

UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION
2018-2019
POLICY & PROCEDURE MANUAL
MATERNAL-FETAL MEDICINE
FELLOWSHIP

Department of Obstetrics, Gynecology & Women's Health

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Assistant Program Director: Katherine Jacobs, DO

Program Coordinator: Deb Egger-Smith

Welcome to the University of Minnesota and the Department of Obstetrics, Gynecology and Women's Health. We are committed to meeting your educational needs and working with you to make your fellowship in Maternal-Fetal Medicine a rewarding experience.

The content of this manual provides information to Maternal-Fetal Medicine fellows that is pertinent to their training. We ask for your full cooperation in abiding by the defined policies and procedures. If you have any questions regarding information in this manual, please contact the fellowship administrator.

This fellowship manual outlines policies and procedures specific to your training program.

Please refer to the Institutional Manual (<http://z.umn.edu/gmeim>) for further University and Academic Health Center policies and procedures.

Department and Fellowship Program Mission Statements

The Department of Obstetrics, Gynecology and Women's Health is dedicated to solving women's health problems through medical education, research and patient care with the ultimate goal of improving women's lives.

The mission of the Department of Obstetrics, Gynecology and Women's Health is to pursue excellence in teaching and research in an environment of superior clinical care.

The University of Minnesota has been named a Center for Excellence in Women's Health.

The fellowship is a full three year program. Upon completion, the fellow will be eligible for certification in the subspecialty of Maternal-Fetal Medicine.

Our overall goal of the Maternal-Fetal Medicine fellowship to train individuals that, by the completion of the fellowship, will be capable of managing complex maternal-fetal health care problems, scientific inquiry and critical evaluation of the literature. Such a person must be able to function as a consultant to Obstetricians and other medical specialists.

Department Vision Statement

Define the standard of care for all women, today and tomorrow

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

SECTION I – UNIVERSITY SERVICES

E-Mail & Internet Access

The University provides an E-Mail account and internet access for all fellows. Fellows are required to access their E-Mail at least weekly.

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

- Department: <http://www.obgyn.umn.edu/>
- Medical School: <http://www.med.umn.edu/>
- GME: <http://hub.med.umn.edu/graduate-medical-education>

To set up email account:

Go to the website <https://www.umn.edu/initiate>. Enter your University of Minnesota employee ID number, Social Security number, and Birthdate. You then need to set your Internet Account Password that must be at least eight characters long. Be sure to click on the SUBMIT button when you are finished.

To access your email account:

Any computer with Internet access can be used to access your email. The University email account is now Gmail. You may logon directly to your email at www.gmail.com. Enter your entire email address (ie: smith333@umn.edu). This will direct you to the University secure server where you will enter you x.500 and login. Or you may access with the directions below:

1. Go to <http://www.mail.umn.edu>
2. Enter your x.500 ID (**NOT** your FULL email address) and password. (**Example:** If your email address is smith333@umn.edu, your x.500 ID is smith333.)
3. Click on Gmail.

Forwarding email and access from mobile devices:

The email account ending in @umn.edu is your official email account and must be used for program business. The program, department, and institution regularly send important communications and announcements via email and we require that you log-on daily or you may miss important or timely information. You are responsible for knowing the information that is communicated to this email account.

Although emailing PHI is discouraged, the UMN and Google have created a business agreement that allows you to email PHI if necessary to accounts ending in @umn.edu, @fairview.org, or

@umphysicians.org. If you plan to email PHI, make sure to review the [Guidelines for Email and Protected Health Information](#).

If you plan to access your email on a mobile device, a device passcode is required for security. Additional information to assist in setting this function up is available under these [AHC Google FAQs](#)

Technology Services

Faculty, staff, and students at the University of Minnesota can receive IT help and support for phones, computers, email and software purchases. More information on getting help with your technology questions or devices can be found at <http://it.umn.edu/>

Campus Mail

Each Fellow is assigned a campus mailbox located in the Department of Obstetrics, Gynecology and Women’s Health, Room 12-245 Moos Tower, for the purpose of receiving internal and external mail. Important information, memoranda, and other materials will be distributed via your mailbox. Fellows are expected to empty their mailbox weekly. Fellows may place mail for campus delivery in the outgoing mail boxes in this room. The address for receiving mail at UMMC-University campus is:

Department of Obstetrics, Gynecology and Women’s Health
MMC 395
420 Delaware Street SE
Minneapolis, MN 55455

Medical School and University of Minnesota Campus Map
<http://www1.umn.edu/twincities/maps/>.

Change of Address

Be sure to notify the Fellowship Coordinator if your address changes. She will take care of updating the department databases. You will also need to change your personal information for the official UMN records. The website is: <http://hrss.umn.edu/>. Once on the website, you will login with your University email & password. Then you will select the “My Info” tab from the list on the left-hand side of the page.

Change of Name

Be sure to notify the Fellowship Coordinator if your name changes. They will take care of updating the department databases. You will also need to change your personal information for the official UMN records. The official instructions for the UMN change is available [here](#).

HIPAA Training

Fellows are required to complete the University Privacy Training and the Public Jobs: Private Data Security Training. Additional training may be assigned based on responses to specific questions in the initial training. The Academic Health Center has designed training programs which are located at www.myu.umn.edu and are accessed via the fellow's University of Minnesota x.500 Internet password. Once authenticated ("signed in"), go to the "my WORK LIFE" tab to access the courses. The University provides 90 days to complete your required training. This is provided in your RMS On-Boarding task list, so you won't have to go searching for it.

The Health Information Privacy and Compliance Office website is located at: <http://www.privacysecurity.umn.edu/guidelines/home.html>. This website includes policies on information technology, health information, and IRB privacy.

Anyone can report a known or suspected violation of health information privacy and/or security and/or University policy at the University of Minnesota as outlined [here](#).

Notary Services

Notary Services are available at no cost by the individuals listed [here](#). Trisha Pederson and Deb Egger-Smith are both notaries as well. Please contact the notary you plan to visit as they may have specific office hours when they are available. Notaries require a state-issued ID to provide services.

Deb Egger-Smith

Phone: 612.626.4939

Office: 12-207 Moos Tower

Trisha Pederson

Phone: 612-301-3417

Office: 4th floor, Riverside Professional Bldg.

Office Location

The fellows' office is located at the Riverside Professional Building, 606 24th Avenue South, Suite 401, Minneapolis, MN 55454. Computers and reference material are available.

Pagers

Pagers are provided at no cost and will be distributed to incoming fellows during orientation. Fellows are required to replace lost beepers at their cost. Fellows are required to have their

beeper on with a live battery at all times. If a pager is broken, please notify the Fellowship Coordinator to order a replacement.

Protecting Human Subjects

All researchers and research personnel must complete a number of required trainings through the University of Minnesota's Institutional Review Board (IRB). The trainings are a mix of University owned web-based modules, as well as Collaborative Institutional Training Initiative (CITI) Training. CITI training is used by many institutions; therefore if you have completed CITI training in the last three years with a prior institution, you can re-affiliate with the University of Minnesota. For updated and complete information on required research training, please visit <https://research.umn.edu/units/irb/education-training/required-training>

Clinical Research is a wonderful learning opportunity, but it is a great responsibility. As an investigator, it is your responsibility to ensure that the research you conduct is ethical, secure, and productive. The University of Minnesota has a wealth of resources to help you succeed in research by offering support through protocol development, regulatory concerns and other logistics.

The best point of reference for research planning is the Clinical and Translational Science Institute (CTSI). They have drop-in services for researchers and also have "Research Navigators" available via email for questions. You can reach them at ctsi@umn.edu and their Research Drop-ins are offered at Dehl Hall on East Bank. Please visit <https://www.ctsi.umn.edu> for more information.

IRB submissions are all done electronically through ETHOS. ETHOS is also a helpful resource for Protocol and Informed Consent templates. When planning your research protocol, their template is a great foundation of all aspects you should consider (data security, inclusion/exclusion criteria, statistical analysis). To find the templates, log into ETHOS and select "templates" from the left-hand bar.

The IRB website also has a "New Study Checklist" which will help you plan for all aspects of your study that need to be considered before submitting. Using these checklists will reduce the amount of clarifications the IRB requires after submission, which can decrease your time from submission to approval. The checklists are found here <https://research.umn.edu/units/irb/how-submit/new-study>

Please keep in mind:

- Check in regularly with your Research Mentor. They have experience navigating research within the University and will be a valuable resource for you.
- All research takes more time than initially planned. Please plan early so that facilities, departments, and regulatory concerns can be addressed.
- Patient safety and privacy is the utmost concern. All research needs to be approved by our IRB, Health Information Privacy and Compliance Office (HIPCO) as well as Fairview, or whichever institution where the research will occur. These ancillary reviews take additional time and must be included with your IRB submission.
- Each protocol should have statistical information to ensure your study is designed to effectively answer your research question. Please reach out to the department's Research Professional by emailing Lauren Asfaw at lasfaw@umn.edu
- If you plan to submit a grant to fund your research, please let Lauren or your administrator know. Grants are very detailed and are also a financial contract between the University of Minnesota and the funder. Therefore, the Sponsored Projects Administration (SPA) needs to approve the grant and budget. You can reach SPA by alerting your department that you are applying for the grant.

The following resources may also be helpful to support fellow research.

