University of Minnesota
Graduate Medical Education

2025-2026
Policy & Procedure Manual

Department of
Orthopedic Surgery
Adult Reconstructive Surgery
Fellowship Program

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INTRODUCTION

Explanation of Manual

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

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

Institutional Profile

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

Statement of Commitment
The University of Minnesota Medical School is committed to graduate medical education, which emphasizes education and training of physicians to meet the healthcare needs of our region, advancement of knowledge, and leadership in the biomedical sciences and in academic medicine.
With this commitment, the University of Minnesota Medical School will provide adequate funding for administration, personnel, educational, clinical resources, and faculty teaching time to be certain that every program under our institutional sponsorship offers the best possible training environment and educational opportunities.

Statement of Goals for Graduate Medical Education
Our goal is to provide the highest quality of graduate and post-graduate medical, professional and educational training to prepare physicians for the practice of specialty and/or subspecialty training, or for the pursuit of academic and research medicine.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, marital status, disability, public assistance status, veteran status, or sexual orientation.

Statement of Diversity and Inclusion
The University of Minnesota Medical School is committed to excellence. Our mission will only be achieved through embracing and nurturing an environment of diversity, inclusiveness, equal opportunity, and respect for the similarities and differences in our community.

We strive to create an atmosphere where differences are valued and celebrated, knowing institutional diversity fuels the advancement of knowledge, promotes improved patient care and fosters excellence. We will train a culturally aware workforce qualified to meet the needs of the diverse populations we serve. We especially strive to have our community better reflect the broad range of identities in our state, including race, ethnicity, gender identity, gender expression, sexual orientation, disability, age, national origin, religious practice, and socioeconomic status.

Institutional Responsibilities

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

State of Inclusion of Fellowship Program

The information contained in this program policy manual pertains to all fellows in the department's programs except as otherwise identified in the program policy manual or fellowship addendum.

Departmental Mission Statements

We provide world-class, patient-focused orthopedic care to all, advanced by innovation and education.

Program Mission Statement

The Adult Reconstruction Fellowship Program serves to provide appropriate training to individuals interested in the field of hip and knee surgery through the University of Minnesota Department of Orthopedic Surgery.

Departmental Organization Chart

Department Chair
Denis R. Clohisy, MD

Program Director
Edward Y. Cheng, MD

Associate Program Director
Paul Hoogervorst, MD

Faculty
Ryan Bailey, MD
Chen Deivaraju, MD
Paul Lafferty, MD
Patrick M. Morgan, MD

Education Manager
Erik Solberg

Program Coordinator
Erin Tuset

Teaching Faculty - Clinical and Non-clinical can be found on the Department of Orthopedic Surgery website

General Program Description

This twelve-month fellowship, accredited by the Accreditation Council for Graduate Medical Education (ACGME), consists of one twelve-month rotation at the University of Minnesota. The rotation involves time in the outpatient clinic and operating room devoted to patient care responsibilities. Time is reserved for research obligations as well. The case mix involves the entire spectrum of reconstructive procedure. There is an emphasis in complex revision arthroplasty, reconstruction after tumor resection, treatment of infected prostheses and osteonecrosis. A requirement for graduation from the program is completion of a research project and publication submission.

APPOINTMENT AND REAPPOINTMENTS

Eligibility Requirements

The program follows the GME Policy for Eligibility & Selection.

In addition to the previous requirements listed in the GME Policy for Eligibility & Selection, fellowship program applicants must also provide their program with documentation of the following qualifications to be eligible for appointment:

- Graduation from an appropriate ACGME residency program, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada (Residents who temporarily suspend their residency training to take a

subspecialty fellowship position do not have to provide a completion certificate); and

- A passing score on USMLE Step 3 or an equivalent examination that qualifies for medical licensure (e.g., Comprehensive Osteopathic Medical Licensing Examination-COMLEX); and
- A written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the trainee.

All applicants must apply through the San Francisco Match (sfmatch.org) prior to November 18, 2023. Three letters of recommendation included with the application are required.

Non-discrimination Statement

The University is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran's status, sexual orientation, gender identity or gender expression. Harassment based on sex, race or any other ground listed here is a form of discrimination prohibited under this policy. Residents/Fellows who believe they have been subjected to discrimination or harassment on any of these grounds are urged to contact their program director or department chair. Complaints also may be pursued through the Associate Dean for Graduate Medical Education, the Medical School Ombudsman or the University of Minnesota Office of Equal Opportunity and Affirmative Action, as set forth in the Resident/Fellow Institutional Policy Manual.

Program Specific Visa Policies

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Orthopedic Surgery Residency program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on the J-1 visa can be found on the UMN-GME webpage.

Appointment and Promotions

The program follows the GME Policy for Classification and Appointment and the Resident/Fellow Standing and Promotion Policy.

Requirements for Completion of Training and Graduation

- Satisfactory review of milestones.
- Completion of surgical case logs within a two week rolling basis.
- Completion of research project to the milestone of publication submission.
- Grand Rounds presentation.
- Presentation to hospital allied healthcare staff.
- Attendance at 2 RCA events and monthly M&M conferences.

- Completion of OSAE Self Assessment Exam

Policy on Effect of Leave for Satisfying Completion of Program

15 days of vacation and/or conference time will be allocated each year. This includes time for interviews, business, and other miscellaneous days off. Additional time may be requested and approved by the staff if specific arrangements are made in advance. These activities should be coordinated through the Fellowship Director. The fellow's absences should be scheduled with prior consideration of any attending staff absences. The only exception to this would be the fellow presenting papers at the same meeting as the attending. Extenuating circumstances do arise and will be dealt with fairly when appropriately presented to staff.

CME conferences will be reviewed on a case by case basis.

Unused vacation time/conference time will not be paid out to the fellow at the end of their fellowship

Non-renewal of Appointment
The program follows the GME Policy for Discipline, Dismissal, and Non-Renewal.

