine and Community Health faculty and staff. The following is a list of remediation and sanction
alternatives.

1) **Verbal warning** to the Postdoctoral Fellow emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2) **Written acknowledgment** to the Postdoctoral Fellow formally acknowledges:

   a) that the Director of Training is aware of and concerned with the performance rating,
   b) that the concern has been brought to the attention of the Postdoctoral Fellow,
   c) that the Director of Training will work with the Postdoctoral Fellow to rectify the problem or skill deficits, and
   d) that the behaviors associated with the rating are not significant enough to warrant more serious action at the present time.

The written acknowledgment will be removed from the Postdoctoral Fellow's file when the Postdoctoral Fellow responds to the concerns and successfully completes the Postdoctoral Fellowship.

3) **Written warning** to the Postdoctoral Fellow indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

   a) a description of the Postdoctoral Fellow's unsatisfactory performance;
   b) actions needed by the Postdoctoral Fellow to correct the unsatisfactory behavior;
   c) the timeline for correcting the problem;
   d) what action will be taken if the problem is not corrected; and
   e) notification that the Postdoctoral Fellow has the right to request a review of this action.

A copy of this letter will be kept in the Postdoctoral Fellow's file. Consideration may be given to removing this letter at the end of the Postdoctoral Fellowship by the Director of Training in consultation with the Postdoctoral Fellow's supervisor and training committee. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4) **Schedule modification** is a time-limited, remediation-oriented, closely supervised period of training designed to return the Postdoctoral Fellow to a more fully functioning state. Modifying a Postdoctoral Fellow's schedule is an accommodation made to assist the Postdoctoral Fellow in responding to personal reactions to environmental stress, with the full expectation that the Postdoctoral Fellow will complete the Postdoctoral Fellowship. This period will include more
closely scrutinized supervision conducted by the regular supervisor in consultation with the Director of Training. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

a) increasing the amount of supervision, either with the same or other supervisors;
b) change in the format, emphasis, and/or focus of supervision;
c) recommending personal therapy

d) reducing the Postdoctoral Fellow’s clinical or other workload;
e) requiring specific academic course work

The Director of Training, in consultation with the primary supervisor and the ad hoc training committee, will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the Postdoctoral Fellow, by the Director of Training in consultation with the primary supervisor.

5) **Probation** is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the Postdoctoral Fellow to complete the Postdoctoral Fellowship and to return the Postdoctoral Fellow to a more fully functioning state. Probation defines a relationship that the Director of Training systematically monitors for a specific length of time so that the Postdoctoral Fellow may address, change and/or otherwise improve the behavior associated with the inadequate rating. The Postdoctoral Fellow is informed of the probation in a written statement that includes:

a) the specific behaviors associated with the unacceptable rating;
b) the recommendations for rectifying the problem;
c) the time frame for the probation during which the problem is expected to be ameliorated; and
d) the procedures to ascertain whether the problem has been appropriately rectified.

If the Director of Training determines that there has not been sufficient improvement in the Postdoctoral Fellow’s behavior to remove the probation or modified schedule, then the Director of Training will discuss with the primary supervisor, the faculty and the Chair of the Department of Family Medicine and Community Health possible courses of action to be taken. The Director of Training will communicate in writing to the Postdoctoral Fellow that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Director of Training has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another
alternative. Additionally, the Director of Training will communicate to the Chair of the Department of Family Medicine and Community Health that if the Postdoctoral Fellow’s behavior does not change, the Postdoctoral Fellow will not successfully complete the Postdoctoral Fellowship.

6) **Suspension of direct service activities** requires a determination that the welfare of the Postdoctoral Fellow’s patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Director of Training in consultation with the ad hoc training committee and Head of the Department of Family Medicine and Community Health. At the end of the suspension period, the Postdoctoral Fellow's supervisor in consultation with the Director of Training will assess the Postdoctoral Fellow’s capacity for effective functioning and determine when direct service can be resumed.

7) **Administrative leave** involves the temporary withdrawal of all responsibilities and privileges in the Department of Family Medicine and Community Health. If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the Postdoctoral Fellowship, this will be noted in the Postdoctoral Fellow’s file. The Director of Training will inform the Postdoctoral Fellow of the effects the administrative leave will have on the Postdoctoral Fellow's stipend and benefits.

8) **Dismissal from the Postdoctoral Fellowship** involves the permanent withdrawal of University of Minnesota Department of Family Medicine and Community Health responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problematic behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Director of Training will discuss with the Head of the Department of Family Medicine and Community Health the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA code of ethics, or when imminent physical or psychological harm to a patient is a major factor, or major disruption to other people in the training program or Department of Family Medicine and Community Health faculty or staff, or the Postdoctoral Fellow is unable to complete the Postdoctoral Fellowship due to physical, mental or emotional illness.

**Due Process: General Guidelines**

Due process ensures that the training program's decisions about Postdoctoral Fellows are neither arbitrary nor personally based. Specific evaluative procedures apply to all
Postdoctoral Fellows, and appeal procedures are available for Postdoctoral Fellows who wish to challenge the program's actions. All steps need to be appropriately documented and implemented. General guidelines are as follows:

1) The training program's expectations related to professional functioning are presented to Postdoctoral Fellows in writing and discussed both in group settings and with individual supervisors.
2) Formal evaluations occur with each supervisor at specified times.
3) Problematic behavior or concerns are clearly defined in writing and opportunities for discussion and clarification are provided if necessary.
4) Postdoctoral Fellows are informed of due process procedures and written policies for appealing actions of the program when warranted.
5) The training program will institute a remediation plan for identified inadequacies, including a time frame for expected remediation. Consequences of not rectifying the inadequacies are clearly stated in writing.
6) The training program ensures that Postdoctoral Fellows have sufficient time to respond to any action taken by the program.
7) The training program considers multiple professional sources when making decisions or recommendations regarding a Postdoctoral Fellow's inadequate performance.
8) The training program documents the action taken by the program and its rationale, and provides this documentation to all relevant parties.

**Due Process: Procedures**

The intent of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Director of Training and Postdoctoral Fellow, the steps to be taken are listed below.

**Grievance Procedures**

There are three situations in which grievance procedures can be initiated.