Concern	Office	Email	Phone
Research Logistics	CTSI	ctsi@umn.edu	612-625-2874
IRB/Human Subjects	IRB	irb@umn.edu	612-626-5654
Budgets/SPA	LeAnn Pelletier	berry040@umn.edu	612-624-2905

Identification Badge

University of Minnesota Medical Center

To obtain a UMMC badge you will need to bring a picture ID and a staff identification badge authorization form. IDs will be ready for pick up within 48 hours from the parking customer service representative in the same location the picture was taken. You will be expected to wear your ID badge at all times during your UMMC rotations.

There are two locations:

1) The University's photo ID hours are 7:30 AM - 4:00 PM Monday, Wednesday and Friday (with a lunch break from 1:00 PM – 2:00 PM). This office is closed on Tuesday and Thursdays. It is located on the 3rd floor of the Mayo Bldg (Room B340). To get to the

2) Riverside Campus, you will need to board the Fairview shuttle outside the VCRC building (directly off of East River Road). Parking Services is located in Room MB-218. The Riverside Parking office is on the main level of the east building.

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

Abbott-Northwestern Hospital

IDs for Abbott-Northwestern can be obtained from Cindy Savage. Her phone number is 612-863-4649 and her email is cindy.savage@allina.com

Hennepin County Medical Center

IDs for HCMC can be obtained from Sylvia Lotz. Her office is located in the Ob/Gyn department. Her phone number is 612-873-2544 and email address: Sylvia.Lotz@hcmcd.org .

Tuition and Fees (for Fellow/Fellow Student Status)

Fellows and fellows at the University of Minnesota are enrolled as students. The tuition and fees are being waived at this time. **Please note**: fellows and fellows enrolled in Graduate School courses must pay tuition and fees (please refer to Section V – Graduate Courses) for additional information.

SECTION 2 – BENEFITS

Society Membership

Membership dues for the American College of Obstetrics and Gynecology Junior Fellowship Program and Society for Maternal Fetal Medicine can be paid for through the fellow's administrative stipend.

White Coats

The fellowship program provides each fellow with three (3) lab coats at orientation during the first year of training.

Laundry Service

Laundering of lab coats is provided for fellows. Soiled coats may be placed in the laundry bin across from the Research Lab, Room 12-135 Moos Tower. Make sure that your lab coat is labeled "OB/GYN Department" or the coat is likely to be lost with the laundry service. Please see Patricia McCarthy in Room 12-207 Moos Tower to have your coats labeled. Laundering of scrub suits is provided for residents at all sites. Scrubs should be used at the site from which they were obtained.

Department Laptop

The Obstetrics, Gynecology and Women's Health Department will provide a laptop for your use while you are in the fellowship program. Please contact the Maternal-Fetal Medicine Fellowship Administrator, Deborah Egger-Smith, to obtain one at 612.626.3503 or egger016@umn.edu.

Exercise Room

The UMMC Medical Executive Committee provides an exercise facility for use by University of Minnesota fellows and fellows. The space also includes a small kitchenette area with refrigerator, microwave, coffeemaker and hot/cold water dispenser.

Location: Room C-496 Mayo Memorial Building (Locker rooms/showers are located directly across the hall)

Hours: The facility is open 24 hours a day, 7 days a week

Access Code to Exercise Room and Locker Rooms: 2835 (Please do not share this code)

Insurance Information

Medical, dental, disability, and life insurance are offered to residents. Plan availability and information is available at <http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school/index.htm>.

Office of Student Health Benefits
University of Minnesota
410 Church Street SE, N323
Minneapolis, MN 55455

Phone: 612-624-0627 or 1-800-232-9017

Fax: 612-626-5183 or 1-800-624-9881

Email: umshbo@umn.edu

Life Insurance and Voluntary Life Insurance

Medical School Fellows and Fellows are automatically enrolled in a standard life insurance policy provided by Minnesota Life. Enrollment is no cost to fellows and fellows, as it is paid for by your department. In addition to the standard plan, fellows and fellows have the option to purchase voluntary life insurance at low group rates through Minnesota Life.

For more information, please visit the OSHB website designated for Medical School Fellows and Fellows:

<http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm>

Minnesota Life

Phone: 651-665-3789 or 1-800-392-7295

<http://www.lifeworks.com>

Long Term and Short Term Disability Insurance

Guardian Life Insurance Company provides long and short term disability insurance for Medical School Fellows and Fellows. Enrollment is no cost to fellows and fellows, as it is paid for by your department. Guardian offers fellows and fellows up to \$10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a fellow or fellow.

For more information, please visit the OSHB website designated for Medical School Fellows and Fellows:

<http://www.shb.umn.edu/twincities/fellows-fellows-interns/med-school/index.htm>

Guardian Life Insurance Company

**With disability insurance questions, please refer to information posted on the OSHB website for specific contact information.*

<http://www.guardiandisabilitymnr.com>

Meals While On Call

Fellows who have been assigned to provide on-call services in the hospital for a specific period of time other than a normal work day will be provided food service. The criteria set by the University of Minnesota Medical Center includes: fellows who work 24 consecutive hours on site, are pre-scheduled 5 or more 12 hour night shifts (night float), or are called from home to return to the hospital while on home call. All fellows who are eligible for a meal card will receive one from the Fellowship Administrator at the beginning of the academic year.

Questions and/or issues regarding meal cards at UMMC may be directed to the UMMC GME office at 612-273-7482.

Parking

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

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

Hennepin County Medical Center: Fellows will receive parking card information from Sylvia Lotz, Ob/Gyn Department Administrator at HCMC. Please make sure you park in the ramp location on the corner of 8th and Chicago. Her phone number is 612-873-2544 and email address: Sylvia.Lotz@hcmcd.org.

Abbott-Northwestern Hospital: Parking is available for the fellow through the Internal Medicine residency program coordinator, Cindy Savage at Abbott-Northwestern Hospital. Her phone number is 612-863-4649 and her email is cindy.savage@allina.com

Fellowship Leave (Time away from the program) Policy

The Maternal-Fetal Medicine Fellowship offers Fellow leave, which includes all time away from the program. Example of leave may be for vacations, illnesses, pregnancy and personal business. However, the program requires fellows to self-manage their time away from the program and the balance of available time. The Fellow Leave form should be completed and submitted to the Fellowship Director for approval and signature. Once the request for fellow

leave is approved, the time away from the program will be entered into the Residency Management Suite (RMS) duty hour module by the RMS Coordinator. *Fellow leave requests must be submitted 8 weeks prior to the block affected by the time off request. Exceptions are illness and family emergencies. Unapproved fellow leave will be considered additional leave from the program to be made up at the end of the 3 year fellowship.*

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Policy on Effect of Leave for Satisfying Completion of Program

The ABOG clearly specifies time in training for fellows to be board-eligible. Board-eligibility, and future certification, is an expectation of this program.

- A candidate must complete 36 months of graduate medical education in order to be eligible to sit for the written boards. If it is necessary to extend your time in residency, this may affect your ability to sit for the written boards until the following year.
- Leaves of absence and vacation may be granted to the fellow at the discretion of the Residency Program Director in accordance with local policy.
- If, within the three years of graduate medical education, the total of such leaves and vacation, for any reason (e.g., vacation, sick leave, maternity or paternity leave, or personal leave) exceeds **eight (8) weeks** in each year, or a total of **fifteen (15) weeks** over the total three years of fellowship, the required three years of graduate medical education must be extended over the duration of the time the individual was absent in excess of either the yearly maximum or the program maximum,
- Fellows are expected to take allotted vacation time. Foregoing allotted vacation time to shorten the required length of training is not permitted.

Note: Extending a fellowship could delay the ability of the fellow to sit for the Subspecialty Written Examination. Refer to the Bulletin for Subspecialty Certification on the ABOG website for further details.

Leave Accrual

Fellows will earn 20 days of leave per academic year in years 1 and 2. Fellows will receive 25 days of leave during their 3rd year to allow for interviews. This additional time in the third year may not be used for other purposes and may not be shared between the years.

Fellows will be credited for their fellow leave time on the first day of the academic year. Fellow leave time must be used in the academic year it is granted. Unused time will be lost when the new academic year starts. Fellow leave is a benefit to be used while in the fellowship. When a fellow leaves the Maternal-Fetal Medicine Fellowship Program, any unused time will NOT be paid out.

Using your Fellow Leave

Your current leave time balance is available through the Fellowship Administrator. Leave may be used in ½ day increments. Fellows cannot carry forward their leave balance from one year to the next. Any unused PTO will NOT be paid out.

Scheduled Fellow Leave

For scheduled time away from the program (e.g., vacations, personal business, interviews, etc.) fill out a time off request and obtain the necessary signatures. All scheduled fellow leave must be approved by the site supervisor and Fellowship Program Director and then submitted to the Fellowship Administrator for final processing. Forms may be obtained by contacting Deborah Egger-Smith at egger016@umn.edu or 612.626.3503; forms are also available on the Welcome Page of the Residency Management Suite (RMS).

The following criteria apply to Scheduled Fellow Leave:

- No more than one week of leave may be requested from any single block
- Fellow leave weeks will include 2 weekend days per 5 days PTO time.
- Fellows covering the service must notify MFM Service of Fellow Leave time taken.
- Conference time is not counted against time away from the program, but must be requested through the same Fellow Leave process.
- Fellow Leave may not be taken while on the ICU rotation.

