UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL
EDUCATION

2016-2017
FELLOWSHIP POLICY MANUAL
Sports Medicine Fellowship Program

Department of Family Medicine and
Community Health
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INTRODUCTION AND WELCOME TO NEW FELLOWS

Welcome to the Sports Medicine Fellowship Program. The Sports Medicine Fellowship Program is sponsored by the University of Minnesota Department of Family Medicine and Community Health (DFMCH) through its North Memorial Residency Program. This manual provides policies and procedures for the Sports Medicine Fellowship Program and outlines policies and procedures specific to your training program. Policies in this addendum to the North Memorial Residency Program have been developed in accordance with standards set by Accreditation Council for Graduate Medical Education (ACGME) and are subject to periodic review and change by the faculty, program director and department chair.

Refer to the Institutional Manual and the North Memorial Residency Program Manual for further policies and procedures. The Program Manual can be found on the North Memorial Residency Program website at: http://www.familymedicine.umn.edu/education-training/residency-programs/north-memorial

http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy would be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual would take precedence.

Contact Suzanne Hecht, MD, fellowship program director, or Sheila McGinley, fellowship program coordinator, with questions regarding the contents of this manual.

FELLOWSHIP PROGRAM MISSION STATEMENT

- Train fellows who will become national leaders in sports medicine education, research and clinical practice.
- Place the Academic Health Center at the cutting edge of teaching a new model of care delivery, generate competent physicians, and foster advancement of a new medical subspecialty.
- Enhance the education of sports medicine education into the current curriculum of medical students, residents, and other subspecialty fellows.
- Stimulate sports medicine research.

RESIDENCY PROGRAM MISSION STATEMENT

The mission of the North Memorial Family Medicine Residency Program at the University of Minnesota is first and foremost to promote a top quality educational experience for a family medicine resident. This program exists to develop family medicine residents who deliver competent, comprehensive and continuing health care to patients of all ages, sex and socio-economic conditions. Resident education is done by promoting quality patient care in an academic setting which promotes personal growth and scholarly activity. These goals can only be accomplished when set in an environment conducive to learning.

A diligent effort will be made to create an environment of mutual respect both professionally with peers and medical staff as well as with patients.
We believe that:

1. the emotional as well as physical health of the residents, faculty, staff and their families are of vital concern to the overall welfare of the individual, family and residency.
2. providing top quality education, patient care and research can be done while serving the community in which we practice.
3. the recognition and acceptance of cultural differences will provide further growth both personally and academically for all concerned.

DEPARTMENT MISSION STATEMENT
To connect the University of Minnesota mission of discovery, learning, and public service with our communities—through the teaching, research and practice of family medicine and community health.

SECTION 1 - STUDENT SERVICES

PAGERS
Fellows are not required to carry a pager during fellowship year, but have the option to carry a pager, upon request. Pagers have an 80-mile radius. Batteries for pagers are available at the department office, 5-255 PWB. Fellows should turn in their pagers to the Information desk at UMMC-Fairview if their pager needs repair, and a temporary pager will be assigned. Batteries are not provided at the Fairview Information Desk. Fellows must turn their pagers into Sheila McGinley in room 5-255 PWB at the end of training.

E-MAIL ADDRESS AND INTERNET ACCESS
Fellows have already been assigned a UMN e-mail account and should be using their UMN account at the beginning of their fellowship through the GME onboarding process. If you have not already done so, here is the information you will need to initiate your UMN account and login to New Innovations Residency Management Suite: 1. Go to https://www.umn.edu/initiate to activate your UMN username/e-mail account. You will choose a password. Ensure you keep record of this password! If you do not have a Social Security Number, leave that section blank. *NOTE: If you already have an activated UMN username/E-mail, you do NOT need to complete this step!2. Go to http://umn.edu/myaccount and select "Google Account Options" at the bottom of the screen to complete the initiation of the email account. There are at least 3 boxes that need to be checked for accepting the Acceptable Use Agreement. 3. To access your e-mail, type gmail.umn.edu/ into your browser, and enter your UMN username and newly created password. Begin using your University of Minnesota email address as soon as you initiate your account. All UMN email communications will be sent to this account. If you have complications, or forgot your UMN Internet ID/password, contact UMN Tech Support at (612) 301-4357. Other options for assistance are found at: http://www.oit.umn.edu/help/contacts/.

Fellows may consult Sheila McGinley for addresses. E-mail addresses can also be found by searching through the University of Minnesota web site at http://www1.umn.edu/tc/lookup.cgi. Important information relating to fellowship is sent to fellows via their UofM email account, therefore fellows will be held responsible for reading this email communication.
The Department and University use the UMN email as the official means of communicating to fellows. Fellows are responsible for reading and responding to their UMN email. **Fellows should not auto-forward their UMN email to any other email account.**

Call (612) 301-4357 for computer support for the University of Minnesota e-mail or internet services.

- University of Minnesota
  www.umn.edu

- University of Minnesota Department of Family Medicine and Community Health
  http://www.familymedicine.umn.edu/

- University of Minnesota Medical School
  www.med.umn.edu

- University of Minnesota Graduate Medical Education (GME)
  www.med.umn.edu/gme

- University of Minnesota GME Resources for Current Residents and Fellows
  http://www.med.umn.edu/residents-fellows/current-residents-fellows

Call (612) 626-5100 for Academic Health Center Support Services. You will need to provide the device # on your computer which can be found on the green sticker underneath your laptop computer.

Call (612) 672-6805 for 24 hour computer support for UMMC, UMMC portal access and training resources.

Call or send email requests to the IT HelpDesk 612-672-6805 for technology support for medical records in the MHealth Clinic and Surgery Center (CSC) Please see the CSC Welcome Guide attached to this manual for further information.

**MAIL**

Mailboxes for fellows are located in the DFMCH Education Office at 5-255 PWB. The mailbox address is MMC 381. Fellow mail is sorted daily and delivered to the UMP Sports Medicine Clinic. Mailings from the program may be mailed to fellows’ homes, so it is important that you update your address and phone number with the fellowship office. If you move, please contact Sheila McGinley for notification. **To update your address with UMN**, please log into www.myu.umn.edu and choose the “My Info” tab to edit your information.
WHITE COATS
Fellows are required to wear white coats in the clinic at TRIA. White coats can be ordered through the University of Minnesota Health Sciences Bookstore. Information for ordering white coats was provided via the RMS Checklist. Two embroidered white coats are provided for each fellow at the beginning of fellowship, upon request. Replacement white coats can be purchased for $25.00. White coats are self-laundered. Coats can be stored at TRIA in the lower level locker rooms, which are located on the “B” (basement, B elevator button), towards the back by the freshly laundered scrubs. Fellows are responsible for keeping track of their own white coats. For further information, please contact Sheila.

HIPAA AND SECURITY TRAINING
All HIPAA training is managed through the Graduate Medical Office at the University of Minnesota and is administered through an onboarding checklist.

IMMUNIZATIONS AND VACCINATIONS
The University’s requirement for immunizations and vaccinations for fellows is consistent with those of the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/vaccines. Occupational Safety and Health Administration (OSHA), and Minnesota state law for health care workers. Fellows cannot be in patient care settings without the required immunization. To help ensure you have the required immunizations, a listing of the required immunizations and vaccinations and related information can be accessed by going to http://www.bhs.umn.edu/immunization-requirements.htm and clicking on “Academic Health Center Student.”

To obtain a complete official transcript of your immunizations OR if you have specific questions about your immunization record, contact BHS at immunizations@bhs.umn.edu or 612-626-5571. Include the name of the fellow, UMN Student/Employee ID and that the individual is a UMN Resident Trainee

NAME CHANGES
Notify Sheila McGinley, fellowship coordinator of any expected name change. Refer to the GME “Official Name Changes for GME Residents and Fellows” for the full process to change your name. In addition, please notify Laura Pham, residency programs coordinator, somm0104@umn.edu, (612) 626-0194 in the Department of Family Medicine and Community Health with a copy of a legal document from the state or federal government (e.g. driver's license, social security card, passport) with your new name. The Department of Family Medicine and Community Health requires name change notification to verify updates in UMN Peoplesoft, department Oracle resident & fellow database, and department communications such as the websites, photo composite posters, and graduation certificates.

TUITION AND FEES
All fellows (trainees) are registered as students at the University of Minnesota. Currently tuition and student services fees are being waived for trainees enrolled in Graduate Medical Education programs. Your access to student services will vary dependent on the student classification appointment.
SECTION 2 - PAYROLL AND BENEFITS

STIPEND FOR 2016-2017
Fourth Year $57,745

MYU PORTAL (www.MyU.umn.edu)
Many payroll services such as direct deposit set up, view pay statements, update your W-4 tax information, view W-2, and viewing reimbursements/payments are available online through the University of Minnesota MyU portal at www.MyU.umn.edu. You can also get access to your University email and calendar, Moodle, and update your personal information through the MyU portal.