TRAINEE RESPONSIBILITIES AND SUPERVISION

Clinical Responsibilities

Admissions
Patients are frequently admitted to the hospital as day-of-surgery admission. Preoperative medical evaluation is often done by an outside family physician or referral source. The fellow is responsible for the availability of x-rays and related patient data and that the patient has been seen in the preoperative holding area. If the case is being done with a resident in addition to the fellow, the fellow should review the indications and salient physical findings with the resident prior to proceeding with preparation of the patient for surgery. The fellow is expected to review radiographs and anatomical details with the resident both before as well as during the case without staff encouragement.

Surgery
As noted above, the fellow is expected to maintain a general awareness of all patients preparing for surgery. This is done in conjunction with the attending staff secretary and nursing assistants. The fellow should be certain that any specialized equipment needed is available by contacting the operating room area directly. The fellow should avail him/herself of all resources necessary to ensure that they are familiar with the equipment being utilized for a particular surgical procedure.

Daily Rounds and Post-Operative Care

Often, Adult Reconstruction patients remain in the hospital post-operatively. As significant complications can occur in the post-operative period, fellows are expected to be prompt, courteous and vigilant with respect to patient-related problems and telephone calls from the nursing station and/or residents. When in doubt, any questions regarding patient management should be brought directly to the attention of the staff surgeon or the person on call.

The patients in the hospital will be cared for by both the resident on service and by the fellow as well, working as a team. Although the PGY4 resident and inpatient nurse practitioner have primary responsibility for in-person daily AM rounding, the fellow has secondary responsibility when the PGY4 is absent due to vacation, fellowship interviews, illness, or other causes. It is expected that the fellow will maintain awareness of all patients hospitalized following surgery by monitoring their postoperative status and rounding electronically or in person. Discharge medications may vary among attending physicians; when in doubt, it is best to check with the attending physicians, specifically regarding discharge medications to be given to a particular patient.

Evening and Weekend Coverage

Hospital patients are seen every day by the resident or the fellow. On weekends, the resident rounds on the 1st, 3rd, and 5th weekend, and the fellow rounds on the 2nd and 4th weekends. The fellow is expected to be available for calls and surgery on nights and weekends as attending staff surgery schedules demand.

The fellow does not participate in “in house” on-call duties.

Clinics

The fellow will assist attending staff in clinical evaluation of patients. Over the course of one year, the fellow will be exposed to multiple problems while assisting the attending physicians. They will, thereby, gain a breadth of experience, both with respect to clinical problems as well as management techniques. When a patient is seen by a fellow, it is expected that the fellow will complete dictation on that patient and complete appropriate charting.

Non-clinical and Administrative Responsibilities

Medical Records

Discharge summaries, operative notes, and clinic notes are to be done promptly by the fellow. The fellow is expected to maintain a log of all surgical patients that she/he is involved with, including the patient’s age, diagnosis and surgical procedure(s) and to submit them to the Accreditation Council for Graduate Medical Education (ACGME) surgical case log.

Telephone Messages From Patients

When the fellow rounds during the weekend and receives calls from patients, he/she should maintain a phone log of contacts with patients and document it in the record. If questions arise that require management on a weekend, it is expected that the fellow would contact a staff

member on call. Or, if it can be deferred, the fellow should contact the appropriate staff surgeon the next working day morning.

Electronic Communication and Privacy

Texting/SMS or non-University of Minnesota (UMN) server routed email is not considered confidential. Do not put any patient health information in it. Use your UMN email address for work instead of another address.

While emails routed entirely within the UMN servers are not exactly confidential either, the attorneys have allowed patient health information to be included. Please attach a disclaimer as well. Example: *"DO NOT READ THIS EMAIL IF YOU ARE NOT THE INTENDED RECIPIENT. The information in this email and any attachments may contain confidential and/or privileged material. If you are not the intended recipient, your review, forwarding, copying distribution, or any other use of disclosure of any information in this email is prohibited. If you receive this email in error, please destroy and delete this message from any computer and contact us immediately by return email."*

Full policy details that you should know are listed at: https://policy.umn.edu/it/itresources

Do not store any patient health information on laptops or transportable media (portable drives, flash memory media, etc). Keep all research related files updated under the proper project related folder on the orthopedic department server. It is secure and backed up daily. Do not keep active research files elsewhere for over 24 hours without back up to the server. Violations of the above put the department/University at risk and will be dealt with firmly.

Trainee Supervision

See GME Supervision Policy

The fellow is supervised by the attending physician on call or in charge of the clinical activity. The M Health Fairview University of Minnesota Medical Center complies with known lines of responsibility for the care of patients from fellows to attending physicians. The fellow is to be provided with reliable systems for communication and interaction with supervisory physicians and fellows are responsible for contacting supervisory physicians for all areas of patient care. The fellow has the opportunity to assume increasing responsibility for patient care, under direct faculty supervision (as appropriate for a fellow's ability and experience), as they progress through a program. The institution is responsible for sufficient institutional oversight to ensure that fellows are appropriately supervised. The fellow is to be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility accorded to each fellow is determined by the teaching staff. The fellow is not used as a backup attending physician and is not used as a means of extending the practice volume of the attending surgeon. See below for direct, indirect, and oversight definitions:

- Direct:

    - The supervising physician is physically present with the fellow during key portions of the patient interaction.
    - The supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (ACGME Common Program Requirements VI.A.2.c).(1)
- Indirect: The supervising physician is not providing physical or concurrent visual or audio supervision, but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision. (ACGME Common Program Requirements VI.A.2.c).(2)
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered. (ACGME Common Program Requirements VI.A.2.c).(3).

Monitoring of Well-Being

Welcome meeting with the program director regarding the expectations of the fellowship. Routine meetings with the Adult Reconstruction faculty to discuss fellow progress including overall time and practice management and urgent issues.