Unscheduled Fellow Leave

In the case of unexpected illness, injury or other emergency, fellows may use unscheduled Fellow Leave to provide compensation for their absence. Unscheduled Fellow Leave should be a rare occurrence and must only be used to cover an unexpected illness, injury or other emergency.

If the fellow's unscheduled absence will extend longer than one day, a note from their physician documenting the illness or injury may be requested upon return. If a fellow has more than two unscheduled absences in one academic year, a physician's note will be required for any future unscheduled absence, even if it is just one day. Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Professional Leave

Presentation of work done at a national meeting, surgical training conferences, or and GME event that are the result of award or grant will not be counted as time away from the program. Professional leave must be requested and approved in the same process as Fellow Leave, but will not be charged against the allotment.

Conference time away is considered a privilege. Requests require approval by the Fellowship Program Director. Attendance at regularly scheduled internal conferences as well as educational needs is taken into consideration when approving conference requests.

Approved conferences include annual meetings of scientific organizations such as SMFM, 1st year resident retreat, NICHD, Excellence course on research etc. Conferences held outside the continental United States will be considered on an individual basis. Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Maternity Leave

The first two weeks of parental leave must use Fellow Leave days (10 days). Residents should pre-plan to use 10 days of Fellow Leave when they are family planning. If a resident requests maternity leave, she will be granted up to six to eight weeks. The first two weeks of time is typically paid by the Department (10 days Fellow Leave) plus 4 weeks of short-term disability (paid by the benefit carrier). Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

It is important to remember that maternity leave counts toward the maximum of 15 weeks of leave that are allowed during a three-year fellowship, per ABOG guidelines. This 15 weeks includes all time taken away from the program during the three years.

Holidays

University of Minnesota, University of Minnesota Physicians, or other organizations' official holidays are NOT program holidays. Holiday schedule vary depending on the site of the rotation. When rotating to a particular site, the holiday schedule for that site must be followed. Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Parental Leave

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Medical Leave

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Military Leave

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Jury/Witness Duty

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

Personal Leave of Absence

Please refer to Institutional Policy Manual: <https://z.umn.edu/gmeleavepolicy>

**In extenuating circumstances if your time away from the fellowship exceeds the allowable limit per ABOG, you will be required to make up the days missed at the end of your fellowship prior to graduation. This is in compliance with the ABOG rules for board certification eligibility.*

***If time away exceeds the time away allotted by the board (8 weeks in one year), the remainder of the PTO bank must be used for a greater portion of the LOA or the PTO time will be forfeited.*

Professional Liability Insurance

All fellows are provided with professional liability coverage for activities they participate in within the curriculum of their fellowship program. Professional liability coverage information as well as the procedure to request liability credentialing is available here:

<https://sites.google.com/a/umn.edu/medcred/>

Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence.

Stipends

Fellow base stipends proposed by Graduate Medical Education for Academic Year 2018/2019 are as follows:

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

Payroll questions should be addressed to Brett Steger at 612.626-6910 or stege015@umn.edu.

Fellow's Administrative Stipend

Each fellow will be given \$1,200 per year for costs such as licenses, memberships and other such fees. These will be available July 1 each year. Balances do not carry forward and overdrafts are not allowed.

Fellow's Research Stipend

Fellows will be awarded \$7,500 towards research activities and travel for the three-year term they are with the Maternal-Fetal Medicine Fellowship Program. These funds are interchangeable with the yearly administrative stipend. These funds are not renewable; they will be available July 1 of the first year of the fellowship.

Workers Compensation Program – Policies and Procedures

The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers' Compensation insurance purposes. When a trainee is injured during training, they must take immediate steps to report the injury to the University.

The University cannot pay bills for trainee treatment unless an injury report is on file.

For links to the Office of Risk Management's current policy and procedure regarding reporting Workers' Compensation injuries:

<http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html>

SECTION 3 – INSTITUTION RESPONSIBILITIES

Refer to GME policy manual at: <http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual>

For additional GME Fellow Resources, refer to:
<https://www.med.umn.edu/fellows-fellows/current-fellows-fellows>

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

Disciplinary Procedures

After reviewing fellow performance at the Fellow Continuation Meeting the faculty may recommend that the fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program on remediation (with special mentoring and monitoring), continue in program with probation, or be dismissed from the program. See the section on the Fellow Continuation Meeting (CCC) for more information on this semi-annual evaluation process.

Remediation and probation may also be used at any time during the year when a fellow is having difficulty. Please see the descriptions below.

Remediation is the first step in correcting fellow problems. It is meant to be instituted in the early stages of the problem to help the fellow improve his/her performance before the problem advances further. A fellow may be placed on remediation for help with issues of professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, and humanistic qualities.

The decision to place a fellow on remediation is made by the Program Directors, fellow advisor, and when appropriate, nursing staff or chief residents; when discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Director will meet with the fellow and present a written plan of remediation, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the remediation period, the Program Director and fellow will meet to discuss the fellow's progress. Outcomes of this meeting can be removal of remediation status and continuation in program, continue in program with additional remediation, or continue in program on probation.

Probation is the next step in correcting fellow problems and is reserved for issues that are more serious and require immediate correction. Probation may be used as the first step for corrective action if the problem is deemed too critical for the remediation process. Fellows can also be placed on probation for ongoing problems that were not corrected by the remediation process. A fellow may be placed on probation because of critical issues with professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, and humanistic qualities.

The decision to place a fellow on probation is made by the Program Director, fellow advisor, with faculty input. When discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Directors will meet with the fellow and present a written plan for the probationary period, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the probationary period, the Program Directors and fellow will meet to discuss the fellow's progress. Outcomes of this meeting can be removal of probationary status and continuation in program, continue in program with additional probation, or dismissal from the program.

For more information, please refer to the Institutional Policy Manual: <http://z.umn.edu/gmeim>

Grievance Procedures

The following describes the general process for resolving grievances within the fellowship program at the departmental level. It is understood that if the grievance cannot be resolved at the department level, the parties will pursue the Medical School process.

Possible areas of grievance to be resolved can include evaluation of fellow performance, fellow duties, fellow assignments/schedules, fellow conflicts with peers or administrative chief fellows or faculty. It is understood that many potential areas of conflict can be avoided via discussions with fellow mentors and/or faculty advisors. The quarterly program meetings, and fellow advisor meetings or meeting with the Program Director also provide opportunities for problem resolution. If these usual and customary means of resolving issues do not suffice, the head of the department may assemble a grievance committee from appropriate membership. Membership can include the parties to the complaint, representatives from the fellow class, administrative chief residents, faculty from services or sites concerned, mentors, and the Fellowship Program Director. If an outcome acceptable to principals in the complaint is achieved, no further action is necessary. If parties fail to achieve an acceptable resolution, the matter is carried forward to the Medical School grievance procedure.

Our program also encourages fellows to directly address any issue or concern they may have with faculty or staff as it occurs, or within the appropriate space of time. However, in cases when this is not possible or not resolvable, fellows bring their concerns to the Program Director for guidance and intervention as necessary. The Program Director, at their discretion, may elevate the situation to the Division Director, Department Chair or the DIO. Fellows are provided on line tools through the Graduate Medical Education office to assist in resolving conflict on their own. There is also a Student Conflict Resolution Center which offers online tools or personal assistance through an ombudsman. The Resident Assistance Program is a

confidential counseling service designed to offer fellows and their immediate family member a professional, external resources to address a variety of stressors, at no cost to the fellow. The Office of Equal Opportunity and Affirmative Action (EOAA) is also available to help resolve issues or concerns involving discrimination, harassment , sexual misconduct, nepotism and retaliation. Staff member of the EOAA are available to consult directly with fellows or supervisors/administrators. Reporting of discrimination or harassment may be done through UReport anonymous online reporting system. Fellow also review the program faculty yearly through an anonymous evaluation which is then reviewed by the Program Director. Any concerns are then addressed with the PD, site directors and/or faculty members and can also be escalated as indicated.

For more information, please refer to the Institutional Policy Manual: <http://z.umn.edu/gmeim>

SECTION 5 - GENERAL POLICIES AND PROCEDURES

ABOG Board Certification in Maternal-Fetal Medicine

For information refer to the American Board of Obstetrics and Gynecology website at www.abog.org.

ACGME Competencies

All University of Minnesota Medical School Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences to ensure its Fellows demonstrate the following:

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

Applications Used by Fellows

Passwords and access will be provided during orientation at each of your sites.

Application Name	What it does	Location(s) in use
EPIC	FV clinic based electronic medical record: enter orders, review results, physician and nursing	All Fairview owned clinics Contact the Technology Service Center for support at 612-672-6805. Also

	documentation.	utilized at HCMC and ABN.
FV Intranet	Provides links to MD resources for training, laboratory guide, library resources, etc	Any PC that can connect to FV network Contact the Technology Service Center for support at 612-672-6805
PACS	View radiology images	All metro Fairview hospitals Contact the Technology Service Center for support at 612-672-6805
VPN	Provides access to Fairview clinical applications from computers on the University network or home computer	UMMC Contact the AHC help desk for support at 612-626-5100
Viewpoint	View images and create report for MFM Ultrasound studies	All Fairview owned MFM clinics Contact the MFM Clinic Manager for support at 612-273-2223

Autumn Seminar

Over the past 40 years, the Department of Obstetrics, Gynecology and Women’s Health has hosted a CME course in Obstetrics and Gynecology. All fellows are invited to attend the conference and they may be asked to present a topic in Maternal-Fetal Medicine. The Fellowship Administrator will provide more information regarding this event. The next Autumn Seminar is scheduled for 2019.