1) A Postdoctoral Fellow can challenge an evaluation report of their supervisor or a complaint from another party or actions recommended by the Director of Training or faculty. They can elect to attempt to resolve this informally or formally. Both sets of procedures are outlined below.
2) A Postdoctoral Fellow may have a complaint against a Department of Family Medicine and Community Health faculty member.
3) A member of the training staff may initiate action against a Postdoctoral Fellow.
These situations are described below.

**Informal Postdoctoral Fellow challenge.**
If a Postdoctoral Fellow is dissatisfied with a supervisor's evaluation report or disagrees with a complaint from another party he/she may request a special meeting with the Director of Training. The review meeting will include the Director of Training and any supervising faculty involved in the dispute. The Postdoctoral Fellow may invite other faculty members to assist or to present additional information. Following this special review meeting, recommendations will be forwarded to the Director of Training, and faculty for further action. Possible actions include but are not limited to:

1. acceptance or modification of the supervisor's evaluation,
2. specific changes in the remediation program,
3. change of supervisor, and/or
4. addition of another supervisor.

If the Postdoctoral Fellow remains dissatisfied, they can institute a formal challenge or ask for the review panel procedures (outlined below) to be instituted.

**Formal Postdoctoral Fellow challenge.**
If the Postdoctoral Fellow wishes to formally challenge any action taken by their supervisor or Training Director, the Postdoctoral Fellow must, within five (5) workdays of receipt of the Director of Training’s decision, inform the Training Director, in writing, of such a challenge. When a challenge is made, the Postdoctoral Fellow must provide the Director of Training information supporting the Postdoctoral Fellow’s position or concern. Within three (3) workdays of receipt of this notification, the Director of Training will consult with the Head of the Department of Family Medicine and Community Health and will implement review panel procedures as described below.

**When a Postdoctoral Fellow has a complaint against a Behavioral Health (Department of Family Medicine and Community Health) supervisor or other faculty member.**
The training program recognizes that unanticipated problems may occasionally arise among Postdoctoral Fellows and Department of Family Medicine and Community Health faculty. The problem-solving procedures outlined below are intended to address these problems.

1) A Postdoctoral Fellow who has a specific complaint and is willing to speak to a faculty member about the complaint is encouraged first to address the complaint to the appropriate target (presumably the faculty member with whom
the fellow has a complaint).
2) If the Postdoctoral Fellow makes an attempt to address the issue directly but is unable to resolve the issue, he/she will work with the primary supervisor or Director of Training to come up with a solution to the problem.
3) If no solution is identified, or if the identified solution is unsuccessful, the Postdoctoral Fellow can call for the review panel procedures (outlined below) to be instituted.

**Review Panel and Process**

1) When needed, the Training Director will convene a review panel. The panel will consist of three Department of Family Medicine and Community Health faculty members selected by the Director of Training with recommendations from the Postdoctoral Fellow and any other faculty member involved in the dispute. The Postdoctoral Fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. **Please note: When the complaint involves the Training Director, the Head of the Department of Family Medicine and Community Health will appoint the review panel.**
2) Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the review panel submits a written report to the Director of Training (or Head of Family Medicine and Community Health, if appropriate), including any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
3) Within three (3) workdays of receipt of the recommendation, the Director of Training (or Head of Family Medicine and Community Health) will either accept or reject the review panel's recommendations. If the Director of Training (or Head of Family Medicine and Community Health) rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, he/she may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
4) If referred back to the panel, they will report back to the Director of Training (or Head of Family Medicine and Community Health) within five (5) workdays of the receipt of the request for further deliberation. The Director of Training (or Head of Family Medicine and Community Health) then makes a final decision regarding what action is to be taken.
5) The Director of Training (or Head of Family Medicine and Community Health) informs the Postdoctoral Fellow and, if necessary, the training program of the decisions made.

If there are extenuating circumstances that make these timelines or procedures
unattainable, the other involved parties will be notified in writing.

SECTION 4: GENERAL POLICIES AND PROCEDURES

REPORTING FELLOW WORKERS’ COMPENSATION INJURIES

See details at: University Health and Safety - Occupational Health

UMP POLICIES

See details at: Department-Level Policy: UMP Policies

SUBPOENA AND COURT ORDER POLICY

**Purpose:** To identify and define essential elements of a valid court order or subpoena and to establish procedures for a proper and timely response.

**Policy:** University of Minnesota Physicians will respond to or comply with subpoenas and court orders in a proper and timely manner.

**Definition(s):** A *court order* is a directive issued by the court and it must be honored.

A *subpoena ad testificandum* compels a person to appear in court or attend a deposition to give testimony.

A *subpoena duces tecum* compels a person to appear and produce specified documents or records.

A *deposition* is a judicial proceeding where a witness is asked to respond to questions regarding the plaintiff or defendant in a legal case. The deposition usually occurs in a law office, not in court.

*Civil proceedings* are non-criminal actions between private parties.

*Criminal proceedings* are actions brought by the state for federal government for violation of a criminal law.

*Grand Jury Subpoenas* are part of a criminal proceeding and should be treated the same as a court order.
**Procedure(s):**

1) 5665Receipt / Review

A court order or subpoena may be served by mail or in person. Before complying with the court order or subpoena the document should be reviewed to make certain it is valid.

a) A court order or subpoena should include these items:
   i) Name of party ordered to appear
   ii) Specific documents ordered
   iii) Name of the court and title of the action
   iv) Names of the plaintiff and the defendant or court file number
   v) Date, time, and place of the required appearance
   vi) Name and phone number of attorney issuing the subpoena or the court that issued the order

b) A subpoena for a civil proceeding may be issued by an attorney as an officer of the court, or signed and sealed by the Clerk of Court.

c) A subpoena for a criminal proceeding must be signed and sealed by the Clerk of Court.

d) A court order must be issued and signed by a judge.

e) Court orders or subpoenas from *non-Minnesota state* courts are not valid in Minnesota and should be refused unless accompanied by a patient authorization. For court orders or subpoenas issued by a *Federal* court, contact the Health Information Management Department.

f) Service of court orders or subpoenas either by mail or in person that are addressed to a specific individual (not to the clinic in general) should be served on or given to the individual personally.

g) Service of court orders or subpoenas either by mail or in person that are requesting only billing information should be accepted and signed for or given to the University of Minnesota Physicians Business Manager or designee.

h) If the court order or subpoena is invalid, contact Health Information Management for further instruction on providing an objection to the request.