ACGME Tools and Resources for Physician Well-Being

Sleep Deprivation and Fatigue Management

Fellows are advised to recognize the signs and symptoms of sleep deprivation and fatigue in themselves and others and to take action when patient care and/or trainee well-being are affected. The fellow should review the presentations linked below for information and policies.
https://aasm.org/sleep-health-and-wellness/
https://www.sleepfoundation.org/sleep-solutions/sleep-tools-tips
https://www.takingcharge.csh.umn.edu/sleep
https://ed.ted.com/lessons/what-would-happen-if-you-didn-t-sleep-claudia-aguirre#watch

Formal Support Programs

Support resources are available to the adult reconstruction fellow. The Physicians Wellness Collaborative (PWC) provides counseling for concerns including mental health, relationship and financial stressors.
The Office of Learner Development is available for fellows who are facing challenges in time management, work/life integration and cognitive demands of fellowship, including board exam preparation/performance. PWC and Office of Learner Development

Fatigue and Transition of Care

Clinical schedules have been designed to prioritize fellow education and well-being. In the event that the adult reconstructive surgery fellow is too fatigued to provide safe patient care,

the fellow is instructed to hand off patient care responsibilities to the supervising attending using the standard handoff process. The Adult Reconstruction Fellowship conforms to the Transitions of Care policy established by the University of Minnesota's Graduate Medical Education Office.
Fellows who are too impaired (or identified by their peers as being impaired) to drive home safely can request a transportation voucher as stated in the Transportation and Safety Policy.
Clinical and Educational Work Hours Policy and ACGME Program Requirements for Graduate Medical Education in Orthopedic Surgery

DIDACTICS/CONFERENCE ATTENDANCE REQUIREMENTS

For ongoing patient care and quality improvement, fellows are required to attend at least 2 of the simulated (biannually) Root Cause Analysis (RCA) activities offered by the UMN OGME over the academic year.

Tuesday:

- The fourth Tuesday of the month is reserved for the M & M Conference held in the Orthopedic Surgery Department.
- Surgery planning occurs on the 1st , 3rd, and 5th Tuesday at 7:00 AM, unless otherwise noted. A calendar invitation will be sent from the admin based on PDs schedule. (The fellow, rotation residents, and program director meet weekly to plan the cases for the next week. Planning includes templating, intraoperative management, and post-operative care for patients. The previous week's surgeries are also discussed.)

Wednesday:

- The first Wednesday of the month is reserved for the Prosthetic Joint Infection Conference held via Zoom link. All active PJI cases are reviewed at that time, in a multidisciplinary environment.
- Surgery Planning occurs on the 2nd and 4th Wednesdays at 8:00 AM, unless otherwise noted. A calendar invitation will be sent from the admin based on PDs schedule. (The fellow, rotation residents, and program director meet weekly to plan the cases for the next week. Planning includes templating, intraoperative management, and post-operative care for patients. The previous week's surgeries are also discussed.)
- The third (every other) and fourth Wednesday of the month are reserved for the Arthroplasty Conference held via Zoom link.
- Wednesday afternoons at 5 PM is the Arthroplasty Case Indications conference via Zoom. The fellow should prepare cases to present.

Thursday: – Bone & Soft Tissue Tumor Conference

- The fellow is exposed to the reconstructive cases at the Bone and Soft Tissue Tumor Conference. Attendance is optional based upon both interest and clinical demands. The imaging studies in combination with histology of any specimens are reviewed with the

pathologist and other subspecialty disciplines (adult and pediatric oncology, radiation oncology).

- City-Wide Orthopaedic Grand Rounds, 5-6pm, 2nd Thursday of the month
  The topics are varied, but usually involve recent research from the University of Minnesota and other visiting lecturers covering various aspects of Orthopaedics. The fellow will be expected to present one of these sessions on adult reconstruction topics. As not all topics are related to adult reconstruction, attendance is optional based upon both interest and clinical demands.

- Core Curriculum program, 4-5pm
  The only sessions the fellow attends are those that involve presentations on joint preserving reconstruction, primary hip, primary knee, revision hip and revision knee principles and case presentations, infected prosthesis and the painful prosthesis, and joint diseases.

The fellow is also expected to participate in undergraduate medical school teaching. The fellow is expected to act in the capacity of a clinical instructor to educate medical students in the lower extremity exam, extremity splinting, and basic orthopedic principles pertaining to the lower extremity.

Duty Hours Requirements and Reporting

It is the policy and practice of the program to maintain equitable scheduling for the fellow in order to provide them with adequate time for research and other necessary activities. The Adult Reconstruction Fellowship conforms to the guidelines for Clinical Experience and Education requirements from the ACGME and the related policies established by the University of Minnesota's Office Graduate Medical Education.
Duty Hour Resources

PROGRAM CURRICULUM

ACGME General Competencies

ACGME Common Program requirements

In accordance with the ACGME Institutional Requirements, each program must provide effective educational experiences for trainees that lead to measurable achievement of educational outcomes in the ACGME competencies. ACGME Program Requirements for Graduate Medical Education for Adult Reconstructive Orthopedic Surgery. Education competency areas consist of the following.

Medical Knowledge

Medical knowledge is required for the day-to-day activity of all physicians. Didactic sessions are given nearly daily at each of the institutions in order to increase the fellow's medical knowledge base. Medical knowledge base is tested at the end of the year with an American Academy of Orthopaedic Surgeons Self-Assessment Examination for Adult Hip and Knee, which is completed and scored online. This is shared with the Program Director and discussed on the final evaluation.

Patient care

A doctor's job is patient care. This is carried out on a daily basis. It is the resident's primary responsibility under the direct supervision of the faculty. The faculty provide direct feedback regarding the resident's patient care skills, as well as documenting through the electronic evaluation system.

Practice-Based Learning and Improvement

Fellows will demonstrate understanding of health systems and how physicians can work effectively in varied health care environments including:

- use of electronic medical communication and database management for patient care
- quality assessment and improvement
- cost effectiveness of health interventions
- assessment of patient satisfaction
- identification and alleviation of medical errors
- competently evaluate and manage medical information and relevant medical literature

Interpersonal Communication Skills

Interpersonal and communication skills are a part of the patient care process. Patient interviewing skills, interactive skills with ancillary personnel, as well as physician-to-physician communication is a daily part of the resident routine and is supervised directly by the faculty. This competency is taught on a daily basis and evaluated as part of the electronic evaluation system and through 360° discussion at the semi-annual CCC meetings.