HOLIDAYS
The University holidays applicable to fellows are listed below. Fellows may be expected to participate in holiday call and clinic coverage at rotation sites or Family Medicine clinic following specific program guidelines. If you work in the clinic on a University holiday, please contact your fellowship coordinator to see if you are eligible for alternate days off according to program guidelines.

2016-2017 UMN Holidays

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<td>Monday, September 5, 2016</td>
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<tr>
<td>Thursday, November 24, 2016</td>
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<tr>
<td>Friday, November 25, 2016</td>
<td>Floating Holiday</td>
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<td>Friday, December 23, 2016</td>
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<td>Monday, December 26, 2016</td>
<td>Christmas Day Observed</td>
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<td>Monday, January 2, 2017</td>
<td>New Year’s Day Observed</td>
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<td>Monday, January 16, 2017</td>
<td>Martin Luther King Day</td>
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<td>Monday, May 29, 2017</td>
<td>Memorial Day</td>
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VACATION/SICK LEAVE POLICY
Fifteen (15) paid working days are granted for vacation in the G4 year.

Vacation procedure:

1. Annual vacations must be taken in the year of service for which the vacation is granted and may not be accumulated. Any vacation time that is not used at the end of each year will be lost and will not be paid out.
2. No more than two (2) consecutive weeks of vacation.
3. Scheduling vacation at the beginning of the fellow year is strongly encouraged.
4. Application for all vacations must be made in writing to the program director thirty (30) days in advance of the requested time.
5. Local program rules will apply for regulations pertaining to rotations where no vacation is allowed.
6. A fellow does not have the option of reducing the total time required for the residency by foregoing vacation time.
7. Fellow’s vacation must be approved in advance by the program director and Sheila McGinley must be notified of planned vacation in writing and in advance.

LEAVE OF ABSENCE
Any time away from the program must be approved by the Program Director.

To qualify for the Certification of Added Qualification (CAQ) Exam, fellows must have satisfactorily completed a minimum of one year in an ACGME-accredited sports medicine fellowship program associated with an ACGME-accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, or Pediatrics.

All leaves must be approved by the Program Director and submitted to Sheila McGinley, fellowship coordinator at the DFMCH prior to all fellow leaves. You will be contacted directly by the Office of Student Health Benefits (OSHB) regarding your benefits while on your leave of absence. If you are on an unpaid leave of absence and you want your benefits to continue, you must contact the OSHB immediately at 612-624-0627 or 1-800-232-9017, or via email at umshbo@umn.edu. If you fail to notify the OSHB about continuing your benefits, they will be discontinued. Refer to the GME Policy for all other types of leave not included in this manual.

SICK LEAVE
Short periods of sick leave can be handled at the discretion of the program director.
PARENTAL LEAVE
Any time away from the program must be approved by the Program Director.

To qualify for the Certification of Added Qualification (CAQ) Exam, fellows must have satisfactorily completed a minimum of one year in an ACGME-accredited sports medicine fellowship program associated with an ACGME-accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, or Pediatrics.

For fellows expecting a child, the rotation performed around the time of the expected date of delivery should be one in which the fellow is not essential to the service.

A Leave of Absence Request Form must be approved by the program director and submitted to Sheila McGinley, fellowship coordinator, prior to maternity/paternity leaves. A fellow birth partner shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave must commence no sooner than two weeks prior to the anticipated delivery date and no later than six weeks after the delivery. The leave must be consecutive and without interruption. This will extend fellowship, and is non-negotiable.

Please contact your health insurance carrier prior to the birth of your child to ensure you are aware of your obligations to enroll your new child on the insurance plan. Prompt enrollment of your new child will avoid claim service problems. If you will be enrolling your child on the University of Minnesota health insurance policy, you can contact the Office of Student Health Benefits at 612-624-0627 or 1-800-232-9017 or via email at umshbo@umn.edu.

MEDICAL LEAVE
Any time away from the program must be approved by the Program Director.

To qualify for the Certification of Added Qualification (CAQ) Exam, fellows must have satisfactorily completed a minimum of one year in an ACGME-accredited sports medicine fellowship program associated with an ACGME-accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, or Pediatrics.

See the Institutional Manual - Benefits: Resident/Fellow Leave Policy and Short-Term Disability and Family Medical Leave Act (FMLA). Any sick time that when added to vacation time and other personal time away results in more than one month away from the program must be processed as a formal leave of absence. A Leave of Absence Request Form must be approved by the program director and submitted to Sheila McGinley prior to a fellow going on leave. To request a short-term disability claim form or if you have questions regarding your coverage or a claim, call Sheila McGinley in the DFMCH Graduate Medical Education Office at 612-625-0646.

BEREAVEMENT LEAVE
Fellows shall be granted, upon request to the program director, up to 5 days off to attend the funeral of an immediate family member. Sick or vacation time must be used. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.
FAMILY MEDICAL LEAVE ACT (FMLA)
Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees must check with their department/program to determine if they qualify.

UNAUTHORIZED LEAVE
Unexcused or unsupported absences or unauthorized leave and/or significant tardiness from any mandatory clinical or educational activity constitute unprofessional conduct. Under your signed employment contracts, unprofessional conduct is one behavior which will subject the fellow to discipline for non-academic reasons. Such discipline may be in the form of a written warning, probation, suspension or termination.

WITNESS AND JURY DUTY
Witness Duty: Upon request to the program director, leave is provided to fellows who are subpoenaed to testify before a court or legislative committee concerning the University or the federal or state government.

Jury Duty: Upon request to the program director, leave is provided to fellows who are called to serve on a jury. Trainees do not lose pay when serving on a jury or testifying as described above. The training program and the fellow may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the fellow and the program. The decision for deferment is made by the court.

OFFICE OF STUDENT HEALTH BENEFITS
The fellow benefits listed below are administered through the Office of Student Health Benefits. Sheila McGinley is the department contact for general questions about student health benefits and can be reached at 612-625-0646. Depending on the nature of the question, you may be referred to the office of Student Health Benefits:

University of Office of Student Health Benefits
410 Church Street SE
Minneapolis, MN 55455
Phone: 612-626-5211
Fax: 612-625-1434
www.shb.umn.edu

1. Health and Life Insurance Coverage
2. Dental Insurance Coverage
3. Life Insurance
4. Voluntary Life Insurance
5. Short and Long-term Disability
6. Flexible Spending Account
PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance Information

Carrier: RUMINCO Limited
Policy #: RUM-1005-14
Dates: Retroactive date is December 30, 1986, expiration date is July 1, 2017
Limits: $1,000,000 each claim/$3,000,000 each occurrence/$5,000,000 annual aggregate.
Form of Insurance: Claims made
"Tail" Coverage: automatically provided
Moonlighting activities: not covered

Department of Family Medicine contact:
Melissa Stevens, Education Manager, 612-626-4490 or steve139@umn.edu

Procedure for Requesting a Certificate of Insurance

You may obtain a current copy of the University’s Certificate of Professional Liability Insurance at: http://www.finsys.umn.edu/riskmgmt/RUMINCOandWorkCompCOI.pdf

Contact:
Pam Ubel, Assistant to Director, Risk Management and Insurance
Phone: 612-624-5884
E-mail: ORM@umn.edu

Process for Medical Malpractice Credentialing/Insurance Verification

WORKERS’ COMPENSATION INJURIES

Fellows should report workplace injuries to the site where the injury occurred AND to the University of Minnesota. Please follow rotation site policies and the Worker’s Compensation Procedure in the Institution Policy Manual.
MOVING EXPENSE REIMBURSEMENT POLICY
Fellows may qualify for reimbursement of up to $1,000 for moving expenses for your initial move for fellowship if your move meets the following criteria:

1) your new fellowship program continuity clinic is at least 50 miles from your current residence, and
2) the move results in a decreased commute (based on mileage).

Reimbursement will be processed after fellows start orientation.
Expenses can include packing, shipping, and mileage at 19 cents per mile (non-taxable income). An additional 35 cents per mile may be claimed and reimbursed, but will qualify as taxable income.

1. Copy receipt(s) onto a standard 8.5” x 11” piece of paper.
2. Download and complete an Employee Expense Worksheet (Form 1612). Print, sign, and date it.
   a. You must complete the "Justification" field by explaining who, what, when, where, and why the expense occurred. If the "Justification" field is not completed, the reimbursement will not be processed.
   b. Have your program director sign the form where it says "Authorized Signature and Date."
3. See more directions on how to complete this form
   Download and complete the Moving/Relocation Expense Documentation Form (Form 1357). Print, sign, and date it.
   a. You may leave fields blank and accountants will complete it properly if you are not sure what to enter on the form.
4. After we receive this form, we will have the Dean of the Medical School sign this form for you.
   If a receipt is not available, download and complete the Statement in Lieu of Receipt (Form 1566).
   a. Fill in your name where it asks for "Employee Name."
   b. Skip the "Employee ID" and the "Transaction Number" fields.
   c. Sign and date it at the bottom of the form.
   d. If a friend or spouse paid for your moving expenses, please include a note about how they are related to you and why they paid for the moving expenses.
5. Attach all forms together with a letter on top that includes your name, current address, phone number, and e-mail. We may need to contact you while processing your reimbursement.