2) Response

a) When a provider is ordered to appear and give testimony, the
(provider should contact the University of Minnesota Physicians Risk Management Department. If the subpoena requests a provider’s appearance only, the provider may review and prepare information for their appearance but should not take an original record to court. If records are requested in combination with a provider appearance, a certified copy should be prepared.

b) A subpoena duces tecum does not allow the automatic release of medical records. Patient authorization must be obtained or the records must be delivered to the court.

i) A certified copy will be prepared if the record is subpoenaed. An original record should not be sent or taken to court. Contact the Health Information Department if the requesting party will not accept a certified copy.

ii) Records delivered to the court may be delivered and signed for by the clerk of court before the proceeding if the party issuing the subpoena agrees.

(1) The envelope containing a certified copy of the records should be addressed directly to the judge and specify title of action or court file number, the date, time, and place of requested appearance. The envelope should be marked confidential.

(2) A copy of the subpoena and a cover letter should be included. The cover letter will ask the judge to issue an order to enter the records into the proceeding or to return or destroy the records not needed.

(3) A secure method of delivery is required and must be tracked. A courier service should obtain and return a signed receipt.

iii) If the custodian of records must appear, a clinic or health information manager or their designee will serve as custodian of the record.

(1) The representative appearing with the copies of the records may answer questions related only to their role as a record custodian. Do not attempt to interpret the record.

(2) During a proceeding, a verbal court order should
be obtained prior to releasing the records

c) Chemical dependency treatment records can only be released if accompanied with a valid patient authorization or court order. Requests for chemical dependency treatment records should be referred to Health Information Management.

d) A patient has a right to know if their records are subpoenaed. If a patient is a party to the action then the patient’s attorney is notified or can object on behalf of the patient. If a patient is not party to the action they may not know their records are being subpoenaed. If the requesting party does not provide information that assures you the patient has been notified contact Health Information Management Department for assistance.

3) Recording / Tracking

a) Document the action taken or the records released including the date and method of release on the subpoena or court order and file it in the patient’s record along with any written communication.

b) A clinic process to accept and record the disposition of court orders and subpoenas should be developed and administered by clinic management. If served in person, record the date and time the court order/subpoena was received and server’s name and affiliation in the upper-right hand corner of the document. A logbook or other tracking mechanism should also be maintained. Tracking should include:

i) Patient name, date of birth and medical record number
ii) Date of request
iii) Court date
iv) Date of disposition

c) Record disclosures not authorized by the patient to meet accounting requirements. Refer to the Patient Rights Policy.

4) Electronically stored information (ESI) (i.e. email, audio or digitally maintained files) is discoverable. Requests for ESI
should be referred to Health Information Management. (This does not include the standard requests for records stored in the electronic medical record.)

Disciplinary Statement: Alleged policy violations will be referred to the Privacy Officer or Privacy Administrator. Depending on the nature and severity of the offense, violations may result in corrective and/or disciplinary action. (See Human Resources Disciplinary Process Policy.)

Persons Accountable: Director of Health Information Management; Compliance Officer; Director of Risk Management

External Reference: 42 CFR 2.1, 2.2

Reference: 45 CFR 164.512(e)
Federal Rule of Civil Procedure 26(a)
MN Rules of Civil Procedure 45.01(a), (c);
45.03(b)(1) MN Rules of Criminal Procedure 22.01 subd. 2

Internal Reference: 

Approved By: Marc Swiontkowski, M.D., Chair, Compliance and Risk Management Committee Date

Effective Date: March 2007

Revised Date: 

Review Date: 

Reviewed By: 

Author: Judy Gohman, CHPS, Manager, Health Information Management Operations

Version: 1
NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)

Please apply for a NPI number if you do not already have one. You can do this at the following website: https://nppes.cms.hhs.gov/NPPES/Welcome.do.

PSYCHOLOGY LICENSE

One of the first things that you should do is to learn about the requirements for licensure in the State of Minnesota. One of the expectations of the fellowship is that all fellows will become licensed by the end of the first year of their fellowship. The Board’s website is located at http://www.psychologyboard.state.mn.us/. All of their policies, procedures and forms are located there. You can also call them at (612) 617-2230 with any questions.

One of the most important things to do immediately is to prepare your transcripts with the requirements, which Minnesota requires for licensure. Your application and your transcripts will be scrutinized to see if you have met all of the requirements. Sometimes courses that you’ve taken at your university may not particularly match the titles of courses that are required by the State of Minnesota. Proof of learning the information in these courses can oftentimes be supported by submitting syllabi and texts used in those courses. Whenever there is any discrepancy between the requirements and your official transcripts, it is important to discuss this with the training director to strategize how to meet these requirements.

Another way of making sure that you are meeting those requirements will sometimes mean getting a letter from your department head stating that you have received this training as part of your course work and have successfully completed that training. In rare circumstances, we need to arrange for you to take courses here at the University of Minnesota in order to meet some of the specific requirements. This would need to be tended to immediately.

You must pass the EPPP exam. You should apply immediately to sit for this exam because you must be approved to be eligible to be licensed before taking the exam. Once it has been determined that you are eligible to be licensed, begin studying for the exam. There can be many twists and turns in terms of getting approval to take the exam and you are encouraged to deal with this directly with your training supervisor and to discuss with the other fellows about their experiences.
There are training materials to help you prepare for the exam. A number of the fellows have purchased these study guides and usually are willing to share these with you.

Fellows have found studying for the exam very helpful and you are encouraged to set periods of time aside to study for your exam.

Once you have passed the EPPP in your first year, you will be eligible to take the ethics exam. There are study guides available from the Board of Psychology, which mainly involve reading the rules and regulations of the State of Minnesota.

The final requirement for licensure is one year of postdoctoral clinical experience and an appropriate amount of supervision. Your fellowship provides you with enough experience to easily meet this requirement. It is important to maintain the supervision log along with hours worked each week. Once you have passed your exam and have met your hours and your year of requirement, you are eligible to be licensed.

There are a number of forms that need to be filled out as you apply for your actual license. We have templates which should help you to fill these forms out. Please do not do these without help and supervision. You need to keep track of dates for your primary supervisor and have each of them get endorsement forms.