Professionalism

Professionalism is included as part of the Core Curriculum, as well as learned through the example of the faculty. Professionalism includes:

- Timely completion of medical records
- Completion of CLER and API evaluations
- Duty hour reporting
- Maintain ACGME Case log
- Attendance at conferences
- Contribution to personal and community continuing medical education
- Upholding and demonstrating action/practice basic precepts of the medical profession in the sub-specialty practice of adult reconstruction
- Demonstrating ability to individualize patient care through the integration of knowledge from the basic sciences, clinical sciences, evidence-based medicine, and population based medicine with specific information about the patient and the patient's life situation

These are evaluated as part of the evaluation system and through 360° discussion at the semi-annual CCC meetings.

<u>System-Based Practice</u>

System-Based practice is part of the practice based learning including:

- use of electronic medical communication and database management for patient care
- quality assessment and improvement
- cost effectiveness of health interventions
- assessment of patient satisfaction
- identification and alleviation of medical errors
- competently evaluate and manage medical information and relevant medical literature

These are evaluated through the evaluation system and through 360o discussion at the semi-annual CCC meetings.

Sample Rotation Schedule-

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

Cheng	CSC Clinic	**FVRS**	Admin	CSC Clinic	**FVRS**
Coverage	PA 1	Fellow		PA Fellow	PA 2 PG4
Morgan	**FVRS**	MG clinic	**FVRS**	CSC Clinic	TRIA/WW OR or Clinic
Coverage	PA 3 PG4		PG4	PA 3	
Hoogervorst	Admin	**BV OR**	CSC Clinic	**FVRS**	BV OR or Clinic
Coverage		PA 4 PG4	PA 2- AM Fellow	PG4	PA 1 Fellow
Deivaraju	**Centracare OR**				
Coverage	Fellow				
Notes		7-8a-Surgery Planning	5-6p Arthroplasty Conf		

Competency-based Goals & Objectives

Objective	**Outcome Measures**	**ACGME Essential Competency**
Demonstrate mastery of key concepts and principles in the basic sciences and clinical disciplines that are the basis of current and future orthopedic practice.	*Adult Reconstruction AAOS Self- Assessment Exam *Clinical rotation performance *Feedback from fellowship directors	Medical Knowledge
Competently diagnose and provide options for the management of joint destructive conditions	*Clinical rotation	Medical Knowledge Patient Care and Procedural Skills
Display mastery of surgical skills necessary for competent surgical management of end-stage arthritis of the hip and knee	*Structured examination of surgical skills in cadaveric lab *Operative case log *Clinical rotation feedback	Patient Care

Contribute to personal and community continuing medical education	*Evaluations from department grand rounds on adult reconstruction topic	Professionalism Medical Knowledge
Demonstrate understanding of health systems and how physicians can work effectively in varied health care environments including: *use of electronic medical communication and database management for patient care *quality assessment and improvement *cost effectiveness of health interventions *assessment of patient satisfaction *identification and alleviation of medical errors	*Clinical rotation feedback from fellowship faculty *Clinical rotation feedback from inpatient nursing staff *Clinical rotation feedback from outpatient clinical staff	Practice-based Learning And Improvement Systems-based practice
Uphold and demonstrate in action/practice basic precepts of the medical profession in the sub-specialty practice of adult reconstruction.	*Clinical rotation feedback	Professionalism
Demonstrate ability to individualize patient care through the integration of knowledge from the basic sciences, clinical sciences, evidence-based medicine, and population based medicine with specific information about the patient and the patient's life situation	*Clinical rotation feedback	Interpersonal and Communication Skills Professionalism
Demonstrate mastery of complex orthopedic adult reconstruction clinical concepts, including the following: *history and physical examination of patient requiring routine and complex total joint replacement *history and physical examination of the young adult with a hip problem *workup and treatment of periprosthetic fractures *preoperative templating for primary, complex primary, and revision total joint arthroplasty *ligament balancing in the routine and complex total knee *implant selection in the young adult and adult *principles of postoperative rehabilitation *preoperative planning for the extirpation of the well fixed component	*Clinical rotation feedback	Patient Care and Procedural Skills Medical Knowledge

Objective	**Outcome Measures**	**ACGME Essential Competency**

Demonstrate mastery of the modern research design which exhibits: *understanding of protected health information procedures, patient autonomy, and ethical research practice *understanding of basic statistical concepts including power analysis, study bias, statistical significance, and survivorship analysis *understanding of the process for submitting, revising, and publishing a manuscript		
Competently evaluate and manage medical information and relevant medical literature	*Participation in and evaluation of adult reconstruction conference and arthroplasty club *Clinical rotation feedback	Patient Care and Procedural Skills Medical Knowledge Practice-Based Learning and Improvement Systems-Based Practice

Specialty-specific Curricula

<u>Learning Objectives for the Fellowship</u>:

Learning objectives that support the goals of the training program are provided. Because this is a year-long training program the learning objectives are divided into quarters so fellows and faculty can gauge the fellow's progress in learning and surgical skill acquisition. Each objective is referenced to the relevant ACGME core competencies. (PC: patient care, MK: medical knowledge, Prof: professionalism, SBP: systems-based practice, CS: communication skills, PBLI: practice based learning and improvement).

<u>Months 1-3</u>: Upon completion of the first three months of training the fellow is expected to:

- Perform a history and physical examination for patients presenting for joint replacements (MK, PC, CS).
- Perform appropriate assessment of patients presenting with emergent conditions (PC, MK).
- Formulate an approach to the evaluation of patients with pain at various intervals after a total hip and knee replacement (PC, MK).
- Assess bony deficiencies about the pelvis and lower extremity (MK, PC).