MAIL YOUR FORMS TO:
University of Minnesota
Hospice and Palliative Medicine Fellowship Program
Attn: Sheila McGinley
MMC 381
420 Delaware St. SE
Minneapolis, MN 55455
If you have any questions, contact Sheila at (612) 625-0646 or mailto:mcgin006@umn.edu
ACADEMIC BUSINESS EXPENSE REIMBURSEMENT POLICY

The purpose of the Fellow Academic Business Expense Fund is to provide Department of Family Medicine and Community Health fellows with continuing medical education resources to facilitate ongoing clinical and academic training through an annual reimbursement for each year of fellowship.

Academic Business Expense Fund Eligible Expenses
Each fellow is eligible to receive reimbursement for up to $2,000. You must obtain pre-approval from your program director before making purchases. Examples of potential educational and technology items are listed below. Please consult your program director and/or Melissa Stevens, Education Manager, 612-626-4490 or steve139@umn.edu, for items not listed below.

Taxable Items include smart phone or mobile devices, computer hardware or accessories (laptop, desktop, tablets, e-book readers, monitors, flash drives, storage devices), or stethoscopes (processed through payroll and will appear on paycheck less any withheld applicable taxes). Items taxable to the individual are the property of the individual fellows and do not need to be returned to the department either at the completion of fellowship or prior to completion if on leave or as part of termination from the fellowship program.

Non-Taxable Items include clinical or educational conference expenses, including web-based CME courses based on DFMCH travel policies, clinical textbooks, medical or professional journals, professional membership dues, ABFM certification exam fees, educational or clinical software/apps (paid as processed through direct deposit or check; non-payroll payment).

Non-Reimbursable Items include, monthly access and internet service charges, software and hardware updating and maintenance, including warranties. These items are the responsibility of the fellow.

Parameters and Process for Academic Business Expense Reimbursement:
1. All purchases must be made after your first day of employment to qualify for reimbursement.
2. Obtain pre-approval on your purchase from Suzanne Hecht, program director. All purchases must be compliant with this policy.
3. Consult with your hospital and/or clinic IT department prior to new technology purchases to ensure purchases are compatible and meet local network and resource configurations and requirements.
4. All technology purchases must be made by January 1st and must be used in support of patient care.
5. Funds of $2,000 will be available for each fellow year for purchase of academic, clinical, or technology items. Unspent funds from each PG year are carried over and are available to be spent during the next PG year. Borrowing from future year funds is not permitted.
   a. If you receive any discount, gift card, voucher, etc., with your purchase, that amount will be deducted from the reimbursement amount.
6. All reimbursement requests must be submitted at least 30 days prior to completing fellowship.
7. Fellows must submit a copy of all receipts for purchase with a signed University of Minnesota Employee Expense Worksheet (UM1612) within 60 days of the purchase (including ABFM exam fee).
   a. University policy states receipts must be detailed supplier receipts. If a vendor is unable to supply a receipt, a copy of a bank statement or printout from an online banking transaction history must be submitted.
   b. Employee Expense Worksheets must include a proper justification including who initiated the purchase, why the item is being purchased, what it will be used for, when it will be used, and how the purchase will help you in your role as a fellow or benefit the University goals. If this information is not included the request will be held until the department receives an updated response.
   c. Suzanne Hecht, program director must sign the Employee Expense Worksheet.
   d. Submit your completed Employee Expense Worksheet to Sheila McGinley, fellowship coordinator for submission.

8. The University of Minnesota sales tax exemption CANNOT be used when an employee pays for items with their own funds (cash, check, or credit card) EVEN IF they will be reimbursed by the University later. Penalty for improper use of the University's tax exemption may be a fine to the user in the amount of $100 per transaction. Please go to the following website for further information about the University of Minnesota sales tax exemption: [http://tax.umn.edu/sales_tax.html](http://tax.umn.edu/sales_tax.html).

9. Visit the following webpages for more information:
   b. Traveling on University Business: [http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html](http://www.policy.umn.edu/Policies/Finance/Travel/TRAVEL.html)

Questions on aspects of this policy or whether an item is considered taxable can be directed Melissa Stevens, Education Manager, at 612-626-4490 or steve139@umn.edu in the Department of Family Medicine and Community Health.

**Responsibility for Administering Policy**
The interpretation, administration, and monitoring for compliance of this policy is the responsibility of the DFMCH Program Administration, Accreditation, Curriculum, and Evaluation Committee (PAACE) in compliance with University policy. Fellows are required to follow all federal, as well as local clinic and hospital requirements for protection of patient records and protected health information (such as HIPAA among others).

**MEAL ALLOTMENT**
There is no allotment for meals to fellows in Sports Medicine fellowship.

**LAB COATS**
MEMBERSHIP IN MEDICAL SOCIETIES

Sports Medicine Fellows are encouraged to join and their membership is paid for by the program the following medical societies:

1. American Medical Society for Sports Medicine
2. American College of Sports Medicine

The American Medical Society for Sports Medicine (AMSSM)

The AMSSM is a multi-disciplinary organization of physicians whose members are dedicated to education, research, collaboration and fellowship within the field of Sports Medicine. Founded in 1991, the AMSSM is now comprised of over 2000 Sports Medicine Physicians whose goal is to provide a link between the rapidly expanding core of knowledge related to sports medicine and its application to patients in a clinical setting.

The AMSSM, among its many functions, seeks to:

1. Foster research in Sports Medicine through provision of grants and awards;
2. Promote state-of-the-art sports medicine practice via collaboration and publication of clinical monographs and position statements;
3. Provide cutting edge educational and networking opportunities via the AMSSM Annual Meeting and involvement with the ACSM Advanced Team Physician Course;
4. Provide a means for publication of original articles and case studies through its official association with the Clinical Journal of Sports Medicine;
5. Enhance Sports Medicine fellowship training by provision of forums for interaction and collaboration among Fellowship Directors, as well as provision of a web-based fellowship directory and application tool;
6. Provide subscriptions to its members such as The Clinical Journal of Sports Medicine; British Journal of Sports Medicine and Sports Health Journal

Fellowship membership in AMSSM is covered for fellowship year in training, and membership dues are reimbursed. To apply, go to https://www.amssm.org/Register.html?MembersType=fellow.

For membership reimbursement, please submit an original receipt with your name on it and the dollar amount along with a completed Employee Expense Worksheet to Sheila McGinley.

Sports Medicine Fellows may also join the following medical societies:

- All local medical societies
- Minnesota State Medical Association, www.mnmed.org
- American Medical Association

In Minnesota, the county societies have a unified membership with the state. Physicians who want county membership must also then belong to the state organization. Membership for either of the county societies may be requested by calling them or visiting their Web site:
To become a member of the American Medical Association, contact the AMA at 1-800-262-3211 or register online at www.ama-assn.org.

We encourage fellow’s membership in their primary specialty society. Fellows may use ABE funds for these memberships.

**PARKING**

**University of Minnesota Medical School**
http://www1.umn.edu/pts/

**Dinnaken Building and M Health Clinic and Surgery Center Sports Medicine Clinic**
Contract parking is available at the C74-CARGILL BLDG-DELAWARE S.E. parking lot behind the sports medicine program offices in Dinnaken and down the street from the Sports Medicine Clinic building.

**TRIA Orthopaedic Center**
http://www.tria.com/location.aspx

Free parking is available in the ramp.

**Center for Diagnostic Imaging**
http://www.ediradiology.com/

Free parking is available.

**M Health Orthopaedic Clinic**
Contract parking lot is located near the CSC clinic building where the Orthopaedic Clinic is housed.
SECTION 3 – INSTITUTION RESPONSIBILITIES

The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy would be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual would take precedence.

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

SCHOLASTIC STANDING COMMITTEE FOR REVIEW OF RESIDENT AND FELLOW PERFORMANCE

I. This committee will be composed of 16 voting members: 10 program faculty, two residents, one fellow, three at-large faculty members, and the Director of Medical Education (as an ex-officio non-voting member) – all appointed by the department head.

A. There shall be one faculty member and one alternate from each of the ten following post-graduate training programs:
   - Mankato Residency Program
   - UMMC’s Residency Program
   - Methodist Residency Program
   - St. John’s Residency Program
   - North Memorial Residency Program
   - St. Joseph’s Residency Program
   - St. Cloud Residency Program
   - Duluth Residency Program
   - Hospice and Palliative Care Fellowship Program
   - Sports Medicine Fellowship Program

B. Three additional at-large faculty members shall be appointed by the department head.

C. A representative from Human Resources in the department of Family Medicine and Community Health will serve on the committee as a non-voting ex-officio member.