It is our experience that the closer you take your exam to your educational training, this relates to improved ability to pass the exam on the first trial. It is not uncommon that fellows will not pass their exam the first time around and this should not be viewed as a failure. Many of our faculty and fellows have not been able to pass the exam on their first try. Some people are just better at taking multiple choice tests than are others. We have never had a fellow who has not been able to pass his/her exam on a subsequent try. It is an expectation that fellows will take their EPPP in the first year of the fellowship, allowing time to focus on the research project in the second year.

**General steps to take to get licensed:**

a) Apply through the state of Minnesota to take the EPPP (~$150 application fee)

b) Once approved, follow the instructions in the Authorization to Test letter for submitting an application to register and take the EPPP (~$687.50 fee) – **NOTE:** Once you have paid your fee, you must take the EPPP within 60 days

c) Schedule a testing appointment through Pearson VUE

d) Study, and take EPPP

e) Once the EPPP is passed, apply through the state of Minnesota to take the Professional Responsibilities Exam (PRE - ~$150 application fee)

f) Once approved by the board, follow instructions for scheduling your PRE
($100 testing fee) You will schedule and take your exam through Comira Testing (www.comiratesting.com)
g) Study, and take the PRE
h) Once the PRE is passed, apply for your Minnesota license (~$500 + $34.75 fees)
i) Receive license in the mail!
j) Total cost you will incur for seeking licensure = $1622.25. These amounts are accurate as of this time, but are subject to change.
k) This estimated cost is provided as a courtesy to you so you have an idea of what you will need to budget for. Once your license is received and you have completed the fellowship, you can be reimbursed for the cost of the license itself ($500).

BILLING

All billing is done through EPIC. Post-Doc fellows may not see patients covered by Medicare or Medicare products (please review list for this at each clinic as may be easy to miss and fellows are expected to act as double check for this upon receiving new referral).

Most frequently used codes for psychologists:

- **90791** Diagnostic Interview
  Use this code for the intake sessions. You may use two 1-hour appointments to complete 90791, but we encourage Fellows to try to complete the diagnostic in the first visit when possible to decrease the likelihood of lost or complicated billing if the patient does not return for the second visit.

- **96100** Psychological Testing
  Use this code after you have given your patient testing and you have scored, interpreted, written up the findings and explained the results to him/her. Testing may only be billed after all of those aspects have been completed. If the patient doesn’t return to get the results, you must try to contact them about getting results. If no response to your request you may still bill for the testing. This must be done within 60 days of the patient’s last visit.

**Diagnosing the patient**
You must provide at least one diagnosis for your patient. If you cannot come up with one after the first intake session, you may defer it until the diagnostic assessment is complete. If the
diagnosis is a V code, you should explain to the patient that this code is sometimes an
excluded diagnosis code by insurance and you should refer them to the billing staff.

**Psychotherapy (with patient and/or family member)**
CPT codes: 90832 (16-37 min); 90834 (38-52 min); 90837 (53+ min)

- Used for services with the patient and/or family member present
- Can include some time without the patient, however the patient must be
  present for a significant amount of the psychotherapy time
- May be used with interactive complexity

**Family psychotherapy**

CPT codes: 90847 (with patient present); 90846 (without patient present)

- For the recipient and one or more family members or caregivers whose
  participation is necessary to accomplish the recipient’s treatment goals. Family
  means a person who is identified by the recipient (or recipient’s parent or
  guardian) as being important to the recipient’s mental health and may include
  (but not limited to) parents, children, spouse, committed partners, former
  spouses, person related by blood or adoption, or persons who are presently
  residing together as a family unit. Do not consider shift staff or other facility staff
  members at the recipient’s residence as family.
- If you believe the recipient’s absence from the family psychotherapy session is
  necessary to carry out the recipient’s treatment plan, document the length of
  time and reason for the recipient’s absence; also document reason(s) for a
  family member’s exclusion from family psychotherapy.
- May not be used with interactive complexity

**Group psychotherapy**

CPT code: 90853

- Appropriate for individuals who because of the nature of their emotional,
  behavioral, or social dysfunctions can derive benefit from treatment in a group
  setting
- Provided by one mental health professional for 3-8 recipients
- Provided by two mental health professionals for 9-12 recipients
- Group size cannot ever exceed 12 recipients
• May be used with interactive complexity

Psychotherapy for Crisis

CPT codes: 90839 (30-74 min); 90840 (each additional 30 min)

• Patient must be in high distress, with complex or life-threatening issues, requiring immediate attention and not a planned scheduled session
• May include family members, but patient must be present for at least part of the service
• May not be reported with any other psychiatric service
• Not all payers cover this service

Interactive Complexity

CPT code: 90785

Use the interactive complexity add-on code to designate a service with interactive complexity. Report interactive complexity for services when any of the following exist during the visit:

1) Communication difficulties among participants that complicate care delivery, related to issues such as:
   a) High anxiety
   b) High reactivity
   c) Repeated questions
   d) Disagreement

2) Caregiver emotions or behaviors that interfere with implementing the treatment plan

3) Discovery of discussion of evidence relating to an event that must be reported to a third party. This may include events such as abuse or neglect that require a mandatory report to the state agency.

4) The mental health provider overcomes communication barriers by using any of the following methods, for recipients who are not fluent in the same language as the mental health provider or have not developed or have lost the skills needed to use or understand typical language:
   a) Play equipment
b) Physical devices

c) An interpreter

d) A translator

**Health and Behavior Codes**

These codes were designed to be used when you are treating a patient for a specific physical health problem in cases where you are not treating a primary mental health problem. Examples would be smoking cessation, chronic pain management, weight loss, and a support group for patients with breast cancer, etc. In order to bill these, you must have a referral from the primary care provider and a medical diagnosis (not mental health). Please review the chart to make sure these are in place prior to lifestyle visits if possible so that you can work with the PCP to obtain these if needed.