- Classify acetabular and femoral deficiencies (MK, PC).·
- Provide adequate written and verbal communication to peers, attendings, allied health professionals, and consultants so that they may continue the plan of care in an effective manner when the resident is absent from the floor or service (PC, CS).
- Maintain comprehensive, timely, and legible medical records (PC, CS, Prof).
- Submit an IRB application for a clinical study (PBLI, MK, CS).
- Develop a personal program of self-study and professional growth with guidance from a faculty advisor (PBLI, Prof).
- Be on-time for all clinical responsibilities (PC, Prof).
- Adhere to HIPPA requirements and confidentiality (PC, CS, Prof).
- Follow Hospital guidelines when completing all discharge and operating room reports (PC, SBP, CS).
- Follow the established practices, procedures, and policies of the Department and integrated and affiliated hospitals (PC, SBP, Prof).
- Respect the specific needs of his/her patients based on age, gender, race, and culture in formulating treatment plans (PC, SBP, Prof).
- Demonstrate respectful collaboration with their peers and allied health staff (PC, Prof, SBP).
- Present complications in interesting cases at teaching conferences including morbidity and mortality (PC, SBP).
- Differentiate between cemented versus uncemented arthroplasty (MK, PC).

Months 4-6: Upon completion of the second three months of training the fellow is expected to:

- Conduct appropriate preoperative planning of standard total hip/knee replacement (MK, PC).
- Interpret complex radiologic studies including CT scan, MRI and nuclear scans. (MK, PC).
- Demonstrate principles and surgical technique for the cemented/cementless femoral and acetabular components (PC, MK, PBLI).
- Develop and implement a surgical plan for primary revision joint arthroplasty (MK, PC).
- Prepare a patient for surgery in the elective and emergent setting (PC, MK)
- Recognize and manage post-operative complications (PC, MK, SBP).
- List the major options for reconstruction of bony deficiencies of the pelvis and lower extremities (PC, MK).
- State the relative risks and benefits of cemented versus uncemented hip and knee replacements (PC, MK, PBLI).
- Remove complex hardware around the hip and knee (PC, MK).

- Perform a primary cemented hip and knee replacement (PC, MK)
- Perform a primary uncemented hip and knee replacement (PC, MK)
- Perform ligament balancing in the knee (PC, MK).
- Perform the removal of a well fixed prosthesis in the hip or knee (PC, MK).
- Discuss functional prognosis of the patient and family with attention to their educational, social, and personal beliefs (PC, SBP, Prof).
- Perform diagnostic evaluation of a painful prosthesis and develop management plans for painful prostheses (PC, MK).
- Effectively refer patients for post-operative rehabilitation after joint replacement (PC, SBP).
- Interpret basic statistical concepts such as sample size, power, study bias, statistical significance, and actuarial life-table survivorship analysis (PBLI, MK).
- Serve as liaison for interdepartmental and interdisciplinary interactions (PC, Prof, SBP).
- Demonstrate advanced communication skills with patients and families undergoing surgical procedures (PC, CS).

Months 7 to 9: Upon completion of the third quarter of training the fellow is expected to:

- Recognize the indications within the uncemented arthroplasty domain regarding the use of fixation materials – porous coating, press-fit designs (PC, MK, PBLI).
- Describe and perform the different surgical exposures for primary hip/knee replacement and the extensile exposure sometimes required for complex joint replacement (PC, MK).
- Differentiate the bursal and soft tissue diseases about the hip/knee and then outline a treatment plan during office sessions, clinic and rounds.
- Distinguish other diseases predisposing to arthritis (Paget's Disease, AVN, Charcot arthropathy, ochronosis, subchondral insufficiency fracture).
- Perform surgical treatment options for reconstruction of bony deficiencies of the pelvis and lower extremities (PC, MK).
- Demonstrate the use of validated outcomes instruments such as the SF 36, WOMAC, HHS, PBLI, MK, PC).

Months 10-12**:** In the final three months of training the fellow is expected to:

- Develop and implement a surgical plan for complex revision joint arthroplasty (MK, PC)
- Plan and execute complex operative procedures (PC, MK, SBP).

- Summarize the indications for hip/knee arthrodesis and illustrate the techniques commonly used (PC, MK, PBLI).
- Effectively the lead surgical team, assign tasks and manage their implementation (PC, CS, SBP).
- Complete the process for submitting, revising and publishing a manuscript (PBLI, CS).

Upon completion of the Fellowship, fellows are expected to:

- Obtain an accurate history and perform a thorough physical exam on patients with an inflamed knee (PC, MK).
- Generate differential diagnosis of inflamed knee condition with the pertinent positives and negatives of these disorders: rheumatoid arthritis, septic arthritis, acute/chronic osteomyelitis, primary/post traumatic, osteoarthritis, gout, pseudogout, SLE, Reiter's disease, ankylosing spondylitis, PVNS, hemophilia, osteonecrosis (PC, MK, PBLI).
- Effectively assess critically ill patients, formulate diagnostic and therapeutic plans (PC, MK, SBP).
- Demonstrate the principles of femoral and pelvic osteotomies (MK, PC).
- Prepare accurate preoperative plans for femoral and pelvic osteotomies (PC, MK).
- Summarize the controversies that exist over the role of allograft bone (PC, MK, PBLI).
- Describe the indications for a resection arthroplasty and synovectomy of the hip (PC, MK, PBLI).
- Demonstrate effective communication skills with patients and families with recent diagnosis of malignancy (PC, CS).

Clinical Education Requirements

EDUCATION

Goals

The goal of the program is to introduce the fellow to clinical, research and didactic material, so that they will be prepared to carry out complex, analytical and technically demanding processes relevant to the areas of hip and knee surgery. One must keep in mind that there is no unanimity of opinion about how to treat disorders of the hip and knee joint. Therefore, the fellowship has been critically organized to bring together the most useful and up-to-date information to each individual undertaking this endeavor.