Call Responsibility

Fellows will take in-house overnight call during their MFM inpatient rotation at Hennepin County Medical Center. On this rotation, fellows will cover 3 weeknight shifts and one weekend shift over the 4 week rotation. One call shift is scheduled per week of rotation. Weeknight shifts start at 5:00 PM and end the following morning at 7:30 AM. Weekend shifts begin at 7:30 AM and end the following morning at 7:30 AM. Fellows will have no clinical, educational or Fellowship responsibilities when they are post-call.

Procedure Call

In order to increase MFM fellow exposure to procedures, all MFM fellows will evenly share the responsibility of MFM Procedure Call. At least one MFM fellow should be in attendance for the 75% of the following procedures/clinical scenarios:

1. Cesarean hysterectomy
2. Cervical cerclage
3. ICU admission/management of pregnant patient
4. Amniocentesis (diagnostic and therapeutic)

5. Chorionic villus sampling
6. Medical and surgical termination of pregnancy, including multifetal reduction or selective reduction
7. PUBS/IUT
8. Vesicocentesis/thoracentesis and placement of fetal shunts

MFM fellow Procedure Call coverage:

1. During office hours (8 am-4:30 pm), the fellow on service will have priority to participate in procedures 1-3 when they are performed.
2. During office hours (8 am-4:30 pm), the fellow in clinic will have priority to participate in procedures 4-6 when they are performed.
3. The third-year fellow will have priority to participate in procedures 7-8 when they are performed.
4. An MFM fellow on-call will be assigned for after-hours procedures (refer to QGenda for schedule). The time spent at the hospital will be counted toward duty hours.

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

Call Rooms

Fellows will have use of on-call rooms when in-house call is required.

Conferences and Assigned Readings

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

Weekly lectures are given by either the Maternal-Fetal Medicine, Neonatal, or Anesthesia faculty (or other invited faculty). The 2nd year MFM fellow will be responsible for assigning topics to faculty for review. The content of the lectures is based on the ABOG "Guide to Learning in Maternal Fetal Medicine", which can be accessed at the following website: https://www.abog.org/docs/default-source/default-document-library/guide-to-learning-mfm-2018.pdf?sfvrsn=5a09728d_0

Topics include, but are not limited to:

1. Active Management of Labor
2. Non-vertex Vaginal Delivery
3. Ultrasound in Pregnancy
4. Hypertensive Disorders in Pregnancy
5. Asthma in Pregnancy
6. Substance Abuse in Pregnancy
7. Preterm Premature Rupture of Membranes
8. Preterm Labor: Corticosteroids & Tocolytics
9. Critical Care Obstetrics
10. Cesarean Hysterectomy
11. Thyroid Disease in Pregnancy
12. Prenatal Diagnosis: Amniocentesis, CVS, PUBS
13. Regional Anesthesia in the High-Risk Obstetric Patient
14. Drugs in Pregnancy and Teratology
15. Diabetes in Pregnancy
16. IVH, NEC, and RDS
17. Topics in Critical Care Obstetrics
18. Placental Pathology
19. Operative Vaginal Delivery
20. Survival and Morbidity of the VLBW Infant
21. Autoimmune Disease in Pregnancy
22. Intrauterine Fetal Demise: Etiology and Management
23. Endocrinology of Pregnancy
24. Fluid and Electrolytes in Pregnancy
25. Pulmonary Disease in Pregnancy
26. Cardiac Disease in Pregnancy
27. Renal Disease in Pregnancy
28. GI Disease in Pregnancy
29. Incompetent Cervix and Cervical Cerclage
30. Doppler velocimetry in Obstetrics
31. Non-immune Hydrops
32. Isoimmunization
33. Prenatal Screening and Diagnosis
34. Cytogenetics
35. Antepartum Testing
36. Neurologic Diseases in Pregnancy
37. Psychiatric Disorders in Pregnancy
38. Recurrent Pregnancy Loss
39. Intrauterine Growth Restriction
40. Multiple Gestations

41. Bleeding Disorders in Pregnancy
42. Legal and Ethical Issues in Pregnancy
43. Pregnancy Termination
44. Cancer in Pregnancy
45. Aneuploidy syndromes
46. Fetal Urinary tract malformations
47. Fetal GI malformations
48. Periviability
49. Preconception Care
50. Fetal skeletal dysplasias
51. Fetal structural cardiac malformations
52. Fetal CNS malformations
53. External Cephalic Version
54. Troubles with twins
55. Immunology of Pregnancy
56. Use of Antibiotics in Obstetrics
57. HIV in Pregnancy
58. TORCH Infections
59. Urinary Tract Infections in Pregnancy
60. Hematologic Disease in Pregnancy
61. STDs in Pregnancy
62. Newborn physiology
63. Intraamniotic Infections
64. Viral Infections in Pregnancy
65. Thrombophilias in Pregnancy

The textbooks for reference during Fellowship include, but is not limited to:

- Creasy and Resnik's Maternal Fetal Medicine, Eighth Edition, 2019
- Williams Obstetrics, Cunningham, Twenty-fifth Edition, 2018
- Critical Care Obstetrics, Phelan, Sixth Edition, 2019
- Diagnostic Imaging - Obstetrics, Woodward, Third Edition, 2016
- Fetology, Bianchi, Second Edition, 2010

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

Maternal Fetal Medicine/Neonatology Joint Conference

The 2nd year MFM fellow works with the 2nd year Neonatology fellow to set up biannual conferences. The conference is held on Thursday afternoons from 3:30-4:40 pm. Lectures will rotate between neonatology and maternal-fetal medicine topic and faculty.

Department Grand Rounds

Grand Rounds are held on the 3rd Tuesday of each month, 7-8a.m. at the Wilf Auditorium, Main Floor, Children's Hospital, Riverside. Fellow attendance at more than 75% of Grand Rounds is mandatory.

Morbidity and Mortality Conference

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

Curriculum

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

In the first year of training, fellows will be assigned a faculty advisor for mentorship during their training. Fellowship trainees in their 1st year will complete the majority of required clinical training.

This will include:

- 9 months of training at the University location
 - 2 month of outpatient MFM/ultrasound
 - 2 months of outpatient MFM/genetics
 - 3 months of inpatient MFM
 - 1 month L&D supervisor
 - 1 month of research
- 2 months of training at Hennepin County Medical Center
 - 1 month of inpatient MFM
 - 1 month of L&D supervisor
- 1 month of training at Abbott Northwestern Hospital

- 1 month in ICU

Fellowship trainees in their 2nd year will focus primarily on research with 10 months of research rotations and 2 months of clinical rotations.

- 11 months of research at University of location
 - 10 months of research
 - 1 month of inpatient MFM
- 1 month of training at Hennepin County Medical Center
 - 1 month of inpatient MFM

Fellowship trainees in year 3 focus on completing their research and thesis presentation and take electives of their choosing. Elective rotation can include (but are not limited to):

- Ultrasound
- Pediatric Cardiology
- Congenital Heart Disease clinic
- Endocrinology
- Hematology
- Additional Research
- Maternal – Fetal Medicine
- NICU
- Genetics
- Fetal Echo
- International Rotation
- Fetal Surgery

Fellows taking elective course are responsible for arranging the rotation and completing the Goals and Objectives outline. Goals and Objectives must be submitted 8 weeks before the start of the elective rotation.

Research

Fellows are required to complete and defend a hypothesis driven thesis as per ABOG and ACGME program requirements. Twelve months of protected research time will be given over the 3 years of fellowship. Thesis defense takes place during the 3rd year of fellowship during with the fellow's research mentor and MFM Faculty present.

Please see the ABOG Maternal-Fetal Medicine Guide to Learning for thesis details:

https://www.abog.org/docs/default-source/default-document-library/guide-to-learning-mfm-2018.pdf?sfvrsn=5a09728d_0

Fellows, with guidance from program faculty, must secure a research advisor for their thesis project who will be responsible for ensuring the completion of the thesis project. Fellow may have other project advisors for each research project they undertake, and these project advisors will oversee all aspects of manuscript and presentation preparation for their particular project. The Program Director, faculty advisor and research advisor together ensure that the concept of progressive responsibility is followed with respect to the preparation of manuscripts and presentation at meetings for the thesis. Progressively larger audiences are sought for the fellow's manuscript and/or clinical research such as department Grand Rounds, Research Day, Autumn Seminar, and annual national meetings.

The Research Council, with the help of Dr. Rachel Vogel, has put together a [Fellow & New Faculty Research Handbook](#) for tips and tools for assisting fellows as they work through their thesis or other research projects.