- 96150 Initial Assessment (these codes are for 15 min segments, need to indicate how many units, e.g. an hour session would be four units)
- 96152 Individual Intervention (this code is for 15 min segments, indicate how many units)
- 96153 Group Intervention (this code is for 15 min segments, indicate how many units)

**Additional codes for consideration:**

Psychiatric consultation

**Authorization**

For psychotherapy services billed to Medicaid, authorization is required to exceed:

- 26 hours of psychotherapy (with patient and/or family member) per calendar year, cumulative
- 26 sessions of family psychotherapy per calendar year, cumulative
- 52 sessions of group psychotherapy per calendar year, cumulative

**Progress Notes**

A progress note must be legible and is the documentation of treatment information which can be kept to a minimum.

Progress notes include:

- Type of service
- Date of service
- Session start and stop times
• Scope of service (nature of intervention or contacts including treatment modalities, phone contacts, etc.)
• Recipient’s progress (or lack of) to overall treatment plan goals and objectives
• Recipient’s response or reaction to treatment intervention(s)
• Formal or informal assessment of the recipient’s mental health status
• Name and title of person who gave the service
• Date documentation was made in the client record

Other elements that may be included:

• Current risk factors the recipient may be experiencing
• Emergency Interventions
• Consultations with or referrals to other professionals
• Summary of effectiveness of treatment, prognosis, discharge planning, etc.
• Test results and medications
• Symptoms

For clinical trainees conducting psychotherapy, the clinical supervisor must review and approve recipient’s progress notes in accordance with the clinical trainee’s supervision plan.

**CODING CONTACTS**

**Billing Manager –**
Kelly Carrier
kcarrier10@umn.edu 763-782-6490

**Coder –**
Heather Dwyer
hthomps01@umn.edu 763-782-6594

There are templates for all visit types available in EPIC. These will be shared with you. They all begin with .bhdoc and then the type of documentation note follows: .bhdocprogressnote, etc.
BEHAVIORAL HEALTH SMARTPHRASE INDEX FOR EPIC BASED TOOLS

NOTE: The SmartPhrases below are only relevant for the Fairview, not North Memorial Medical Center EPIC system.

Behavioral Health Documentation Tools: BHDOC
Assessment Tools:
BHDOCASTHMAASSESSMENT
BHDOCAUDIT BHDOCCAGESCREEN
BHDOCCVDASSESSMENT
BHDOCCOPDASSESSMENT
BHDOCFAQ - Functional Ability Questionnaire
BH DOCGERIATRICDEPRESSIONSCALE
BHDOCHEALTHANXIETYASSESSMENT
BHDOCHOTFLASHESASSESSMENT
BHDOCIBSAASSESSMENT
BHDOCINSOMNIAQUESTIONNAIRE
BHDOCLIFESTYLESCREENER
BHDOCWHODAS

Individual Note Templates:
BHDOCBARIATRIC - Smiley's only
BHDOCCHARTREVIEW
BHDOCCONSULT - integrated care consultation
BHDOCCPMCONSULT BHDOCCPMCONSULTFOLLOWUP
BHDOCDIABETESGRP - Smiley's only
BHDOCDIAGNOSTIC - diagnostic assessment
BHDOCDIAGNOSTICUPDATE - diagnostic assessment update (annual)
BHDOCLIFESTYLEINTAKE
BHDOCLIFESTYLEFOLLOWUP
BHDOC PROGRESSNOTE - psychotherapy notes
BHDOC95210CONSULT - Bethesda only
BHDOC95210FOLLOWUP - Bethesda only
BHDOC5210CONSULT - Smiley's only
BHDOC5210FOLLOWUP - Smiley's only
Lifestyle Group Note Templates:
BHDOCLIFESTYLEGROUP1
BHDOCLIFESTYLEGROUPFRUITSANDBEGETABLES
BHDOCLIFESTYLEGROUPBMRSPECIALOCCASIONS
BHDOCLIFESTYLEGROUPHEALTHYFATS
BHDOCLIFESTYLEGROUPNUTRITIONLABELS
BHDOCLIFESTYLEGROUPSWEETS
BHDOCLIFESTYLEGROUPWHOLEGRAINS
BHDOCLIFESTYLEGROUPEMOTIONALEATING
BHDOCLIFESTYLEGROUPMEATSANDBEPROTEINS
BHDOCLIFESTYLEGROUPSTRESSMANAGEMENT
BHDOCLIFESTYLEGROUPECOSTFACTORS

Karen Group Note
Templates: BHDOCKARENGRP1
BHDOCKARENGRP2
BHDOCKARENGRP3
BHDOCKARENGRP4
BHDOCKARENGRP5
BHDOCKARENGRP6
BHDOCKARENGRP7
BHDOCKARENGRP8
BHDOCKARENGRP9
BHDOCKARENGRP10
BHDOCKARENGRP11
BHDOCKARENGRP12

Phrases:
BHDOCSMILEYSAVS - AVS template with number for
Smiley's BHDOCCOMPLEXITY - for use of additional billing
code BHDOCDISCHARGE - Discharge Summary
BHDOCSSSUPPORT - Social Security Support statement
BHDOCSUICIDEASSESS - Risk Assessment
BHDOCWARMHANDOFF - Warm hand off/discussion of psychotherapy services

Behavioral Health Letters - BHLETTER

BHLETTERADHD
BHLETTERLIFESTYLEINTAKENOSHOW
BHLETTERLIFESTYLEREFERRAL BHLETTERNOSHOW
Behavioral Health Phone Notes - BPHONE
BPHONEENOSHOW
Diagnostic Support tools: BDX

BHDXPTSD - review of DSM5 criteria for PTSD
Patient instructions/education: BHPT
  Alcohol:
  BHPTALCOHOLMANAGEMENT

  Anxiety Tools:
  BHPTDEEPBREATHING
  BHPTHEALTHANXIETY
  BHPTPANICDISORDERHANDOUT
  BHPTRECOGNIZINGANXIETY
  BHPTEXPOUREHIERARCHY
  BHPTWORRYMANAGEMENT