D. The chair of the committee shall be appointed by the department head from the three at-large faculty committee members.

E. Two residents and one fellow, who will be alternated every other year between the two fellowship programs, shall attend the meetings and be voting members of the committee. The residents shall be from different training programs and should have completed at least one year of post-graduate training in Family Medicine, and be in current good standing.

F. One resident or fellow alternate shall be appointed from each program where there is a resident representative. The term of the appointment shall be for two years for residents, and one year for fellows.

G. Additional faculty, staff, and/or residents and fellows may be used as consultants to the committee.
II. The committee will meet on a regular basis at three-month intervals.
   A. The dates of the meetings will be on the fourth Thursday of February, May and August, and the fifth Thursday of November, or the first Thursday of December.
   B. Additional meetings will be called on an *ad hoc* basis when specific issues are to be presented.

III. The purpose of this committee will be to review the performance of residents and fellows, referred to the committee, on at least a quarterly basis, and more frequently when required. This review shall include all aspects of resident and fellow performance including, but not limited to, the following: academic, clinical, professional, and personal issues related to performance. The committee will review low ITE scores as established each year by the CEC and support the Program Directors in implementing study plans as needed. The committee will make appropriate recommendations to the respective program director based upon its review.
   A. The committee shall review data from the reports of program directors or their program representative regarding resident and fellow performance.
   B. The committee shall serve as an appeal body to residents and fellows for local decisions regarding their performance. Final decisions by the committee may be challenged outside the Department of Family Medicine Department and Community Health as outlined under *Protocol for Scholastic Standing Committee Review of Unsatisfactory Performance of Residents and Fellows, Sections III and IV*.
   C. The committee may serve as a consultant to program faculty in determining local decisions regarding resident and fellow status and remedial actions.
   D. The committee will be responsible for providing recommendations to program directors or their program representative concerning any perceived resident or fellow deficiencies.
      1. These deficiencies may be brought to the attention of the committee by the program directors or their program representative asking for advice and /or recommendations relative to performance deficits noted by program directors.
      2. Program directors or their program representatives may remove from clinical service a resident or fellow whose performance poses a risk to patient safety or is deemed too deficient to continue responsibly in the rotation. This action shall be reviewed by the committee within 30 days.

IV. The committee will uphold confidentiality of all student records and information and will not disseminate meeting materials, including agendas, review letters, or minutes, to anyone outside of the committee.
PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF RESIDENT AND FELLOW PERFORMANCE

I. Problems identified by the program directors will be reviewed by the committee and action will be recommended and or approved as needed. Program Director should provide documented evidence of academic deficiencies along with other appropriate evidence of deficiencies.

A. If a reasonable action plan is given, no presentation to the committee is necessary.

B. If no action plan is given, or the plan is deemed inadequate by the chair of the Scholastic Standing Committee, the case will be presented to the committee for action.

II. Problems previously identified will be reviewed again by the committee at the discretion of the program director.

III. Program director will be notified regarding the committee’s discussion and recommendations.

IV. The involved resident or fellow will also be notified of the committee’s recommendations.

PROTOCOL FOR SCHOLASTIC STANDING COMMITTEE REVIEW OF UNSATISFACTORY PERFORMANCE OF RESIDENTS AND FELLOWS

I. Any resident or fellow who fails a program requirement shall be considered by the committee for recommendation of probation to the program director, unless there are extenuating circumstances.

II. Any resident or fellow who fails more than one program requirement shall be considered by the committee for recommendation of dismissal to the program director unless there are extenuating circumstances.

III. When adverse action is proposed for academic reasons, the process shall be governed by the procedures outlined in the first section of the GME Policy GME - Discipline, Dismissal, Non-Renewal Policy & Procedure set forth in the Institution Policy Manual.

IV. These decisions may be contested under University policy and procedures on Conflict Resolution Process for Student Academic Complaints outlined in the University Policy Library at: http://www.policy.umn.edu/Policies/Education/Student/STUDENTCOMPLAINTS_PROC01.html

V. When adverse action is proposed for nonacademic reasons, the protocol outlined in the second section of the GME Policy on Policy GME - Discipline, Dismissal, Non-Renewal Policy & Procedure set forth in the Institution Policy Manual.

This protocol calls for notice before the action is taken, an opportunity for the resident to appear, and an appeals mechanism.
VI. The committee will provide the opportunity for individual residents or fellows whose performance is in question to review the evidence relative to their performance and respond to those observations in person at a later meeting of the committee.

VII. The following fundamental requirements of the program must be demonstrated by the resident or fellow to remain in the program.

A. Display adequate achievement of the ACGME and/or AOA General Competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, and system-based practice) as commensurate with the post-graduate level of training.

B. Ability to integrate academic knowledge, clinical skills, judgment, and interpersonal skills into a behavior commensurate with the usual and customary standards of the medical profession, and as appropriate for the associated post-graduate level of training.

C. In addition to those policies listed in resident and fellow manuals, compliance with all ACGME, Medical School (GME Office) and Department of Family Medicine institutional, departmental, and programmatic policies and procedures that are in effect for residents and fellows is expected.

D. Maintenance of all credentialing and licensure requirements as outlined by the office of Graduate Medical Education and the Department of Family Medicine and Community Health.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

Please refer to the Institution Policy Manual for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.
## FELLOWSHIP PROGRAM CURRICULUM

<table>
<thead>
<tr>
<th>Name of Rotation or Experience</th>
<th>Setting(s)</th>
<th>Frequency (# days/week or year)</th>
<th>Block Time (# of weeks)</th>
<th>Supervising Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Inpatient</td>
<td>Amb Care</td>
<td>On-site Sports Care</td>
<td>Location</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>UM Broadway Family Medicine Clinic (Site #1)</td>
</tr>
<tr>
<td>Sports Medicine: Hecht, Broton, Stovitz, Olson, Johnson, Garry, Oberstar</td>
<td>X</td>
<td></td>
<td></td>
<td>UMP Sports Medicine Clinic-University (Site #2) &amp; UM Orthopedic Clinic (Site #3)</td>
</tr>
<tr>
<td>Orthopaedic Sports Medicine:</td>
<td></td>
<td></td>
<td></td>
<td>UM Orthopedic Clinic (Site #3) &amp; TRIA (Site #4)</td>
</tr>
<tr>
<td>Acute Orthopedic Injury Clinic:</td>
<td></td>
<td></td>
<td></td>
<td>TRIA Orthopedic Center (Site #4)</td>
</tr>
<tr>
<td>Orthopaedic Foot &amp; Ankle</td>
<td></td>
<td></td>
<td></td>
<td>UM Orthopedic Clinic (Site #3) &amp; TRIA (Site #4)</td>
</tr>
<tr>
<td>Orthopaedic Hand</td>
<td></td>
<td></td>
<td></td>
<td>TRIA (Site #4)</td>
</tr>
<tr>
<td>Orthopedic Shoulder</td>
<td></td>
<td></td>
<td></td>
<td>UM Orthopedic Clinic (Site #3) &amp; TRIA (Site #4)</td>
</tr>
<tr>
<td>Orthopaedic Spine &amp; Hip</td>
<td></td>
<td></td>
<td></td>
<td>UM Orthopedic Clinic (Site #3) &amp; Twin Cities Orthopedics</td>
</tr>
<tr>
<td>Musculoskeletal Radiology</td>
<td></td>
<td></td>
<td></td>
<td>UMMC Radiology &amp; Center for Diagnostic Imaging</td>
</tr>
<tr>
<td>Sports Medicine: Athletic Training Room</td>
<td>X</td>
<td>Division I athletes</td>
<td>1-2 half-days per week</td>
<td>48</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>X</td>
<td>Division III athletes</td>
<td>1 half-day per week</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>High School athletes</td>
<td>1 half-day per week</td>
<td>40</td>
</tr>
<tr>
<td>Pre-participation Examinations</td>
<td>X</td>
<td>Colleges High Schools Professional</td>
<td>Throughout training year</td>
<td>N/A</td>
</tr>
<tr>
<td>Event/Sideline Coverage (Various sporting events)</td>
<td>X</td>
<td>Colleges High Schools Community</td>
<td>Throughout training year</td>
<td>N/A</td>
</tr>
<tr>
<td>Mass Participation</td>
<td>X</td>
<td>Various Settings</td>
<td>Throughout training year</td>
<td>N/A</td>
</tr>
<tr>
<td>Scholarly Activity</td>
<td>X</td>
<td>UMMC (Sponsoring Institution)</td>
<td>2 half-day per week</td>
<td>48</td>
</tr>
<tr>
<td>Treadmill exercise Testing</td>
<td>X</td>
<td>UMMC/University of St. Thomas</td>
<td>½ d/wk</td>
<td>6</td>
</tr>
</tbody>
</table>
GOALS AND OBJECTIVES OF THE FELLOWSHIP PROGRAM

ROLE OF TEAM PHYSICIAN:
Goal: To effectively serve as a team physician

THE PREPARTICIPATION ATHLETIC EXAMINATION (PPE):
Goal: To conduct a complete pre-participation evaluation on an individual athlete. Understand systems for PPE for groups of athletes. Make sound recommendations for participation in competitive sports based on the findings in the PPE.