Program Goals and Objectives

Our overall objectives are to train specialists in Maternal-Fetal Medicine who, by virtue of additional education, care for and/or provide consultation on women with complications of pregnancy and is expected to:

- Have advanced knowledge of obstetrical, medical, and surgical complications of pregnancy and their effects on the mother and fetus
- Be skilled in the areas of prenatal ultrasound and prenatal diagnosis
- Have clinical competence in MFM and be able to function as a consultant to obstetricians/gynecologists for women with complicated pregnancies
- Have advanced knowledge of newborn adaptation
- Be able to function effectively in the arena of basic and clinical research in MFM in order to advance the discipline and remain current in a rapidly changing field

At the completion of the fellowship, the individual should be capable of managing complex maternal-fetal health care problems, scientific inquiry and critical evaluation of the literature. Such a person must be able to function as a consultant to Obstetricians and other medical specialists.

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

Procedure Tracking and Reporting

The ACGME requires accurate and complete documentation of each fellows' experience for each year of the program. Accurate tracking of procedure will aid the ACGME in determining the procedure requirement for fellowship in the future.

The ACGME has developed a procedure tracking system based on CPT codes. Fellows are required to use the Case Log System developed by the ACGME for procedure tracking during Fellowship. Fellows may log onto the system directly from the ACGME website at www.acgme.org to enter their procedures. A review of all fellow cases will occur semi-annually at the Fellow semi-annual review.

Fellows are expected track procedures daily and enter procedures via the ACGME website on a weekly basis. The ACGME website provides manuals for entering procedures as well as a listing of the available CPT codes by area and type.

Fellows will also need to add procedure numbers into the ABOG annual report. At this time, the procedures requested by ABOG are slightly different from the ones tracked on ACGME. Fellows may wish to keep track of their procedures to aid in this process.

Training Sites

University of Minnesota Medical Center

University of Minnesota Medical Center is the primary training site for the Fellowship program. This site is the tertiary care center for the 13-hospital Fairview Medical System and is based at the University of Minnesota, Twin Cities Campus. This site houses a Level IV NICU with a full breadth of Adult and Pediatric sub-specialties. There is continuous Maternal-Fetal Medicine faculty coverage at this site. The fellows rotate at this site under the guidance of Drs. Landers, Nyholm, Contag, Rauk, Cross, Jones, Hart, Yamamura, Gill and Jacobs, the full-time academic Maternal-Fetal Medicine faculty members. During the Maternal-Fetal Medicine service rotation, a Maternal-Fetal Medicine faculty member is assigned clinical responsibility for the inpatient transport, antepartum service, labor and delivery and direct supervision of the Maternal-Fetal Medicine fellow's clinical performance and evaluation. The degree of autonomous decision-making by the Maternal-Fetal Medicine fellow will be at the discretion of the supervising faculty and relates to the fellow's knowledge, skill, interest and experience. The fellow is expected to participate in rounds on all antepartum, labor and delivery, and complicated postpartum patients and perform inpatient and outpatient consultations, coordinate maternal transports and interpret ultrasound evaluations. Fellows see obstetrical patients in the MFM outpatient clinic, managing patient care for all high-risk obstetrical patients.

Hennepin County Medical Center

Hennepin County Medical Center is the top Level 1 trauma center in the region. Combined with the large underserved population that HCMC cares for, this site affords the fellow the opportunity to manage severe trauma in pregnancy. Fellows rotate at this site under the supervision of HCMC attending staff that are also adjunct faculty members of the University of

Minnesota. The Maternal-Fetal Medicine fellow on the inpatient obstetrical services at HCMC will be responsible for the care of hospitalized high-risk obstetric patients under the direct supervision of Drs. Coultrip and Prosen. The day-to-day responsibilities include participating in the daily morning report conference, as well as clinical teaching with residents and medical students. The Maternal-Fetal Medicine faculty has sole clinical responsibility for the patients seen at the center. The fellow will perform high-risk inpatient/outpatient consultations, targeted ultrasounds, antepartum fetal testing (biophysical profiles, etc.) under the direct supervision of MFM faculty. This facility affords the fellow the unique opportunity of managing a large number of gravidas with substance use disorders and infectious disease complicating pregnancy.

Abbott Northwestern Hospital

Abbott Northwestern Hospital is the largest private hospital in the Twin Cities and offers specialized and unique medical services. The adjacent Minneapolis Children's Hospital houses a Level IV NICU. Maternal-Fetal Medicine fellows spend one month at this site during their first year in the Medical/Surgical Intensive Care Unit under the direction of Dr. Roman Melamed. The fellow may also opt to complete an elective rotation at this site in year 3 on the MFM inpatient service.

Genetics and Prenatal Diagnosis

Under the direction of MFM Faculty and Dr. Sue Berry Medical Geneticist, the fellows will rotate in the Fetal-Diagnosis and Treatment Center clinic. Genetics and prenatal diagnosis are taught jointly to the Maternal-Fetal Medicine fellow during the specific clinical Maternal-Fetal Medicine outpatient rotations under the direction Maternal Fetal Medicine faculty and Dr. Sue Berry. The Fellow will also work with on-site Genetic Counselors. These rotations take place at the UMMC site. Clinical fellow responsibilities during this time include participation in all prenatal diagnosis and genetic counseling cases. The fellow may also participate in the pediatric genetics' new patient evaluation, as well as pediatric genetics follow-up clinics. The fellow will observe and participate in genetic amniocentesis, chorionic villus sampling, fetal blood sampling, and intrauterine transfusions under the supervision of the Maternal-Fetal Medicine faculty. The fellow will also be involved in consultation with referring physicians, as well as requesting information on potential teratogen exposure. In addition, a month-long Medical Student course given in November provides further optional training in medical genetics (MED 7548).

Infectious Diseases

The Maternal-Fetal Medicine services at both the University of Minnesota Medical Center and Hennepin County Medical Center manage numerous pregnant women with infectious diseases

such as HIV, STDs, obstetric and perinatal infections. Dr. Daniel Landers has completed a reproductive Infections Disease fellowship and he provides clinical expertise and consultation with Fellows on patients with ID related complications. Didactic training in infectious diseases is accomplished through the didactic lecture series, obstetric conferences and departmental grand rounds that cover a variety of infectious disease topics.

Neonatology

Between the active NICUs at UMMC, Hennepin County Medical Center and Abbott-Northwestern Hospitals, there are over 150 NICU beds. These units are capable of providing high-frequency ventilation and ECMO (Extra Corporal Membrane Oxygenation). The Division of Neonatology at the UMMC works in close collaboration with the Division of Maternal-Fetal Medicine in the areas of clinical medicine, didactic lectures, and research.

Ultrasonography

Ultrasonography is a central feature of the Maternal-Fetal Medicine Center at UMMC. Over 12,000 US are performed annually at our sites. Fellows have the opportunity to scan as well as interpret as over 3,000 exams while rotating on the Maternal-Fetal Medicine service. Fellows also participate in the scanning and interpretation of fetal echocardiograms at UMMC under the supervision of the pediatric cardiologists and MFM staff.

Obstetrical Anesthesia

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

Critical Care

The Maternal-Fetal Medicine fellow spends a one month during the first year in the intensive care unit at Abbott Northwestern Medical Center under the direction of Dr. Roman Melamed. The goal of this rotation is for the fellow to gain expertise in the clinical management of the acutely ill patient. There is no Fellow responsibility to the Division of Maternal-Fetal Medicine during the rotation in ICU. The fellows are under the direct supervision of the faculty of the

ICU and gain clinical skills in the areas of ventilatory management, invasive cardiopulmonary hemodynamic monitoring, and the clinical management of a variety of shock states.

Perinatal Pathology

Dr. Mark Luquette provides expertise in Perinatal Pathology at the University of Minnesota. He collaborates with faculty and Fellows in clinical care, research and also provides didactic lectures for our fellows.

Training/Graduation Requirements

The Curriculum Competency Committee (CCC) will recommend advancement to the next fellowship year using evaluation data and specific program criteria for advancement, which is summarized as follows:

Fellowship Year 1 (F1):

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

Fellowship Year 2 (F2):

- Successful completion of clinical and research blocks
- Demonstrate appropriate progression for level of training towards independent competence for assessed milestones
- Completion of administrative responsibilities (duty hour reporting, evaluations and case logs completed)
- Submission of IRB application for fellow's thesis project

Fellowship Year 3 (F3):

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

Duty Hours

Duty hours are defined by ACGME as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading and preparation time spent away from the duty site.

- Duty hours **must** be limited to 80 hours averaged over a 4-week period (inclusive of all in-house call activities and moonlighting)
- Moonlighting **must not** interfere with the ability of the trainee to achieve the goals and objectives of the educational program. Moonlighting must count towards the 80-hour maximum weekly hour limit.
- Fellows **must** be scheduled for a minimum of 1 day free of duty every week (when averaged over 4 weeks)
- At home call **cannot** be assigned on these free days and **DOES NOT INCLUDE PTO TIME**
- Duty hours of PGY 5, PGY 6 and PGY 7 fellows **may be** scheduled a maximum of 24 hours on continuous duty in the hospital.
- It is essential for patient safety and resident education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this time period **must be no longer** than an additional 4 hours.
- In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justification for such extensions of duty are limited to reasons of required continuity for a severely or ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. [Under these circumstances the fellow **must** document the reasons for remaining to care for the patient in question]
- Fellows **should have** 10 hours free of duty, and **must have** 8 hours between scheduled duty periods. They **must have** at least 14 hours free of duty after 24 hours of in-house duty.
- Fellows **must not** be scheduled for more than 6 consecutive nights of night float
- Fellows must be scheduled in-house call **no more** frequently than every third night (when averaged over a four-week period).