  Asthma Tools:
  BHPTASTHMADIARY
  BHPTASTHMAWORSENINGFACTOR

  Blood Pressure Tools:
  BHPTHIGHBLOODPRESSURE
  BHPTBLOODPRESSUREDIETARYCHANGES

  Care Plans:
  BHPTCPMPERSONALCAREPLAN
  BHPTRELAPSEPREVENTIONPLAN

  Cognitive Tools:
  BHPTCOMMONCOGNITIVEERRORS
  BHPTPROBLEMSOLVINGWORKSHEET
  BHPTTHOUGHTRECORD

  BHPTQUESTIONINGCOGNITIVEERRORS
Communication Tools:
BHPTASSERTIVECOMMUNICATION

COPD Tools:
BHPTCOPDPURSEDLIPBREATHING
BHPTSHORTNESSOFBREATHCYCLE

Crisis Resources:
BHPTSMIAVS - instructions for Smiley's AVS
BHPTSTPAULCRISISRESOURCES
BHPTSMILEYSCRISISNUMBERS

Depression Tools:
BHPTRECOGNIZINGDEPRESSION

Grief/Loss:
BHPTGRIEFEVENTATION

Health Behavior Change Tools:
BHPT95210HEALTHYEATINGRESOURCES
BHPTDIABETESSELFMONITORING
BHPTFOODDIARY
BHPTFOODMODIFICATIONS
BHPTINCREASINGPHYSICALACTIVITY
BHPTREADINESSSTOCHANGE
BHPTTOBACCOCESSION

Irritable Bowel Syndrome:
BHPTIBSEVENTATION
BHPTIBSYMPTOMMONITORING

Pain
BHPTCHRONICPAINWHEEL
BHPTCOMMONPAINBELIEFS
BHPTMANAGINGINTENSEPAINEPISODES
BHPTPAINDIARY BHPTUNDERSTANDINGCHRONICPAIN

Sleep Hygiene:
BHPTSLEEPLYGIENE
BHPTSLEEPRESTRCTION

Sexual Health:
BHPTERECTILEDYSFUNCTION
BHPTPREMATUREEJACULATION
BHPTSEXUALPROBLEMSANDSELFHELP

Stress Management Tools:
BHPTDEEPBREATHE
BHPTSTRESSRESPONSE

Women’s Health:
BHPTHOTFLASHSYMPTOMDIARY
BHPTMANAGINGMENOPAUSE

Referrals/resources for patients: BHREFER

BHREFER95210OUT
BHREFERARABIC
BHREFERDBT
BHREFEREVENING
BHREFERINTIMATEPARTNERVIOLENCE
BHREFERPRENATALREFS BHREFERASEIAN
BHREFERSEXUALHEALTH
BHREFERSOCSECURITYHELP - help with social security application process
BHREFER SOMALI
BHREFERSTPAULMENTALHEALTH

General Resources for Providers: BHRESOURCE
BHRESOURCEPRIMARYCAREBHHANDOUTWEBSITE
CPM Resources for Providers: BHCMPRESOURCE
BHCMPRESOURCESURINETOXGUIDELINES

**TREATMENT PLANS**

Treatment plans need to be completed every three months for individual therapy patients. For group therapy patients, treatment plans are updated annually with the exception of patients covered with straight MA. For those patients, treatment plans for
group are also due every three months. The sample plan below is a sample based on Smiley’s; local variations can be found at the clinic where the Treatment Plan was created.

**Treatment Plan**

Client’s Name: @NAME@  Date Of Birth: @DOB@

Today's Date: ***  Date Diagnostic Update Due: ***

**DSM-V Diagnoses:** {DSM5 MH Diagnosis:134312}

**Psychosocial / Contextual Factors:** ***

@REVFSREFRESH(915:2)@

PC-PTSD: *** /4

CAGE AID: *** /4

@REVFSREFRESH(342:3)@

@REVFSREFRESH(341:3)@

**Collaboration:** @PCP@  □  □

The client is receiving □ treatment / □ structured support from the following professional(s) / service and treatment:

**Collaboration will be initiated with:** {Collaboration / Referral:122101}.

**Referral:**

{Referral to Professional:122102}.

**Anticipated treatment duration:** ***

Agreed upon meeting frequency: ***

**Long Term Treatment Goal(s) related to diagnosis / functional impairment(s)**

**Goal 1:** Patient will ***

“I will know I've met my goal when ***.”

**Steps we will take to achieve your goal:**

Patient will {Treatment Objective Groups:122340} ***.

**Status:** [Status:127423]
Intervention(s)
Therapist will provide support, psychoeducation and homework assignments as needed.

Goal 2: Patient will ***
“I will know I’ve met my goal when ***.“

Steps we will take to achieve your goal:
Patient will {Treatment Objective Groups:122340}.
Status: {Status:127423}

Intervention(s)
Therapist will provide support, psychoeducation and homework assignments as needed.

Goal 3: Patient will ***
“I will know I’ve met my goal when ***.“

Steps we will take to achieve your goal:
Patient will {Treatment Objective Groups:122340}.
Status: {Status:127423}

Intervention(s)
Therapist will provide support, psychoeducation and homework assignments as needed.

If you need additional support and care during times that your therapist or PCP are not available, here are some additional resources for you:

**HELP IN A CRISIS**
COPE (Hennepin County Mobile Response Team)  612/596-1223
Crisis Connection: 612/379-6363
AWU Multilingual Crisis Line: 612/724-8823

Acute Psychiatric Services - HCMC
24 hour crisis walk-in and crisis line
701 Park Ave S
Minneapolis, MN
612-873-3161
Urgent Care Center for Adult Mental Health
402 University Avenue East
St. Paul, MN
651/266-7900 (for 24 hour crisis consultation)

Monday - Friday 8:00am - 7:00pm
Saturday: 11:00am - 3:00pm
Sunday and Holidays Closed

If you feel at risk of immediate harm, go directly to the Emergency Department.

{Client:122124} {Reviewed:122125}.

@MEMD@ @DATE@

___________________________________________  _______
Patient Signature          Date

___________________________________________  _______
Provider Signature         Date

___________________________________________  _______
Supervisor Co-Signature   Date

PSYCHIATRIC SERVICES

The current supervising psychiatrist at Smiley’s and Bethesda is Dr. Deanna Bass. Dr. Bass staffs at Smiley’s with a psychiatry resident on Thursday afternoons. Dr. Bass is not physically present at Bethesda, but provides live tele-supervision to a psychiatry resident who staffs the Psychiatric Consult Team at Bethesda two mornings per month (Mondays from 8:30-11:30 – review clinic schedule to see which days are covered). To consult with Dr.Bass when she is not in clinic you may send an email, contact her via the EPIC messaging system, or page her (612/538-1539). Psychiatry residents are best reached via the EPIC messaging system.