DRUG USE IN SPORTS:
Goal: To differentiate the classes of banned drugs and methods of doping utilized by athletes. Analyze the prevalence of drug use by athletes. Explain the reasons for use, the mechanism of action, adverse effects, and the methods of detection for each class of drug.

EXERCISE PHYSIOLOGY:
Goal: To understand different methods for testing for maximal aerobic power. To explain the differences between isometric, concentric, and eccentric muscle contractions and their significance in injury and rehabilitation.

NUTRITION:
Goal: To recommend a "heart healthy" diet to patients, compare the various energy systems utilized in exercise, explain the theory behind glycogen replacement drinks during endurance events and define what type and amount is appropriate, explain how to determine percent body fat and how to use this information in dietary advice, compare the nutrient needs of athletes vs. non-athletes.

EXERCISE AND AGING:
Goal: To counsel patients on the risks and benefits of exercise. To write an exercise prescription for elderly individuals.

CHILDREN AND EXERCISE:
Goal: To counsel parents, coaches, school administrators, on the patterns of youth fitness, activity and obesity. Analyze the motivational issues involved in youth sports participation. Relate normal growth and development to exercise training. Advise young athletes on the efficacy of aerobic training. Advise young athletes on the risks and benefits of strength training.

WOMEN AND EXERCISE:
Goal: To describe the relationship between osteoporosis and exercise. Give advice to women with menstrual disorders who exercise. Explain the special nutritional concerns to women who exercise. Give the pregnant athlete guidelines on exercise.

PULMONARY PROBLEMS:
Goal: Diagnose and treat Exercise Induced Bronchospasm. Diagnose and treat pneumothorax.
EXERCISE AND DIABETES:

HEMATOLOGIC PROBLEMS:
Goal: Evaluate and treat athletes with anemia. Recommend safe exercise for patients with sickle cell disease. Recognize, evaluate and treat patients with rhabdomyolysis.

CARDIOVASCULAR PROBLEMS:

GASTROINTESTINAL PROBLEMS:
Goal: Evaluate and treat patients with runners’ diarrhea. Advise athletes on the prevention and treatment of travelers’ diarrhea. Evaluate and treat athletes with GERD.

GENITOURINARY PROBLEMS:
Goal: Evaluate and treat athletes with proteinuria. Evaluate and treat athletes with hematuria. Evaluate and treat athletes with scrotal pain. Evaluate and treat athletes with urethritis or discharge.

ACUTE MINOR ILLNESS:
Goal: Evaluate and treat athletes with acute minor illness. Make appropriate recommendations regarding exercise while suffering from AMI.

DERMATOLOGIC PROBLEMS:
Goal: Evaluate and treat common dermatologic problems in athletes. Make recommendations regarding participation in contact sports with an infectious dermatologic condition.

NEUROLOGIC INJURIES:
Goal: Evaluate and treat or appropriately refer athletes with brachial plexus injury. Evaluate and manage athletes with closed head injury. Evaluate and manage athletes with headache.

EXERCISE AND HEAT:

COLD INJURIES:

ALTITUDE AND EXERCISE:
SPORTS PSYCHOLOGY:
Goal: Relate behavior development to sports and exercise participation. Integrate psychological reactions to injury into a comprehensive rehabilitation program. Identify psychological factors that impact on performance. Develop a psychological management plan to optimize performance.

FIELDSIDEMERGENCIES:
Goal: Develop a system of managing and transporting emergencies. Thoroughly assess and stabilize the severely injured athlete.

TAPING AND BRACING:
Goal: Advise on the rational use of prophylactic bracing. Prescribe appropriate orthoses and braces in the rehabilitation of injuries. Explain the indications and demonstrate taping techniques of various joints.

HEALTH RISK APPRAISAL:
Goal: Advise commands or organizations on practical and useful methods of health risk appraisal. Relate the results of health risk appraisal to strategies in changing adverse lifestyle behavior. Advise commands or organizations on practical and useful methods of health risk appraisal. Relate the results of health risk appraisal to strategies in changing adverse lifestyle behavior.

PHARMACOLOGY:

MODALITIES IN REHABILITATION:
Goal: Prescribe physical therapy modalities in the treatment of musculoskeletal injuries.

ETHICAL CONCERNS:
Goal: Understand and minimize the potential conflicts associated with treating athletes.

MEDICOLEGAL ASPECTS OF SPORTSMEDICINE:
Goal: Analyze the legal definition of negligence. Minimize the risk of law suit while functioning as team physician.

ATHLETES WITH DISABILITIES:
Goal: Make recommendations for participation in sports and exercise for athletes with special needs.

HEAD INJURIES:
Goal: Clinically evaluate the head injured patient. Develop an appropriate plan of evaluation and management. Determine when the head injured patient may return to play.

MAXILLOFACIAL INJURIES/EENT:
Goal: Identify and appropriately manage injuries to the face. Prescribe preventative appliances appropriately.
NECK INJURIES:
Goal: Make recommendations regarding prevention of cervical spine injuries. Discuss the differential diagnosis and pathophysiology of neck injuries. Appropriately evaluate and manage the patient with a neck injury.

SHOULDER INJURIES:

ELBOW INJURIES:

WRIST INJURIES:
Goal: Systematically evaluate the acutely injured wrist. Systematically evaluate patients with chronic wrist pain. Develop an appropriate management plan for patients with both acute and chronic wrist injuries.

HAND AND FINGER INJURIES:
Goal: Systematically evaluate the acutely injured hand. Systematically evaluate patients with subacute or chronic hand pain. Develop an appropriate management plan for patients with both acute and chronic hand injuries.

BACK INJURIES:
Goal: Evaluate and properly diagnose adults with acute or chronic back pain. Evaluate and properly diagnose children with acute or chronic back pain. Construct an appropriate treatment and management plan for patients with back injuries. Advise patients with back injuries on restrictions and return to play criteria.

HIP, PELVIS, AND THIGH INJURIES:
Goal: Evaluate and diagnose acute injuries of the hip, pelvis, and thigh. Evaluate and diagnose chronic pain in the hip, pelvis, or thigh. Construct a management plan for each of these injuries. The fellow will attain/achieve the above goals by meeting the following objectives:

KNEE INJURIES:
Goal: Systematically evaluate and diagnose acute injuries of the knee. Evaluate and diagnose patients with chronic knee pain. Construct a treatment and management plan for acute and chronic knee injuries.

LOWER LEG INJURIES:
Goal: Evaluate and treat acute injuries to the lower leg. Evaluate and treat chronic lower leg pain.
ANKLE INJURIES:
Goal: Evaluate and diagnose acute injuries of the ankle. Evaluate and determine the etiology of chronic ankle pain. Construct a management plan for patients with either acute ankle injuries or chronic ankle pain.

FOOT INJURIES:
Goal: Evaluate and diagnose acute injuries of the foot. Evaluate and diagnose patients with chronic foot pain. Construct a management plan for patients with acute or chronic foot injuries.

CLINICAL RESEARCH:
Goal: Develop familiarity with well-known statistical software and interpret computer output. Evaluate study protocols and articles submitted for publication and actively participate in clinical research. Critically evaluate the clinical literature, understanding potential errors and fallacies, and apply confidentially the results of medical studies to patient care. Develop sound judgment about data applicable to clinical care.

ROTATION GOALS AND OBJECTIVES
Goals and objectives can also be found on the Sports Medicine Moodle Site www.moodle.umn.edu. You must login to the site using your x.500 internet ID.

TEACHING MEDICAL STUDENTS
Family Medicine 7600
Timing: 2 hours, 12 times per year

Audience: approximately 18 medical students enrolled in required 4 week Family Medicine clerkship. Students are a mix of third and fourth year students. Students are a mix of specialty interest – some very interested in FM and sports medicine, some not at all interested.

Pre-requisites: Before this session, students are asked to review a PowerPoint presentation prepared by Rob Johnson a number of years ago that summarizes exam of most joints of the body. This is available on our course website. Alternatively, students may review one of 3 chapters from Essentials of Family Medicine textbook 6th edition: Low Back Pain, Shoulder Pain, Knee and Ankle Pain.

Learning Objectives:

- Able to appreciate the excellent preparation for a career in sports medicine afforded by a residency in Family Medicine.
- Able to apply in practice:
  - Assessment and evaluation of a patient with shoulder pain.
  - Assessment and evaluation of a patient with acute knee pain.
  - Assessment and management of a patient with acute ankle injury.
  - Assessment and management of a patient with acute Low Back Pain.
- Review other sports medicine questions that students may have.