The one-year fellowship program in adult reconstruction is designed to train qualified applicants in the principles and practices of adult reconstructive surgery. This program strengthens the educational exposure for all orthopedic residents by prominently utilizing the fellow as an educator and an assistant, in addition to providing the fellow with sufficient operative and clinical exposure.

Educational Methods

The fellow is given a graded series of responsibilities appropriate to his/her development (please program objectives table). These responsibilities include: medical student teaching, resident teaching, patient teaching, therapist teaching, emergency room evaluation and treatment delivery, clinical assessment treatment and delivery (both within the hospital and physician office setting), and finally, delivery of treatment in an operating room setting.

Controversies continue to exist over the role of allograft bone, cemented versus uncemented arthroplasty, and within the uncemented domain controversies exist regarding fixation materials – porous coating, press-fit designs, and so on. It is the intent of this fellowship to address these points – it is our belief that these questions, which are ultimately settled between patient and surgeon, would be better answered if the surgeon has first hand exposure to the various options.

Research Requirements

The fellow is expected to participate in a minimum of one clinical research project and bring that project to fruition for presentation at a national meeting. In general, the project should be of sufficient quality to be submitted for publication in a peer reviewed journal.

The fellow is expected to develop a list of projects, which he or she would like to consider during the fellowship year. The list will be reviewed during the first week of the fellowship and at least one topic will be selected by the end of the first month of the fellowship. This will ensure that the fellow will have 11 months to initiate and to bring to fruition the project planned as well as have the opportunity to initiate and complete as well as present the project at a national meeting.

The fellow will have access to both intradepartmental research related resources and the Clinical Outcome Research Center (CORC) at the University of

Minnesota, which is located at the School of Public Health and possesses expertise in the areas of biostatistics, computer technologies, epidemiology, study methodology, health management and policy analysis. The staff is experienced, capable, responsive, and dedicated to helping the fellow in completing their research study

The fellow will have dedicated time, approximately six hours per week, to carry out research duties. The fellow will have research time and will meet with the fellowship director to monitor the progress of their project on a weekly basis.

The fellow is expected to:

1. Do the required training for RCR (Responsible Conduct in Research), 2 sessions per year.
2. Gain experience in working with the institutional review board (IRB). (IRB Education & Training)

Quality Improvement Project Requirements

Surgical planning, handoffs, M&M meetings (Patient Safety and Quality Improvement conference), Surgical time out, M Health system-wide quality improvement,

Please see the current ACGME Program Requirements.

Trainee Portfolio

The fellow should use the New Innovations RMS system to update their trainee portfolio (accessed through the Portfolio tab on the homepage of New Innovations). New Innovations

Evaluations and Outcomes Assessment

Evaluation Process

Faculty members complete evaluations of progress with the fellow every six months during the course of his or her training and provide immediate feedback on a daily or real-time basis as there is regular interaction several times per week. The fellows are expected to be given direction by the attending physician

with regard to the appropriateness of his/her involvement, observation, operative assistance, operator (surgeon-with assistance) or other. 360° Evaluations will also be done by registered nurses, one clinic nurse, one hospital nurse, and one operating room nurse. They may also be done by other clinical staff such as PAs, CMAs.

Evaluation Tools

The methods used for evaluation of competence in this program include:

- New Innovations Evaluations of the Six ACGME Core Competencies plus technical skills and overall competence.
- ACGME Surgery logs noting compliance with completion, minimum requirements (by graduation)
- ACGME Milestone Evaluations: Milestones in GME provide narrative descriptors of the Competencies and sub-competencies along a developmental continuum with varying degrees of granularity. Simply stated, the Milestones describe performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains. They lay out a framework of observable behaviors and other attributes associated with a resident's or fellow's development as a physician.
    - The Milestones describe the learning trajectory within a sub-competency that takes a resident or fellow from a novice in the specialty or subspecialty, to a proficient resident or fellow, or resident/fellow expert. Milestones are different from many other assessments in that there is an opportunity for the learner to demonstrate the attainment of aspirational levels of the sub-competency, and just as importantly allows for a shared understanding of the expectations for the learner and the members of the faculty. The Milestones can provide a framework for all GME programs that allows for some assurance that graduating residents and fellows across the US have attained a high level of competence.
    - Milestones are designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation.

- A 360° assessment is completed and represents the orthopedic staff and faculty, including a discussion of the fellow's strengths and weaknesses in each of the above categories.

Life Support Certification Requirements

Please see the link below for the overall policy on life support certification.
https://umphysicians.sharepoint.com/sites/resource/SitePages/edu/gme/LifeSupportCertification.aspx

Annual evaluation of program goals and objectives
We use the suggested ACGME annual program evaluation template. During and after the CCC and PEC meetings, the form is filled out. We use this for our goals and action plans for the following year.

LCME Requirement
See Ortho residency program manual: Residency Program Manual

PROGRAM PROCEDURES

Attendance - expectations and reporting instructions

The fellow is expected to arrive to work on time, whether for clinical duties or didactics unless they have obtained previously approved personal time off or department sponsored time away.

If the fellow is ill and unable to attend work, they should notify the program director and coordinator and the attending they are to work with as soon as possible.

Duty Hours - requirements and reporting mechanism

The program follows the ACGME Duty Hours requirements. The fellow is expected to log their duty hours weekly through New Innovations.

Clinical and Educational Work Hours: GME Policy

Leave Policies - program procedures for requesting and document

Please see The Institution Manual (http://z.umn.edu/gmeim) for various leave policies and Personal Time Off further in this program manual.

Vacation

15 days of vacation and/or conference time will be allocated each academic year. This includes time for interviews, business, and other miscellaneous days off. Additional time may be requested, coordinated and approved by the program director if specific arrangements are made in advance. The fellow's absences should be scheduled with prior consideration of any attending staff absences. The only exception to this would be the fellow presenting papers at the same meeting as the attending. Extenuating circumstances do arise and will be dealt with fairly when appropriately presented to staff.