Broadway clinic does not currently have a psychiatrist on staff.

Psychiatric Consult Team: Psychiatric consult team is utilized at Bethesda and Smiley’s for brief, in-house consultation with Dr. Bass and/or the Psychiatry resident.
and an assigned resident who see patients for 40 minute encounters for the following purposes:

1) To clarify diagnoses.
2) To consult regarding medication if a patient has not fully responded to treatment by PCP.
3) To provide recommendations about appropriate level of care (e.g., mental health needs to be managed by psychiatry rather than primary care, requires additional services in the community – therapy, day treatment, mental health case management, ARMHS, etc.).

Fellows may discuss/recommend PCT referral in collaboration with PCPs when they precept, share cases or have become involved in the case via Interprofessional Team Meetings, Chart Review or other less formal consultation.

**Prescription Refills/Questions**
The front office staff handles refills at both clinics. Please direct your patient to speak to the front desk staff if they have a question about refills.

**Broadway Protocol for a Patient in Psychiatric Crisis**
See Broadway Intranet for details

**Bethesda Protocol for Transporting a Patient in Psychiatric Crisis**

1) Provider identifies that a patient is in psychiatric crisis and needs transport to hospital (preferably Regions Hospital – see #6 & 7) for assessment and/or hospitalization.

2) Provider asks PCS to notify security officer (Mark - 7007) of situation. In turn, security officer will notify patient care supervisor and in her absence, the clinic manager (Jenny - 7325) and behavioral health preceptor if one is available to help facilitate the process.

3) Provider instructs their PCS to call 911 and request an ambulance and police to transport the patient secondary to a psychiatric crisis (see script below). This should be done PRIOR to informing the patient of your decision to send them to the hospital in order to minimize flight risk.

Script for 911 phone call: “Hello, my name is ____________ and I am calling from the Bethesda Clinic at 580 Rice Street to request an ambulance to transport a patient in psychiatric crisis to the hospital. We would also like to request a squad car in the event that the patient is unwilling to go. The patient has been assessed by their provider who has determined that they require additional assessment and/or intervention at the hospital to address..."
(describe the situation: e.g., reports of suicidal ideation with a plan for self-harm, psychotic symptoms significantly interfering with judgment/function, violent or homicidal ideation, etc.). We will be placing a transport hold on the patient. We would also like to request that no sirens be used so as not to alert or alarm the patient. We recommend that you pull into the parking lot to access our back entrance.”

a) Physicians And other staff should never be expected to physically restrain patient who attempts to flee prior to the arrival of the ambulance. If this should occur, efforts could be made to determine where the individual is going (watch which direction they go, listen for statements about destination, etc.) and this should be relayed to the police upon their arrival.
b) NEVER send a patient on their own or with a family member.
c) If 911 is NOT responsive – call HealthEast transport (651/232-1717) to take the patient to the hospital.

4) Provider completes paperwork for Emergency hold (even if it appears that patient would be willing to go) and prints med list while PCS staff call 911.

5) Upon arrival of ambulance, security officer will inform PCP and PCP will have conversation with patient about the need for crisis evaluation at the hospital prior to emergency personnel entering the exam room.

6) After conversation with patient, PCP discusses need for evaluation with emergency response team and asks them to transport to Regions Hospital (unless the patient has a strong preference for another hospital) and give them a copy of the emergency hold (original to be scanned to chart) and current medication list.

7) After the patient is on their way, the provider should call the ER/crisis team at the hospital where the patient has been sent. Please request follow up re: status of patient after assessment.

a) Regions (651/254-1000)
b) St. Joe’s (651/232-3000) – ask to be transferred to the ER

8) Document your decision making in your note including call to ER, whom was spoken to and any plans for further follow up.

Questions about this protocol can be directed to Dr. Danner.

SECTION 5: ADMINISTRATION

FELLOWSHIP SPECIFIC CONTACTS:
Eli Coleman, PhD
Director of Primary Care Behavioral Health Fellowship
Colem001@umn.edu

Dana Brandenburg, PsyD
Associate Director
Brand444@umn.edu
612-343-7126

Christine Danner, PhD
Associate Director
Danne007@umn.edu
651-227-6551

Michelle Sherman, PhD
Associate Director, Professor
sherman@umn.edu
612-302-8219

Heidi Cerdas Monge, MBA, CMM
Fellowship Administrative Coordinator
hcerdasm@umn.edu
Phone: 612-625-0953
Fax: 612-626-2694

Angela Kamau
Human Resources; Fellowship Benefits
Koon0008@umn.edu
612-301-1602

Bobbi Kruse
Smiley’s Clinic Program Administrator
Kruse244@umn.edu
612-343-7158

Cheryl Johnson
Bethesda Clinic Program Administrator
cjohnson14@umphysicians.umn.edu
651-223-7323

Rossi Cannon
Broadway Clinic Program Administrator
**ST. JOSEPH’S PHONE NUMBERS**

*If within clinic, dial last four digits only*

<table>
<thead>
<tr>
<th>Faculty &amp; Fellows</th>
<th>Pager #</th>
<th>Office</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Bass, Deanna</td>
<td>612-538-1539</td>
<td>No Number</td>
<td></td>
</tr>
<tr>
<td>Berg, Mark</td>
<td>651-864-1502</td>
<td>651-227-7327</td>
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<tr>
<td>Becker, Mary</td>
<td>651-223-7326</td>
<td>651-223-7341</td>
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<tr>
<td>Brink, Darin</td>
<td>651-864-2297</td>
<td>651-223-7324 (PharmD)</td>
<td></td>
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<tr>
<td>Danner, Christine</td>
<td>651-864-1458</td>
<td>651-223-7357</td>
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<tr>
<td>Fallert, Chris</td>
<td>651-864-2985</td>
<td>651-223-7333</td>
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<tr>
<td>Freeman, Kathryn</td>
<td>651-864-0039</td>
<td>651-223-7329</td>
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<tr>
<td>Harris, Ilia</td>
<td>651-864-1474</td>
<td>651-223-7324</td>
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<td>Idrogo, Manuel</td>
<td>651-864-1477</td>
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<td>Lombardi, Nate</td>
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<td>Martin, Casey</td>
<td>651-864-1486</td>
<td>651-223-7343</td>
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<td>Philbrick, Ann</td>
<td>651-864-3895</td>
<td>651-223-7324</td>
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<td>Power, David</td>
<td>651-864-1487</td>
<td>651-223-7319</td>
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<tr>
<td>VanVooren, Jim</td>
<td>651-864-1491</td>
<td>651-223-7321</td>
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<td>Weinmann, Amanda</td>
<td>651-864-3123</td>
<td>651-223-7348</td>
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<tr>
<td>Wicks, Cherilyn</td>
<td>651-864-0438</td>
<td>651-223-7354</td>
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**1st Year**