Conduct of the session:
This is a hands on presentation only with no slides.
Usually two presenters are present. After a brief overview of the discipline of sports medicine—especially within FM, the group is broken into two. Usually the two exams that require a table are kept together: Low Back Pain evaluation; Knee exam. The other group addresses shoulder exam and ankle exam and management.

Students need to be able to conduct a reasonable physical exam and know a reasonable management plan by session end. They do not need to be taught every possible maneuver or about more rare conditions.

**Family Medicine 7537**

**Description**

Students will gain experience in the field of sports medicine including exposure to the disciplines of primary care sports medicine, orthopedic sports medicine, sports physical therapy, and athletic training. There will be opportunity for participation in the treatment of sports injuries and illnesses in the following venues:

- Outpatient Orthopedic Sports Medicine Surgical Procedures
- NCAA Division III and high school training room clinics and game/event coverage.
- Sports Physical Therapy Rehabilitation
- Sports Medicine Didactic Sessions which include: Sports Medicine Grand Rounds, Orthopedic Grand Rounds, small group lectures given by Sports Medicine faculty to fellows and residents, and monthly journal club.
- Independent study of the course materials which include: textbooks, articles, and web-based resources

Students interested in pursuing a surgical pathway during residency training, will spend at least 3 half days per week with Orthopedic Surgeons who specialize in sports medicine. Students interested in pursuing Family Medicine, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation or Emergency Room Medicine will spend at least 3 half days per week with Primary Care Sports Medicine Physicians.

**Student Assessment**

Your final grade will be determined by the following components:

- Active participation with a performance that meets expectations in outpatient clinic activities, training room clinics, game/event coverage and didactic conferences.
- Students will be required write up a Sports Medicine case that they were involved with along with a 2-3 page review of the condition. This paper will be due on the final day of the rotation.
- No Call
- Event coverage (evenings and weekends)

**FMCH 7540: Sports Medicine: USA Soccer Cup**

**Description**

The University of Minnesota Department of Family Medicine and Community Health; Division of Sports Medicine sponsors a Sports Medicine course held immediately prior to the start of the USA Soccer Cup Tournaments every July. This course consists of didactic lectures and hands on workshops focusing on sports medicine topics with an emphasis on soccer. The UM Division of Sports Medicine faculty and
fellows help to provide medical coverage of the tournaments. The USA Soccer Cup Tournaments are held in Blaine, MN at the National Sports Facility and are the largest youth soccer tournament in the country drawing teams nationally and internationally. The clinic at the National Sports Facility provides trainees the opportunity to evaluate and treat a large number of youth soccer players with sports medicine injuries and illnesses. X-ray is available on-site. This elective would provide 4 motivated 4th-year medical students the opportunity to participate in the on-site care of these athletes with supervision by primary care sports medicine attending and orthopedic sports medicine attending. The students would also be required to attend the USA Soccer Cup course as well. An additional rationale for this elective is that the existing 4 week medical student elective in Sports Medicine is not offered in July due to the fact that the high schools and Division III college training rooms are closed.

Student Assessment

- Attendance at the USA Soccer Cup Course
- Active participation at all assigned clinical shifts.
- Evaluation of student by attending physician for each clinical shift.
- The above assessment methods will be combined to determine a final grade by the Course Director.

Recommended Reading
USA Soccer Cup Course book

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

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>OUTCOME MEASURES</th>
<th>ACGME ESSENTIAL COMPETENCY</th>
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</table>
| 1. Demonstrate mastery of key concepts and principles in the basic sciences and clinical disciplines that are the basis of current and future medical practice. | ☐ USMLE Steps 1 and 2  
☐ Year 1 and 2 course performance, based on standardized examinations  
☐ Clinical rotation performance  
☐ Feedback from residency directors | Medical Knowledge |
| 2. Demonstrate mastery of key concepts and principles of other sciences and humanities that apply to current and future medical practice, including epidemiology, biostatistics, healthcare delivery and finance, ethics, human behavior, nutrition, preventive medicine, and the cultural contexts of medical care. | ☐ USMLE Steps 1 and 2  
☐ Course performance (esp. in Physician and Society, Nutrition, and Human Behavior at TC campus; Medical Sociology, Medical Epidemiology and biometrics, Family Medicine I, Medical Ethics, Human Behavioral Development and Problems, and Psycho-Social-Spiritual Aspects of Life-Threatening Illness at DU campus)  
☐ Clinical rotation performance  
☐ Feedback from residency directors | Medical Knowledge |
| 3. Competently gather and present in oral and written form relevant patient information through the performance of a complete history and physical examination. | ☐ Yr 2 OSCE  
- Physician and Patient (PAP) course performance at TC campus, assessed by tutors using global rating forms and observed practical exams | Patient Care; Interpersonal and Communication Skills |
<table>
<thead>
<tr>
<th></th>
<th>Course performance at DU campus in Applied Anatomy, Clinical Rounds &amp; Clerkship (CR &amp; C), Clinical Pathology Conference, and Integrated Clinical Medicine</th>
<th>Clinical rotation performance</th>
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<tr>
<td>4.</td>
<td>Competently establish a doctor-patient relationship that facilitates patients’ abilities to effectively contribute to the decision making and management of their own health maintenance and disease treatment.</td>
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<td></td>
<td>Yr 2 OSCE and Primary Care Clerkship (PCC) OSCE</td>
<td>Patient Care; Interpersonal and Communication Skills</td>
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<td></td>
<td>PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams</td>
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<td></td>
<td>Preceptorship and CR &amp; C course performance at DU campus</td>
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<td></td>
<td>Clinical rotation performance</td>
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<tr>
<td>5.</td>
<td>Competently diagnose and manage common medical problems in patients.</td>
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<td></td>
<td>PCC OSCE</td>
<td>Medical Knowledge; Patient Care</td>
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<td></td>
<td>Clinical rotation performance</td>
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<td>6.</td>
<td>Assist in the diagnosis and management of uncommon medical problems; and, through knowing the limits of her/his own knowledge; adequately determine the need for referral.</td>
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<td></td>
<td>Clinical rotation performance</td>
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<td></td>
<td>Documented achievement of procedural skills in the Competencies Required for Graduation</td>
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<td></td>
<td>Medical Knowledge; Patient Care; Practice-Based Learning and Improvement</td>
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<td>7.</td>
<td>Begin to individualize care through integration of knowledge from the basic sciences, clinical disciplines, evidence-based medicine, and population-based medicine with specific information about the patient and patient’s life situation.</td>
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<td></td>
<td>Clinical rotation performance</td>
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<td></td>
<td>Feedback from residency directors</td>
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<td></td>
<td>Patient Care; Medical Knowledge; Interpersonal and Communication Skills; Professionalism</td>
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<td>8.</td>
<td>Demonstrate competence practicing in ambulatory and hospital settings, effectively working with other health professionals in a team approach toward integrative care.</td>
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<td></td>
<td>Yr 2 and PCC OSCE</td>
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<td></td>
<td>PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams</td>
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<td></td>
<td>Physician and Society (PAS) course performance at TC campus</td>
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<td></td>
<td>Preceptorship, CR &amp; C, and Introduction to Rural Primary Care Medicine course performance at DU campus</td>
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<td></td>
<td>Clinical rotation performance</td>
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<td></td>
<td>Practice-Based Learning and Improvement; Systems-Based Practice</td>
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<tr>
<td>9.</td>
<td>Demonstrate basic understanding of health systems and how physicians can work effectively in health care organizations, including:</td>
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<td>Use of electronic communication and database management for patient care.</td>
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<td>Quality assessment and improvement.</td>
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<td>Cost-effectiveness of health interventions.</td>
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<td></td>
<td>Assessment of patient satisfaction.</td>
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<tr>
<td></td>
<td>PAS course performance at TC campus</td>
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<tr>
<td></td>
<td>Medical Sociology and CR &amp; C course performance at DU campus</td>
<td></td>
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<tr>
<td></td>
<td>Clinical rotation performance, especially the PCC</td>
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<td></td>
<td>Feedback from residency directors</td>
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<td></td>
<td>Feedback from local health plans</td>
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</tr>
<tr>
<td></td>
<td>Practice-Based Learning and Improvement; Systems-Based Practice</td>
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</tbody>
</table>
### 10. Competently evaluate and manage medical information.
- Critical reading exercises in PAS and other courses at TC campus
- Clinical Pathology Conference performance and exercises in Problem Based Learning Cases at DU campus
- Year 2 Health disparities project
- PCC EBM project

### 11. Uphold and demonstrate in action/practice basic precepts of the medical profession: altruism, respect, compassion, honesty, integrity and confidentiality.
- PAS course performance at TC campus
- Preceptorship and Cr & C course performance at DU campus
- Clinical rotation performance
- Participation in honor code and student peer assessment program
- Participation in anatomy memorial
- Participation in volunteer service activities

### 12. Exhibit the beginning of a pattern of continuous learning and self-care through self-directed learning and systematic reflection on their experiences.
- PBL cases at DU campus
- Yr 2 Health disparities project
- Clinical rotation performance
- Participation in research

### 13. Demonstrate a basic understanding of the healthcare needs of society and a commitment to contribute to society both in the medical field and in the broader contexts of society needs.
- Course performance in all years
- Introduction to Rural Primary Care Medicine course project at DU campus
- Involvement of students in international study
- Enrollment in RPAP, RCAM, and UCAM
- Yr 2 Health disparities project
- Feedback from residency directors
- Participation in volunteer service activities

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**TRAINING/GRADUATION REQUIREMENTS**
Successful completion of 12 months of Fellowship Program Curriculum

**ACGME COMPETENCIES**
Fellows are provided with multiple opportunities for training in the six core competencies, as outlined by the ACGME. *(See the North Memorial Residency Program Manual for a complete listing of the ACGME competencies)*.
DUTY HOURS
The fellowship program adheres to all ACGME Duty Hours Requirements (see: http://acgme.org/acgmeweb/tabid/271/GraduateMedicalEducation/DutyHours.aspx for more information).