University of Minnesota Medical School (UMMC) Institution Policy:

- All programs are required to adhere to the ACGME requirements for duty hours. Programs are required to monitor trainees' compliance with their duty hours and trainees are required to enter their duty hours into RMS (Residency Management Suite).
- Program must be committed to and be responsible for promoting safety and resident well-being and to providing a supportive educational environment.
- The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
- Didactic and clinical education must have priority in the allotment of residents' time and energy.

- Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Program Responsibility

- Each program must have written policies and procedures consistent with the ACGME Institutional and Program Requirements for trainee duty hours and the working environment. These policies must be distributed annually and discussed with the trainees and the faculty on a regular basis. Monitoring of duty hours by the program is required with frequency sufficient to ensure an appropriate balance between education and service.
- Back-up support systems must be provided with patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Those circumstances where a fellow may not be able to fulfill his or her normally scheduled responsibilities are due to fatigue, illness, family emergency, and maternity/paternity leave, academic leave, personal leave, etc. The program call banking system and the back-up call system have been established to provide a plan for back-up support when patient care responsibilities are especially difficult or prolonged.

Resident Management Suite (RMS) is used to track duty hours, complete evaluations and view results, view a conference calendar, and review/confirm curriculum or goals and objectives for rotations. The system is Internet based. You need a User ID and Password to access the system, which is distributed during department orientation. If you need to have your password reset, or have difficulty with access, you may contact the Fellowship Coordinator.

The hours and activities entered by Fellows into RMS are used to document compliance with the ACGME duty hour requirements and reconcile Medicare payments with the institutions where the Fellows rotate. Fellows are required to login to RMS daily to enter their duty hours, including PTO. Maintaining your duty hours is not only a GME requirement; it is also a requirement for the completion of your certificate.

Hours must be fully entered, and approved if necessary, by the end of every month. The Fellowship Program Coordinator ensures hours are entered each month by reviewing duty hour entry reports.

Note: Failure to accurately log your duty hours is considered an act of Medicare fraud.

You will find the necessary steps below to: 1) Login into RMS, 2) Enter Duty Hours, 3) Complete Evaluations and Review Results, 4) View the Conference Calendar, and 5) View and Confirm Curriculum (Goals and Objectives for Rotations).

Logging into RMS:

Use your browser to go to www.new-innov.com/login. Note: Internet Explorer is the preferred browser.

Enter **MMCGME** for the Institution ID.

Enter your **User Name** and **Password** in the appropriate boxes.

Evaluation

Evaluation is an essential component of the educational process and should contribute to the professional growth of each fellow. The Division of Maternal-Fetal Medicine is committed to comprehensive, regular and timely evaluation of the educational and professional performance of all MFM Fellows. Evaluation will be provided by supervising teaching faculty, nursing staff, residents and medical students. Fellows are expected to achieve high standards of performance. Further, we expect fellows to monitor their own progress and consciously work to acquire the habits, the professional attitudes and demeanor, as well as the knowledge and skills of a Maternal-Fetal Medicine physician. Problems with expected performance or progress on the part of a fellow should be identified and reported early. Faculty evaluations of Fellows are completed through RMS. Fellows will also evaluate faculty and the program through RMS.

Steps in the Evaluation Process

Fellows on clinical rotations are evaluated by faculty on a monthly basis during the academic year July 1 – June 30. Fellows on research will be evaluated by their research mentors and division research advisors every 3 months and will meet with their research mentors monthly. Written evaluations are completed by the evaluator, using the RMS evaluation form. Fellows meet twice a year with the Program Director for their semi-annual evaluation, and the Program Director provides a final evaluation for each fellow completing the program. Evaluations are to be discussed with the fellow by the evaluator. Copies of the written evaluations are readily available to the fellow in RMS, or can be sent upon request.

Types of Evaluations

In accordance with ACGME requirements, all MFM Fellows are required to collect multiple types of evaluations. The evaluations required to be collected include:

- Program Director Evaluation of Fellow (2x per year at minimum) – completed after CCC
- Fellow Self-Evaluation (2x per year at minimum)-completed semiannually before progression meeting with Program Director
- Fellow Evaluation of Program (1x per year at minimum)-completed in May
- Faculty Evaluation of Fellow (monthly)-completed at end of monthly rotation
- Faculty Evaluation of Fellow on Research – completed by research mentor every 3 months
- Resident Evaluation of Fellow – completed at end of monthly inpatient rotation

- Nursing Evaluation of Fellow – completed twice yearly in December and June
- Faculty Evaluation of Program (1x per year at minimum) – completed in June
- Fellow Evaluation of Faculty (2x per year at minimum) – December and June
- Patient/family evaluations – ongoing throughout year

Evaluation Confidentiality

Evaluation confidentiality is of high importance in the department. In order to maintain a confidential feedback system, there are several mechanisms in place:

- Only the Program Coordinator, Program Director and Division Chair have access to view the fellow identity for evaluations the fellow has completed on faculty.
- Evaluation of faculty teaching performance is included in all annual faculty performance evaluations. These evaluations are completed by the Division Chair.

Clinical Competency Committee

The role of the Clinical Competency Committee (CCC) is to track each fellow's progress along the ACGME Milestones for Maternal-Fetal Medicine.

The Committee is comprised of faculty members who interact with the fellows in clinical settings. The Fellowship Program Director will be a member of the CCC, but cannot serve as the chair. The Committee will meet twice a year to assess each fellow's progress in the clinical domains. The Program Director, Assistant Program Director, Residency Program Director, and Site Director from Hennepin County Medical Center make up the CCC. Fellow faculty advisors are invited to attend CCC meetings. The committee meets in December and May to discuss the fellow advancement in the program. The data available to the Committee will include the evaluations described above and fellow procedure logs. All information will be provided to committee members by the Program Coordinator. The Committee members are expected to incorporate their own personal experience with the fellow's clinical performance into the tracking of Competencies, based on the specific Milestones described by the ACGME. This committee must assure the reporting of Milestones evaluations of each fellow semiannually to the ACGME.

After each meeting, the CCC chair will be responsible for summarizing the committee opinion on each fellow - offering suggestions for improvement, or remediation, if necessary, The CCC will make a final designation with respect to the fellow's milestone progression, overall clinical competence and whether or not the fellows is making appropriate progress toward becoming an independent Maternal-Fetal Medicine physician. The chair will be responsible for transmitting the final report to the Program Director, who will be responsible for reviewing the report with each fellow as part of the semi-annual review process and for reporting on milestones progression to the ACGME. The purpose of this semi-annual review with the Program Director is to provide objective assessment of competence in patient care, medical

knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice through a review of all current evaluations. The semi-annual reviews will provide documentation of fellow performance over the course of the fellowship. If the committee has raised concerns, the CCC chair may be invited to also participate in the semiannual review. If remediation is recommended, both the CCC chair (or their designee) and the PD must meet together with the fellow to review and address the concerns raised.

A summative evaluation will replace the May/June semi-annual review for a graduating fellow. This review will document the final period of education and verify that the fellow is competent to practice independently.

Possible Outcomes of the Fellow CCC Meeting - After reviewing fellow performance, the faculty may recommend that the fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program with remediation, continue in program with probation, & dismissal from program. Please see Section 4 for detailed description of remediation and probation.

Program Evaluation Committee

PEC Members are appointed by the Program Director. PEC membership will be composed of at three additional program faculty and at least one fellow. Program Evaluation Committee meetings are held annually in May to provide feedback on the strengths, weaknesses and possible areas for improvement of the MFM Fellowship. The responsibilities of the Program Evaluation Committee (PEC) include the following:

1. Participate in planning, implementing, and evaluating educational activities of the Program.
2. Review and make recommendations for revision of competency-based curriculum goals and objectives.
3. Identify and address areas of non-compliance with ACGME standards.
4. Review the program annually using evaluations of faculty, trainees, and others to make concrete recommendations for program improvement.
5. Render a written Annual Program Evaluation (APE) addressing the following areas:
 - a. Current fellow performance (scholarly activity, # of procedures)
 - b. Faculty development (development opportunities including new clinical skills, admin skills, and teaching, scholarly activity, statement that performance has been reviewed)
 - c. Graduate performance, including performance on certification examination (boards)
 - d. Program quality, based on the following measures:
 - i. Trainee and faculty confidential written evaluations of the program, at least annually

- ii. Other trainee and faculty assessments and any additional data or program evaluations available.
 - e. Recommendations for program improvements based on trainee and faculty evaluations
 - f. Progress on the previous year's action plan(s) (any follow-up, address deficiencies)
6. Prepare a written action plan to document initiatives to improve performance in one of more of the areas listed above (5.a-f), including delineation of how the initiatives will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Guidance on completing the Annual Program Evaluation is provided at:
<http://www.gme.umn.edu/educresources/programevaluation/index.htm>.

Faculty Advisors

The Fellowship Program Director will assign a faculty advisor to each incoming first-year fellow with the intention that the fellow will continue with that advisor for all three years, in most cases. Any advisor or fellow may request a change of advisor/advisee at any given time. An advisor may need to assume other responsibilities which would not give the advisor enough time to spend with their advisees. The advisor may have a professional area of interest that is different than the fellow's area of interest. A fellow may wish to have an advisor who is his/her research advisor, or may wish to have an advisor with whom they have developed a special working relationship. Changes in advisor/advisee teams need to be approved by the Fellowship Program Director. Advisors will not be assigned more than one fellow at any time.