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<tr>
<th>Pager #</th>
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<tbody>
<tr>
<td>Bruning, Abbie</td>
<td>651-864-3431</td>
<td>Admin Coordinator (Faith P) 7322</td>
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<tr>
<td>Culhane, Christopher</td>
<td>651-864-3423</td>
<td>Care Coordinator (Le) 7347</td>
</tr>
<tr>
<td>Deppe, Stephanie (Vilendrer)</td>
<td>651-864-1956</td>
<td>Care Coordinator (Stacey) 7345</td>
</tr>
<tr>
<td>Ea, Dennis</td>
<td>651-864-3325</td>
<td>Care Coordination Supervisor (Taylor) 7350</td>
</tr>
<tr>
<td>Krumme, Grant (Thomas)</td>
<td>651-864-3326</td>
<td>Clinic Manager (Jenny) 7325</td>
</tr>
<tr>
<td>Nordquist, Nadia</td>
<td>651-864-3432</td>
<td>Clinic Supervisor (Nicki) 7317</td>
</tr>
<tr>
<td>Semahge, Betlahem</td>
<td>651-864-3331</td>
<td>Coder (Offsite) Kelly 763-782-6490</td>
</tr>
<tr>
<td>Werman, Christina</td>
<td>651-864-0528</td>
<td>Front Office (Carol) 7311</td>
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**2nd Year**

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<tr>
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<tbody>
<tr>
<td>Duvor, Leah</td>
<td>651-864-3898</td>
<td>Front Office (Madia) 7338</td>
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<tr>
<td>Elliott, Abigail</td>
<td>651-864-1068</td>
<td>Front Office (Rensessa) 7344</td>
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<td>Hegland, Robyn</td>
<td>651-864-0970</td>
<td>Front Office (Sher) 7310</td>
</tr>
<tr>
<td>Hindaker, Katie</td>
<td>651-864-0338</td>
<td>Front Office (Dave) 7035</td>
</tr>
<tr>
<td>Ng, Brandon</td>
<td>651-864-0344</td>
<td>Medical Records (Chris) 7335</td>
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<tr>
<td>Schroeder, Lindsay</td>
<td>651-864-0156</td>
<td>Patient Care Supervisor (Mel) 7314</td>
</tr>
<tr>
<td>Weber, Jaimi</td>
<td>651-864-0135</td>
<td>Program Administrator Faith-7323 Cheryl-7334</td>
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<tr>
<td>Williams, Lindsay</td>
<td>651-864-0155</td>
<td>Referral Coordinator (Carla) 7331</td>
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**3rd Year**

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<tbody>
<tr>
<td>Referral Coordinator (Emily)</td>
<td>7339</td>
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</table>
**SMILEY'S CLINIC CONTACTS**

Fellows will receive a separate booklet with the contact information for Smiley's clinic, faculty, and staff.

**BROADWAY CLINIC CONTACTS**

The fellow will receive a booklet with contact information and community resources.

**DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH CONTACTS**
RELEVANT RESOURCES

- Highlights of changes to DSM-5
- Rapid Interview for Psych in Primary Care
- A Standard Framework for Levels of Integrated Healthcare
- Competencies for Psychology Practice in Primary Care
- ACGME Competencies
- Family Medicine Milestones
- PCOF Category Explanation, Sample Phrases, Preparing for Observation
- Refugees from Burma US Census Info
- Professional Psychology: Research and Practice Special Ethical Considerations for Behavioral Health Consultants in the Primary Care Setting

WEB LINKS TO ADDITIONAL RESOURCES

- University of Minnesota
- University of Minnesota Department of Family Medicine and Community Health
- Primary Care Behavioral Health Fellowship
- University of Minnesota Medical Center Family Medicine Residency Program
- University of Minnesota Medical School
- University of Minnesota Graduate Medical School (GME)
- UMPPhysicians ReSource Family Medicine Page
- Email and Library Access for Graduates- Support Resources- Library Services

Web Resources for Precepting:
- Collaborative Psychiatric Consultation Service
- Motivational Interviewing

Web Resources for Fellowship Training:
- Patient Centered Observation Form (PCOF) Training Web Module
- Collaborative Family Healthcare Association (CFHA)
- Society for Teachers of Family Medicine (STFM)

**University of MN Web Resources:**
- University of MN Student Mental Health: [http://www.mentalhealth.umn.edu/](http://www.mentalhealth.umn.edu/)
- University of MN Libraries: [https://www.lib.umn.edu/](https://www.lib.umn.edu/)
- University of MN Biomedical Library: [http://hsl.lib.umn.edu/biomed](http://hsl.lib.umn.edu/biomed)
- University of MN Human Resources: [http://hrss.umn.edu/](http://hrss.umn.edu/)
- University of MN benefits and self-service: [www.myu.umn.edu](http://www.myu.umn.edu)

**Department of Family Medicine Resources:**
- Department of Family Medicine and Community Health [http://www.familymedicine.umn.edu/](http://www.familymedicine.umn.edu/)
- **University of MN staff/faculty look up** This is for University of Minnesota employees only (primarily faculty and dept administrative staff). UMPHCs physicians staff are not listed here.
- Program in Human Sexuality (PHS)
- Research information
- **UMP Resources** (Click on "patient care," "Family Medicine," "Bethesda," scroll to bottom of page)

**Lifestyle Clinic Web Resources:**
- [Calorie King](http://calorieking.com)
- [My Fitness Pal](http://www.myfitnesspal.com)
- Spark People Nutrition Guide
- [St. Paul Rec Center Map](http://www.stpaulrec.org)
- [Fare for All](http://fareforall.org)