Our duty hour policy is the same as the UMN GME Office Policy.

You are expected to be familiar with Duty Hour Resources webpage. http://www.gme.umn.edu/prod/groups/med/@pub/@med/@gme/documents/content/med_content_452868.pdf. Please note the expectation that you will review, edit, and approve your duty hours weekly in RMS, as well as report duty hour violations immediately to the Program Director and/or the GME Office (go to them if you are uncomfortable letting the program director know, gmedhv@umn.edu).

The Duty Hour Policy is here, in full: http://z.umn.edu/gmeimlifesupport. Realistically for the Sports Medicine fellowship, because there is no in-house call, and because at home ‘pager’ call is generally light, fatigue from excessive duty hours is not a particular problem, with the exception of fatigue related to moonlighting and fatigue unrelated to excessive duty hours. Fellows are expected to contact the program director immediately with any concerns for fatigue, related to duty hours or not. Moonlighting does count towards duty hours (e.g. 80 hour work week, 10 hours between duty periods).

As mature learners, Sports Medicine fellows can, on rare occasion, and for voluntary extraordinary/unique educational or humanistic patient care purposes, remain on duty beyond standard stipulated time (>24h, less than 10h between duty periods). If a fellow is in such a situation and wishes to remain at the bedside for their own education or humanistic reasons they should immediately call/page the fellowship director. If the fellowship director agrees this is an exceptional experience and the fellow is not sufficiently fatigued to cause harm to themselves or the patient, the fellow may remain on duty >24h, or have <8h between duty periods. If that occurs, the fellow will be relieved of any other patient care duties; the fellow will need to continue to be supervised as with all other patient care activities; and once the exceptional nature of the learning opportunity passes or the fellowship director/attending physician identifies significant fatigue, the fellow will be asked to leave. Fellows, as always when fatigued, are encouraged to arrange safe transport home including use of the UMN GME cab voucher program.

The fellow will review, edit, and approve her/his hours in RMS accurately, as always. The program director will contact GME office in writing about the rationale for the duty hour violation.
Program faculty are expected to **recognize signs of fatigue** in fellows to immediately address such concerns and arrange appropriate help (e.g. strategic napping, help arrange a ride home) immediately. Faculty is to let the program director know of any such concerns about fellow fatigue when they arise. Signs of fatigue and impairment include: napping while on duty, irritability, yawning, obvious tiredness, unexpected lack of organization, forgetting to perform patient care tasks, not responding to pages, not coming to fellowship teaching conferences. Faculty are reminded that being fit for duty is a form of professionalism – fellows who do not feel fit to perform patient care are expected to communicate that with the program director or attending physician. Other behaviors faculty should watch closely as signs of fatigue/leading to fatigue include: regularly arriving on duty well before other team members, regularly remaining in clinic longer than other team members, completing patient notes late at night or the next day, moonlighting, chronic lateness in chart completion, challenges in fellows’ personal lives (e.g. child care).

**ON CALL SCHEDULES**

There is no required call with the Sports Medicine Fellowship program.

**EVALUATIONS**

- Evaluations of and by fellows are completed electronically on the internet-based New Innovations/RMS system ([https://www.new-innov.com](https://www.new-innov.com)).
- Fellows are given a user name and password to the New Innovations/RMS system during and trained on the use of RMS during orientation.
- Evaluations are distributed, completed, and collected via RMS. Fellows are responsible for completing rotation and faculty evaluations in RMS on a monthly basis as well as other assigned evaluations in a timely manner.
- **To complete an evaluation**, in the “**Evaluations**” box click on “**complete them**.” RMS will list the activities (rotations) for which you need to complete evaluations. You can complete evaluations in any order. Click on “Evaluate” to complete an evaluation of a rotation or faculty member. If you would like to provide comments or an evaluation for someone who is not listed as a choice, click on “Select a Person to Evaluate” in the “Evaluations” box on the Welcome Page.
- **Answer an evaluation question** by clicking on the response of your choice. You should see your choice highlighted. Scroll down to the next question.
- **To save an evaluation to complete later**, click on the “Save for Later” button at the bottom of the screen. Saved evaluations will continue to show up on your Pending Evaluations list until they have been formally submitted to RMS.
- **To submit an evaluation once you have completed it, click on the “Submit Final” button at the bottom of the screen.** Check the electronic signature box at the bottom of the evaluation prior to clicking on “Submit Final.” All questions must be answered to be considered complete. Once submitted, an evaluation can no longer be edited.
- **If you have been assigned an inappropriate evaluation**, click on "NET" (Not Enough Time) next to that evaluation's name. An e-mail that includes your message will then be sent to the RMS Administrator who will resolve the issue.
• **To view evaluations you have submitted**, while in the Evaluations module click on “View” from the top menu, then choose “Completed Evaluations”. Next, click on the box next to the evaluation you wish to review, and then click “View Selected Evaluations”. Evaluations may be printed if the computer you are using is linked to a printer.

• **To review evaluations about yourself**, click on Reports in the menu selection.

**PATIENT SUPPORT SERVICES**

Patient support services such as intravenous services, phlebotomy, and laboratory are provided by UMMC, CSC and TRIA on a regular and timely basis. See the CSC Welcome Guide attached to this manual for further information.

North Memorial provides a broad range of support services including intravenous, phlebotomy, and laboratory services, as well as messenger and transporter services, in a manner appropriate to and consistent with education objectives and patient care, relieving the fellow from any “scut” work. Contact information is available in the program’s communication guide.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**

Laboratory, pathology, and radiology services are provided by UMMC and in the M Health Clinic in a timely manner.

Full laboratory, pathology and radiology services are available at North Memorial. Reports are available via telephone and computer 24 hours a day. X-ray and lab work is done in the clinic by Certified Medical Assistants, a Radiology Technologist, and two Medical Lab Technicians.

**MEDICAL RECORDS**

Call or send email requests to the IT HelpDesk 612-672-6805 for technology support for medical records in the M Health Clinic and Surgery Center (CSC). Please see the CSC Welcome Guide for further information. A medical records system documenting the course of each patient’s illness and care is available at all times. It is adequate to support quality patient care, the education of fellows, quality assurance activities, and provide a resource for scholarly activity. Health Information staff is available during business hours at the clinic and 24 hours a day at North Memorial.

**SAFETY/SECURITY**

Fellows receive identification badges which are programmed to allow access to certain secure areas. Twenty-four hour security service is provided at UMMC campuses including 24 hour rounds by security personnel, cameras in stairwells, parking areas and other select areas of the campus, 24-hour patrol, and 24-hour escort service.

Security officers are on duty at North Memorial 24 hours a day to respond to emergencies and to escort patients and visitors to and from the parking ramp. To contact Safety and Security, please dial X55642 from any in-house phone. Security is available at the clinic to escort staff and patients to their vehicles, assist with control, monitor the parking lot, etc. Security is available by paging overhead.
Below are some resources to promote safety while on the University of Minnesota Campus.

- **TXT-U**, the University of Minnesota emergency notification text messaging system.
- **624-WALK**, a free walking or biking security escort service to and from campus locations and adjacent neighborhoods, available to all students, faculty, staff, and visitors.
- **Gopher Chauffeur**, a free door-to-door van service offering rides on and near campus.
- **Yellow phones** for emergency, medical, and safety-related calls.