Advisor Job Description

To be an advisor to a fellow is a privilege and a responsibility. An advisor serves as an advocate, mentor, resource person and liaison between fellow and faculty. Specific expectations are:

- Meet in person with fellow prior to CCC meetings.
- Provide Program Director and CCC with pertinent feedback from these semi-annual meetings. Advisor is also invited to attend CCC meetings.
- Any RMS evaluation score of 2 or less must prompt a meeting with the advisee.
- Advocate for fellow and participate in the development of remediation or probation plan should the need arise.

Fellow advisors should review fellow portfolio, which include performance as evaluated by supervising faculty, nursing staff, patients, and residents. In addition to reviewing the evaluations, advisors review procedure totals, experience in diagnostic and therapeutic procedures, feedback on participation and ability as a teacher, attendance at required conferences, progress in research project and humanistic qualities.

Graded Responsibility

The curriculum and supervision of fellows is structured in a manner that permits the fellows to assume progressively increasing responsibility according to their level of education, ability and experience, thereby providing direct experience in progressive responsibility for patient management.

Graduate Courses

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

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

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

The Foundation of Excellence in Women's Health Care has sponsored a course called Excellence in Clinical Research. The Division of Maternal-Fetal Medicine has approved this course as an option to replace the two recommended courses to be completed by the fellow during a fellowship. For further information, please visit the Foundation's website at www.excellence.org. Recommended courses will be covered by the MFM division with prior approval from the Program Director.

Laboratory/Pathology/Radiology Services

Laboratory, pathology, and radiology services are readily available through University of Minnesota Medical Center.

Fairview Diagnostic Laboratories
Mayo Medical Building, Room D-293
420 Delaware Street SE, MMC 198
Tel: 612.273.7838
Fax: 612.273.0183

Pathology

Pathology Department (also, Pathology Surgical, May Room 422, MMC 76)

Mayo Medical Building, Room C-477

420 Delaware Street SE, MMC 609

Tel: 612.273.5920

Fax: 612.273.1142

Interventional CV Radiology, UH-2-300

Tel: 612.273.5040

Fax: 612.273.7500

Radiology

Radiology Department (also, Reading Rooms, Registration)

Harvard at East River Road (UH), Room 2-300 (all divisions: MMC 292)

Tel: 612.273.6004

Fax: 612.273.8954

Radiology Engineering, UH 2-493

Tel: 612.273.6801

Fax: 612.273.6887

Radiology Film Desk Hospital, UH 2-403

Tel: 612.273.5777

Fax: 612.273.7515

Lectures and Presentations

Fellows give presentations quarterly to the MFM faculty summarizing their research progress. These meetings are meant to give fellows instruction and guidance in their clinical and basic science research.

Fellows may be asked to participate in the Department of Obstetrics, Gynecology and Women's Health Annual Autumn Seminar. At this event, the fellow gives a talk geared to the level of a generalist in OB/GYN or to a family practitioner.

The 3rd year fellow will present their research at the Department Research Day held in May and is also required to present a lecture topic at the Department of Obstetrics, Gynecology and Women's Health Grand Rounds.

Fellows are also encouraged to participate and present at annual Minnesota Ob-Gyn meetings, including MN ACOG and Minnesota Perinatal Organization.

Licensure/Resident Permits

Fellows are required to apply for a Minnesota medical license or permit prior to fellowship start date.

Medical Records

Medical records systems that document the course of patients' illnesses and which are adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity are available at all times at all institutions.

The following policy was endorsed by UMP Clinical Practice Committee (2/13/06) and applies to all trainees at all sites at all times.

1. Results of imaging, lab and other diagnostic testing should be interpreted in final form (i.e., by a staff physician) and available to the ordering physician within (2) working days.
2. Discharge (d/c) summaries will be dictated within (24 hours) of discharge. If the discharge summary is the principal means of supplying written communication with the referring physician the d/c summary should be signed and sent within 4 days to meet the stated needs of referring physicians.
3. Preliminary clinic notes should be dictated within 24 hours of the visit. Notes can be amended when additional results/information are received. Communication should be received by the referring physician within 4 to 5 days of the visit to meet the stated needs of our referring physicians. If additional information is necessary, then the timeline can be extended as appropriate.
4. Inpatient consultation notes reflecting the opinion of the designated consult physician (not resident) should be legible and available within 24 hours of the consult request.
5. Brief Op notes must be completed before the patient leaves the OR and Op notes should be dictated w/in 24 hours of the surgery.

Moonlighting Policy

Moonlighting is a privilege, not a right. Fellows must submit a request to the Program Director for approval and acknowledge the moonlighting policy as follows:

- I am not required to engage in moonlighting activities.
- **I will submit a new Moonlighting Request Form to my Program Director at least annually and as changes to my training program requirements or previously approved moonlighting activities occur. My Program Director must approve or deny each request.**
- The University of Minnesota professional liability insurance for trainees does not cover moonlighting or any other activities outside the curricular components of the training program. I must obtain separate professional liability insurance which covers any liability for this moonlighting activity.
- I must have a valid Minnesota Medical License issued prior to the beginning of any moonlighting activity that requires a medical license, and that the license must be renewed prior to the expiration date.
- H-1B visa holders must obtain a separate H-1B visa for each facility where the trainee works outside of the training program
- Moonlighting must not interfere with my ability to achieve the goals and objectives of the training program.
- Moonlighting activities are not part of the educational curriculum in University of Minnesota residency and fellowship programs. This activity (i.e. procedures) will not be credited toward my current training program requirements.
- This moonlighting activity is outside the course and scope of my approved training program. Moonlighting activities are prohibited during regular program duty hours as defined by my Program Director.
- **Time spent moonlighting (internal or external) must be reported as a part of duty hour monitoring in the Residency Management Suite (RMS) and must be included in assessments of compliance with ACGME duty-hour requirements. Moonlighting activities must not interfere with meeting the duty hour requirements.**
- Violating the Moonlighting Policy set forth in the Institution Manual and my Program Manual is grounds for discipline under Section VI of the Residency/Fellowship Agreement.
- My program director has the right to rescind approval of moonlighting at any time.

The institutional policy on moonlighting is available on the University of Minnesota Graduate Medical Education Administration website:

<https://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual/moonlighting>

Fellows who wish to pursue moonlighting must submit the Standard Moonlighting Request Form to the Program Director for approval.

Please contact the fellowship coordinator for a copy of the Standard Moonlighting Request Form. This form is also available for download on your New Innovations Residency Management Suite home page (under Department Notices).

Fellow Well Being and Fatigue

The Program Director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the Program Director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified. These circumstances are evaluated at the CCC meetings and resolution is pursued. The program encourages fellows to recognize their own levels of stress, and to seek the advice of their attending physician or program director if stress becomes too great. Faculty and trainees are educated to recognize the signs of fatigue. The Fellowship Office also monitors the duty hours and days off. Refer to the Back-Up Policy in the Institution Manual for instruction on what to do if a fellow is fatigued or stressed, especially if unable to provide safe patient care.

Educational resources on Fatigue, Stress and Deprivation, Burnout, and other well-being topics are available at: <http://www.med.umn.edu/gme/educresources/competteachres/home.html>.

The Resident Assistance Program (RAP) is a 24-hour free confidential assistance program designed specifically for residents and fellows. RAP offers support and assistance to residents/fellows with issues and problems such as getting a handle on resident debt, dealing with stress, career choices, relationships, and adjusting to fellowship. RAP is strictly confidential, and is provided by an outside firm, Sand Creek. The RAP program will NOT notify the program or program director of a fellows' use of the service. Trainees needing assistance with personal issues are encouraged to take advantage of the Residency Assistance Program (RAP) at 651-430-3383 or 800-632-7643. More information can be found at <http://www.med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/resident-and-fellow-assistance-program-rap>

Fatigue can lead to impaired performance and thus is taken seriously within the program. If fellows are fatigued to the point that they are unable to provide safe patient care are encouraged to contact their supervising faculty or the program director. Call rooms within the hospital for fellow use can then be used for rest until the fellow feels they could safely drive home.

Back-Up Policy

Fellow well-being will be closely monitored by the training program and supervising faculty. Faculty and fellows are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects. If a trainee feels they cannot provide safe patient care, they should immediately contact the supervising faculty, who will excuse the trainee from patient care responsibilities until the trainee is rested and able to

provide safe patient care again. Once the trainee is excused, their patient care duties will become the responsibility of the supervising physician, utilizing any additional identified back-up systems as needed, including PGY3 residents on the Maternal-Fetal Medicine service. Any other faculty member, fellow or member of the health care team who identifies a fellow as being fatigued should also contact the supervising faculty to suggest removal of the fellow until safe patient care can once again be provided.