CME conferences will be reviewed on a case by case basis.

Unused vacation time/conference time will not be paid out to the fellow at the end of their fellowship.

Health Leave (sick)

Health leave is time away from work to use to care for your own well being or for the wellbeing of your dependent children or immediate family members. See GME Leave Policy: Leave Policy

Holidays

Residents are released from their rotation on holidays depending on the holiday schedule at specific rotation sites. Residents may be released for holiday time at the discretion of the site or rotation director. Holidays that occur during a leave of absence run concurrent with the leave and are not in addition to the leave.

Family Medical Leave (FML)

The program follows the Institutional Policy for the FMLA. Where the need for leave is foreseeable, such as for an expected birth or adoption or foster care placement or planned medical treatment, 30 days' notice is to be provided to the site director(s) and program director before the leave is to begin. If 30 days' notice is not feasible, then notice must be given as soon as practicable. The resident advises the program as soon as practicable if the dates of a scheduled leave change, are extended, or become known. FMLA laws allow one up to 12 weeks of job protected leave per fiscal year; however, greater than six weeks away from duties during the academic year will require repeating of the academic year to meet board requirements.

Inclement Weather

The fellow is expected to report to clinical duties in inclement weather, unless otherwise notified. If the fellow is unable to get to work due to inclement weather, they should notify the program director and coordinator as soon as possible.

Administrative leaves:

Bereavement

The program follows the Institutional Policy for Bereavement Leave.

Parental

The program follows the Institutional Policy for Parental Leave for birth mother, birth father, registered same sex domestic partner of someone giving birth, or for adoption.

Medical

The program follows the Institutional Policy for Medical Leave.

Jury/Witness Duty

Military

The program follows the Institutional Policy for Military Leave.

Personal Leave of Absence

The program follows the Institutional Policy for Personal Leave.

Departmental Disaster Plan

The Department follows the Graduate Medical Education Policy: Disaster Planning

Moonlighting - program limitations and reporting requirements

The fellow is not allowed to participate in moonlighting activities during their fellowship.

Impairment

The program follows the GME Policy: Residency/Fellow Fitness for Duty.

Grievance / Due Process

The department follows The Institution Manual (http://z.umn.edu/gmeim).

Trainees can be disciplined for both academic and non-academic reasons. Forms of discipline include, but are not limited to: warning, required compliance, remedial work, probation, suspension, contract non-renewal and dismissal. There are separate grounds and procedures for each type of discipline. Detailed information can be found at http://z.umn.edu/gmeimdiscipline.

Disciplinary - Corrective Action Policy

The program follows the GME Policy for Discipline, Dismissal, and Non-Renewal.

Employee Assistance Program (EAP)

Support resources are available to the adult reconstruction fellow. The Physicians Wellness Collaborative (PWC) provides counseling for concerns including mental health, relationship and financial stressors.
The Office of Learner Development is available for fellows who are facing challenges in time management, work/life integration and cognitive demands of fellowship, including board exam preparation/performance. PWC and Office of Learner Development

State Medical Board Licensure Requirements

All fellows are required to maintain an active Minnesota Residency Permit. Fellows are approved for this permit prior to the start of the program and it expires at the end of one training year.

Medical Records Procedures

A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of fellows, quality assurance activities, and provide a resource for scholarly activity.

Pharmacy Procedures

The fellow is required to follow the pharmacy procedures outlined at the clinical site at which they are assigned.

Clinic Procedures

The fellow is required to follow the clinic procedures outlined at the clinical site at which they are assigned.

Needlestick Procedures - Infection Control

Please refer to the Needle Sticks and Blood Borne Pathogen Exposure Management Process at The Institution Manual (http://z.umn.edu/gmeim)

Safety Procedures
Safety and Prevention

Residency/Fellowship Management System

New Innovations is our Residency/Fellowship Management System. Log in through https://www.new-innov.com/pub/. If you run into any issues logging in, please email rmshelp@umn.edu or the fellowship program coordinator.

Institutional Committees

Program Evaluation Committee

The goal of the Program Evaluation Committee (PEC) is to have an open process to identify strengths, areas in need of improvement and challenges that come to the program. It is a standing committee of the fellowship program. The meeting is chaired by the Program Director. Members include the faculty, PA, RN. The PEC makes recommendations that the Program Director brings to the Department Chair, who will make all final decisions. PEC requirement is to meet annually at minimum.

Benefits, Information, and Resources

SAC

SAC is the Surgical Administrative Center that supports the Graduate Medical Education's programs for the Departments of Surgery, Orthopedic Surgery, Urologic Surgery, and Otolaryngology. Please consider the following contacts.

Chrissy Redding *Education Manager* *Phone: 612-624-7149* *creding@umn.edu*	*Jessica Paull* *Human Resources Partner* *Phone: 612-626-9786* *paull014@umn.edu*
Kirk Skogen *Payroll Manager* *Phone: 612-625-3954* *k-skog@umn.edu*	*Kathleen Helde* *Finance Professional* *Phone: 612-625-5501* *helde012@umn.edu*
Sanoa Hagen *Finance Professional* *612-625-5964* *s-hage@umn.edu*	

Tuition

Only trainees enrolled in Graduate School pay tuition and fees.

Paychecks/Payroll

The fellow is encouraged to use the direct-deposit system, as paychecks have the potential of being lost or delayed in the mail. Paychecks are either mailed or credited to bank accounts through the direct-deposit system. Direct-deposit information, along with information on pay dates can be accessed at http://hrss.umn.edu. Questions regarding payroll can be directed to Kirk Skogen in SAC at (612) 625-3954 or k-skog@umn.edu.

Insurance

Please refer to the: https://www.med.umn.edu/residents-fellows/current-residents-fellows/employment-related-information for insurance availability. Insurance benefits available are

- Health and Dental
- Disability, both short- and long-term
- Life, basic, voluntary and additional

The Office of Student Health Benefits is at https://shb.umn.edu/health-plans/rfi. This website provides information on coordination of benefits, enrollment, and what to do when there is a change in family or work status.