**MOONLIGHTING**

1. No fellow will be required to engage in moonlighting activities.
2. Moonlighting activities are not included as part of the educational program in the fellowship.
3. Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the educational program and its faculty.
4. The program director must prospectively give permission in writing for all moonlighting activities.
5. Trainees are required to notify the program director of their moonlighting activities. Failure to provide this information is grounds for discipline under Section VI of the Residency/Fellowship Agreement.
6. Program directors will monitor moonlighting activities by appropriate methods and may refuse to allow moonlighting for any given trainee or group of trainees if those activities have been shown to interfere with the fellow’s performance.
7. Program directors will acknowledge in writing their awareness that a trainee is moonlighting and will include this information in the fellow’s training file.
8. The professional liability policy for trainees does not cover any activities that are not part of the formal education program.
9. Fellows/Fellows on J-1 visas are not permitted to be employed outside the residency/fellowship program. A trainee on an H-1B visa wishing to moonlight must obtain a separate H1-B visa for each facility where the trainee works outside the training program.
10. Trainees engaging in moonlighting activities must be properly licensed and credentialed as determined by the organization where they moonlight.
11. All moonlighting activity, both internal and external, must be counted toward the ACGME weekly limit on duty hours in RMS. Fellows moonlighting will need to be in compliance with the [institutional GME moonlighting policy](#).
GENERAL SUPERVISION POLICY

The program director, faculty, and rotation preceptors provide fellows with directed experience with progressive responsibility for patient management through one on one precepting. The program director conducts formal written reviews of each fellow’s performance three times per year. Fellows are evaluated based on accomplishment of rotation objectives, as well as in demonstrating the attainment of competence in patient management in multiple sports medicine, orthopedic and athletic training settings, as well as demonstrated mastery of each of the ACGME General Competencies and Sports Medicine Milestones.

The Clinical Competency Committee (CCC) will use the Sports Medicine Milestones and other evaluation methods to accomplish the following:

- Articulate a shared understanding of expectations
- Identify a trajectory from novice in the specialty to competent practitioner upon graduation
- Set aspirational goals for excellence toward mastery of the specialty of Sports Medicine in all areas of Sport Medicine
- The Department of Family Medicine and Community Health’s Scholastic Standing Committee (SSC) further evaluates and reviews the academic and clinical performance of fellows if a problem is identified and reported by the program director. Any academic or clinical performance deficiencies are then remediated through the SSC standard policies and procedures in support of the fellowship program and program director, by applying and upholding all University of Minnesota Graduate Medical Education Office and Departmental academic policies and procedures.

SITE SPECIFIC SUPERVISION POLICIES

SUPERVISION PROVIDED IN CLINIC

- M Health Clinics and Surgery Center Sports Medicine Clinic
- Bierman Clinic
- M Health Clinics and Surgery Center Orthopaedic Clinic
- TRIA Orthopaedic Center
- Broadway Family Medicine Clinic
- Center for Diagnostic Imaging (CDI)
- Twin Cities Orthopedics (TCO)

SUPERVISION PROVIDED AT OFF SITE EVENTS

- NCAA Division Training Rooms
- Event Coverage (including High School Training Rooms). Faculty direct supervision is provided at some, but not all, events. Faculty are available by phone for consultation at High School Training Rooms, and at other events, if needed.
GRADED RESPONSIBILITY
The Sports Medicine fellows are supervised by Sports Medicine Physicians, Orthopaedic Physicians and Certified Athletic Trainers, along with other Family Medicine and affiliated attending faculty. As they progress through their training, fellows assume a gradually increasing degree of autonomy in caring for patients paralleling their expanding knowledge and experience. Fellow independence is increased as competency is demonstrated throughout the training year. Specifically at 3, 6 and 12 months, the Program Director assesses each fellow individually for their ability to assume increased independent practice at each training site.

SUPERVISION OF TECHNICAL PROCEDURES
Technical procedures such as joint aspiration or injection, cast application, or other minor procedures are performed under close supervision of the faculty. At the beginning of the academic year, the Sports Medicine fellows are directly supervised by the faculty. As the year progresses, there is a gradual reduction of direct supervision to allow the fellow to gain confidence and experience in performing procedures independently. When it is determined that the fellow is proficient with a specific procedure, the faculty support then becomes consultative in nature. Specifically, at 3, 6, and 12 months, the fellows are assessed individually on their ability to assume increased independent practice by Orthopaedic Surgeons and Certified Athletic Trainers.

MONITORING OF FELLOW WELL-BEING
Fellow well-being and stress levels are monitored on a regular basis in several ways. Work hours and moonlighting activities are closely monitored and are kept in compliance with the ACGME institutional standard for duty hours. These are monitored monthly and quarterly. Fellows who are too fatigued or stressed to provide safe patient care can contact the program director, or other faculty, or program administrators in order to find appropriate care and evaluation for both fellows and fellow’s patients. In the event that a fellow has exceeded his duty hours and has indicated that they are too fatigued to carry out their fellowship responsibilities, the program director will identify a faculty replacement for them.

LICENSURE POLICY
All fellows are expected to obtain and maintain a Minnesota medical license. The program will reimburse fellows for the Minnesota medical license application and renewal fees until program completion.

DEA APPLICATION AND NUMBER
All fellows are required to attain a DEA number (certificate) within three months of obtaining their medical license. Fellows are required to maintain their DEA certificate while in the fellowship. The program will reimburse fellows a pro-rated amount equivalent to one year.
IN-SERVICE TRAINING EXAM PRE-TEST AND IN-SERVICE TRAINING EXAM AND CERTIFICATION PREPARATION

In-Service Training Exam Pre-test

The AMSSM In Service Training Exam Pretest for incoming sports medicine fellows was created by the fellowship committee of the American Medical Society for Sports Medicine and is based on the test outline as published by the American Board of Family Medicine. It was taken by fellows across the country in February of this year.

If you are registering for the ITE Pre-test, you should contact Sheila, or your Program Director's AMSSM Membership status must be verified. Once this has been verified, we will approve you to take the test and send you an email message to let you know the test is now available. This can take up to 2 business days to complete.

The cost is $50 for members.

In-Service Training Exam

The AMSSM In Service Exam is offered in February.

ACLS/BLS/PALS CERTIFICATION REQUIREMENTS

All fellows are required to have BLS certification. ACLS certification is not required.

For BLS and ACLS recertification scheduling information, please contact http://www.gme.umn.edu/residents/UniversityofMinnesotaMedicalCenterFairview-Resources/ummcresources.html

Programs pay or reimburse fellows for required certification(s). Fellows interested in obtaining elective certifications, e.g. ATLS, may cover these expenses with their CME/technology funds.

Please see the Life Support Policy in the Institutional Policy manual for further information.

VISA POLICY

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the UMN Sports Medicine fellowship program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.
WEB LINKS TO ADDITIONAL RESOURCES
ACGME Milestones under the Next Accreditation System
http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx
American Academy of Family Physicians
https://www.theabfm.org/
The American Board of Family Medicine
http://www.theabfm.org
The American Board of Internal Medicine
http://www.abim.org
American Medical Society for Sports Medicine (AMSSM)
http://www.amssm.org/

SECTION 6 - ADMINISTRATION

FELLOWSHIP PROGRAM PHONE DIRECTORY
Program Director ............................................................. Suzanne Hecht, MD .......................... 310-902-3633
Program Coordinator .................................................. Sheila McGinley ................................ 612-625-0646
Associate Program Director ......................................... David Olson, MD ............................. 651-235-4141

DEPARTMENT PHONE DIRECTORY
Department Head ........................................................... Macaran Baird, MD, MS ..................... 612-624-0539
Education Manager ..................................................... Melissa Stevens, MA ......................... 612-626-4490

WHOM TO CALL WHEN YOU NEED INFORMATION ABOUT...
Address Change .......................................................... Sheila McGinley ............................. 612-625-0646
Biomedical Library ........................................................ 612-626-5653
Computer Services Help Line ...................................... 612-301-4357
Continuing Medical Education ................................... 612-626-7600
Contracts (G4) .............................................................. Sheila McGinley ............................. 612-625-0646
DEA .............................................................. Sheila McGinley ............................. 612-625-0646
Graduation Certificates .............................................. Sheila McGinley ............................. 612-625-0646
Insurance Questions (health, dental, life) ....................... Sheila McGinley ............................. 612-625-0646
Insurance Changes - requesting forms ......................... Sheila McGinley ............................. 612-625-0646
ITE Exams .............................................................. Sheila McGinley ............................. 612-625-0646
J-1 Visa Processing ..................................................... Sheila McGinley ............................. 612-625-0646
Malpractice Insurance, Claims, Reports ....................... Melissa Stevens, MA ......................... 612-626-4490
Name Change .............................................................. Sheila McGinley ............................. 612-625-0646
Payroll ................................................................. Angela Kamau ................................. 612-301-1602
Recreation Center, U of MN (Mpls. campus) ................. 612-625-6800
(St. Paul Gym) ................................................................. 612-625-8283
Recruitment .............................................................. Sheila McGinley ............................. 612-625-0646
Registration, U of MN Student ..................................... Laura Pham ................................. 612-626-0194
Scholastic Standing Committee ................................... Liz Sopdie, MA ................................. 612-625-0953
W2 and W4 Forms ..................................................... Angela Kamau ................................. 612-301-1602
Workers’ Compensation ............................................. Melissa Stevens, MA ......................... 612-626-4490