Continuity of Care

Fellows are responsible for ensuring good communication and provision of continuity of care for all patients on their service. This is particularly important at times of care transition, such as during shift change, at the end of a rotation, or patient discharge. To provide face-to-face sign out, dedicated time every morning from 7:00 am – 8:00 am is designated as time for sign-out from the evening resident and L&D team to the day resident and L&D team. Fellows and supervising faculty are typically both present at morning sign-out during transitions of care. A standardized sign-out form through the EMR is used by faculty, fellows, residents and medical students. The MFM faculty spend a week on service in order to minimize faculty transitions in patient care. The MFM faculty and fellow will then sign-out face-to-face with the incoming MFM faculty each week using the same form as described above. Fellows are assigned to the clinical service for one month are updated each morning during morning sign-out rounds. The senior (PGY3) residents on our service are assigned to the MFM service for 6 weeks.

Program Responsibility:

- Must design clinical assignments to minimize the number of transitions in patient care.
- Programs must ensure that trainees are competent in communication with team members in handover process.
- Attending physicians and trainees must inform patients and family members of their roles in their care.

Needle-stick/Blood-Borne Pathogen Exposure Procedure

If you are exposed to blood borne or other infectious pathogens, by a needle-stick or other exposure, it is necessary to seek medical attention within 1-2 hours so that treatment is instituted within a timeframe that increases effectiveness.

24 hour helpline: 612-339-3663

Types of Hazardous Exposures

Hazardous exposures include:

- Percutaneous inoculation/puncture with blood or body fluid by a sharp instrument or sharp needle

- Contact with blood or body fluid through fresh (less than 24 hours) cut or mucous membrane contact (e.g. splash to the eye or mouth, or mouth-to-mouth resuscitation) or
- Skin exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded or afflicted with dermatitis.

Emergency Procedure

1. Clean it.
2. Get treated.
 - a. Call the 24-hour HealthPartners CareLine at 612-339-3663 if you don't know where to go.
3. Identify the source patient.
4. Report it.
 - a. Fill out the electronic First Report of Injury (E-FROI): <https://webapps-prd.oit.umn.edu/froi>
5. Get a follow-up exam.
 - a. After you complete the E-FROI, HealthPartners Occupational & Environmental Medicine will follow up with you.
6. Report all sharps-related injuries at <https://webapps-prd.oit.umn.edu/froi> to ensure appropriate follow-up care and to be eligible for Workers Compensation coverage.
7. For any Bloodborne Pathogen program information, contact the Office of Occupational Health and Safety at uohs@umn.edu.

Note: It is important to fill out all of the appropriate documents to be eligible to collect workers compensation should any complications from the hazardous exposure arise in the future. There is no cost to the employee for medical services provided in these incidents HealthPartners Occupational and Environmental Medicine Clinics and Urgent Care, and the Emergency Room at Fairview University Medical Center (if the exposure occurs after hours) stock the drugs currently recommended for treatment within 1-2 hours of accidental exposures to HIV.

Safety and Security

The Security Monitor Program (SMP) is a branch of the University of Minnesota Police Department. SMP offers a walking/biking escort service to and from campus locations and nearby adjacent neighborhoods. This service is available completely free to students, staff, faculty, and visitors to the University of Minnesota – Twin Cities campus. To request an escort from a trained student security monitor, please call 624-WALK shortly before your desired departure time and walk safe.

Fairview University Medical Center also employs security officers who are on duty 24 hours a day to respond to emergencies and to escort persons to and from the parking facilities. Call 612-273-4544 if you wish to have an escort, and a security officer will meet you at your location.

Supervision of Fellows

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

Levels of supervision include:

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

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

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

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

Supervision in Specific Settings

Inpatient Services

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

Labor and Delivery Suite - Fellows on service/Labor and Delivery will have direct supervision from a faculty member also on service. Faculty and fellows will attend rounds on patients each morning. Fellows will be responsible for supervising OB/Gyn residents on labor and delivery.

Fellows on MFM Supervisory rotation will have indirect supervision with direct supervision immediately available. Fellows will round on patients and will report to the attending faculty.

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

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

Outpatient Clinics

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

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

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

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

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

- Acute change in vital signs
- Sentinel event

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

Fellow Responsibilities

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

- Overall coordination and timely completion of ward work
- Supervising morning work rounds with the residents and attending patient care rounds
- Developing individual treatment plans with residents
- Participating in surgical cases as needed to complete his or her case list
- Dictating operative reports in cases where the fellow performs a significant portion of the case and assigning other operative dictations to the responsible physician
- Ensuring implementation of patient conferences
- Assuring adequate medical record completeness by junior and senior residents
- Coordinating teaching rounds with the attending of the week
- Adjusting the main OR schedule as necessary
- Participating in morning work rounds, and confirming any positive physical findings
- Developing long term treatment plans in conjunction with attending staff physician and residents and documenting these plans in the patient's chart
- Ensuring completeness of the new patient evaluations and discussing new patients with resident and attending physician

- Maintaining patient flow in clinic by ensuring adequate resident coverage for attending clinics, consulting with residents on all new patients and/or problem patients and by seeing patients in larger clinics
- Discussing all new admissions with the attending. Formulating plans and ensuring note documenting short-term management in chart
- Assisting in management of new admissions and acute emergencies as needed
- Communicating patient status changes and clearing all treatment plan changes with the attending physician
- Attending all didactic and patient care conferences

Teaching Residents and Medical Students

Fellows play a crucial role in resident and medical student education. It is critical that any fellow who supervises or teaches residents and medical students be familiar with the educational objectives of the rotation or clerkship and be prepared for their roles in teaching and evaluation. As a fellow at an academic institution, you have the important responsibility to serve as a teacher and role model for other learners.

The fellow makes morning rounds every day with residents and students. They are responsible for the supervision and training of residents and medical students during service weeks. They may also be called on to train resident in an OR setting. Fellow will be asked to evaluate residents using MyTipReport. Fellows will be asked to evaluation medical students using E*Value.

Fellow teaching of medical student is an essential part of our academic program. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Fellows should review the educational objectives of the Obstetrics and Gynecology Clerkship (10th Edition, APGO Educational Objectives). These are available at:

<https://www.apgo.org/wp-content/uploads/2016/05/APGO-Med-Student-Obj-10-Ed-.pdf>

Fellows are instructed to incorporate the following in their teaching of other learners on the service:

- Set clear guidelines for patient management, including roles for each learner (what you expect on rounds, how you expect the notes to be written, etc).
- Orient the students to the environment they'll be working in.
- Teach. Five minutes of teaching several times a day goes a long way.
- Students should be present at all C/S, all vaginal deliveries and all other surgeries.
- Take students to bedside for monitor strip rounds, to assess ROM, etc.

- Provide specific, sensitive, private constructive feedback to residents and students throughout the rotation.

Travel Policy and Process

Fellows are expected to attend the annual SMFM (Society of Maternal Fetal Medicine) conference. The fellow's expenses for the SMFM meeting will be covered by the division for three nights/four days in order to allow them to attend the Thursday-Saturday portion of the meeting. This would include airfare and hotel at the conference rate. If the fellow chooses to attend the PG courses prior to the start of the meeting they can do so, however they would be responsible for paying for the course fees, hotel, and meals using either their research stipend, \$7500 one-time award for the 3 year fellowship, to be used towards research activities and travel; their administrative stipend of \$1200 yearly (unused funds do not roll over into next year), or pay the expenses out of pocket.

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

For other conferences or educational travel, the fellows Research or Administrative funds will be used for all expenses associated with travel and presentation at educational conferences until such time as they are exhausted. When the stipends are exhausted:

1. If funds are available, the division may provide a stipend for poster and/or oral presentation at SMFM.
2. If funds are available, the division may provide a stipend for travel to present oral papers at other appropriate national meetings (ISUOG, AIUM or CAOG). The stipend may or may not cover all the associated costs of attending the meeting.

The division will provide a stipend for international travel only in extraordinary cases. The stipend may or may not cover all the associated costs of attending the meeting.

The division will not provide additional support for poster presentations or strictly educational meetings though research or administrative stipends may be used for these.

Traveling on University Business

Travelers have up to 60 days after travel completion to substantiate and document travel expenses. Reimbursement requests submitted beyond the 60 days will be denied, except for extraordinary circumstances such as extended international travel. Reimbursement requests for local travel (local business mileage, parking, etc) do not fall under this 60-day time frame. This type of request may now be submitted on a less frequent basis (e.g. quarterly, semi-annually). Please submit all reimbursement requests to Margaret Louters at lout0006@umn.edu, or

interoffice mail to MMC 395. Questions regarding reimbursement of travel expenses should be directed to Margaret Louters (phone: 612-625-8071).

The 60 day reimbursement policy also affects any purchase, including but not limited to membership fee, licensure fees, or exam fees, which fellows may submit for reimbursement from research or administrative funds.

Reimbursement Process

The expense reimbursement form is available on the RMS home page. You are responsible for completing the information requested on the form and submitting it within 60 days of travel or purchase. Requests for reimbursement which involve division funding must be signed off by the Program Director. Please submit requests to Deb Egger (egger016@umn.edu) or April Homich (homi0003@umn.edu) for processing.

SECTION 6 - ADMINISTRATION

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ADMINISTRATIVE SUPPORT

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Confirmation of Receipt of the Policy Manual (see example below): Each resident/fellow must have a signed receipt that they have received the program manual. This receipt should be kept in the resident/fellow's file.

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

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Fellow's Signature _____

Date _____

Coordinator's Initials _____

Date _____