Insurance - Professional Liability

Proof of Professional Liability coverage for residents and fellows can be obtained at https://sites.google.com/a/umn.edu/medcred/ or contact

Pam Ubel
Office of Risk Management
612-624-5884
ORM@umn.edu

For general insurance information and claims history to health plans or hospitals who are credentialing current or former fellows, please contact:

Tara Atkisson
Office of the General Counsel
612-625-9995
tara.atkisson@ogc.umn.edu

Worker's Compensation

Please refer to The Institution Manual (http://z.umn.edu/gmeim.) There are no program specific worker's compensation policies and procedures.
https://med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/needle-sticks-blood-borne-pathogen-exposure-management

Risk Management and Insurance

The Office of Risk Management & Insurance is part of the Controller's Office and strives to protect the assets of the University from various sources of loss or damage that could affect overall financial stability. Responsibilities include directing insurance programs and loss control activities, identifying exposures, recommending solutions, and promoting loss prevention. This office manages most of the insurance programs at the University.

For general insurance information and claims history to health plans or hospitals who are credentialing current or former fellows, please contact

Krista Ostrum
Office of the General Counsel
Academic Health Center
MMC 501 Mayo
420 Delaware Street SE
Minneapolis, MN 55455-0374
Phone: 612-625-9995
Fax: 612-626-2111
kcozine@umn.edu

Systems and Communication

Campus Mail

The Department of Orthopedic Surgery is located on the West Bank or Riverside Campus of the University of Minnesota.

Mailboxes are assigned in the department to the fellow and are located at 2512 South 7th Street, R200. These boxes are NOT LOCKED. Important communication concerning the program will be placed in these boxes.
Outgoing mail should be stamped and placed in the US Mail bin in the department's mailroom.

The University of Minnesota Twin Cities does not have a central mailing address. All University mail must be postmarked with the appropriate college or department and building address. The US postal address for this program is

Department of Orthopedic Surgery
2450 Riverside Ave. South
Room 200
Minneapolis, MN 55454

If a package is to be shipped by special delivery, the address for the street building is

2512 South 7th Street
Room 200
Minneapolis, MN 55454

The Campus mail address is

Orthopedic Surgery
F282/2A West-B
8393C (Campus Delivery Code)
2450 Riverside Ave
Minneapolis, MN 55454

<u>Email and Internet Access:</u>

The University of Minnesota assigns every student/staff an internet ID or x500. This ID also serves as the beginning of an assigned email address. The University of Minnesota email address will be used by the program as an important communication tool. Management of such email is the responsibility of the resident.

The fellow should check to make sure they are in the University of Minnesota system. This can be done by going to the U of MN-Twin Cities home page at http://twin-cities.umn.edu/. Click on the Search icon. Under search for people, type in the name and click on search. If a resident does not know his/her ID or is not registered, access to the system will be denied. Please contact the program coordinator for further assistance.

The Office of Technology at the University of Minnesota https://it.umn.edu/ can assist residents with email and internet access. The 1-Help Technology Helpline can be reached by calling (612) 301-4357 or through email at help@umn.edu. Regular Helpline hours can be found at https://it.umn.edu/.

Pagers:

The fellow will be assigned a pager and pager number upon entering the program through the Department of Orthopedic Surgery. These pagers will remain with the fellow(s) for the duration of their training and should be used for all rotations. Pager numbers can be forwarded to mobile phones with the fellow providing their mobile phone carrier, pager number, and mobile number. Email: M Health Customer Solutions Center, dept-corp-pager-requests@fairview.org.

For malfunctioning pagers, fellows must contact the program coordinator or the M Health Customer Solutions Center, dept-corp-pager-requests@fairview.org. New batteries can be obtained from the Department of Orthopedic Surgery stockroom, located behind the reception desk at R200.

When on duty and paged, the fellow will answer their pages within the time required by the site.

HIPAA:

The fellow is required to complete HIPAA training prior to beginning clinical activities.

Text Messages

At no time is any PHI to be sent in text message format. PHI includes patient name, Medical Record Number, date of birth, patient telephone number, etc. If a faculty member asks a resident to text them with any PHI, the response should be a text that says "The information you want has been sent to your UMN email account." UMN email is considered secure and HIPAA compliant. Text messages are not.

Stipends

Fellow stipends are determined each year. Find the information on this page: GME Stipend

Laundry Services

The fellow will be provided with two white lab coats at the beginning of the program. The fellow is expected to have their coats laundered through the department on a regular basis. Lab coats are to be exchanged in the fellowship office. Let the coordinator know that your lab coat needs cleaning. Any problems with lab coats or laundry service should be brought to the attention of the Program Coordinator.

Parking

University of Minnesota Medical Center

Fellows have parking access at all times by scanning their M Health badge. On the West Bank, fellows are expected to park in the Purple Ramp (with the Red Ramp as overflow parking) and on the East Bank, fellows may park in the Patient/Visitor Ramp and use the J4M account (created by program manager). This access does not require a resident deposit and will be automatically set up for incoming trainees. If any fellows have an issue with accessing these ramps with their M Health badge, please contact the program coordinator.

Lockers

A locker will be assigned at Riverside and UMMC. Fellows need to supply their own personal lock(s). Lockers are available on a daily basis at the CSC.

On-Call

Fellows are not scheduled to be on call. During the OITE exams for the residents, the fellow is asked to cover calls.

Support Services

Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with education objectives and patient care.

Laboratory/Pathology/Radiology Services

There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the program. This must include effective laboratory, pathology and radiologic information systems.

Security/Personal Safety

Please see the GME Transportation and Safety Policy.

Meal tickets

The Adult reconstruction fellow does not receive meal tickets.

Departmental funding for travel

The fellow is encouraged to present a research paper relative to research done at the University of Minnesota at the academic meeting conferences and submit his/her request to attend these meetings well in advance. If travel for presentation at a meeting is desired, approval for time away and reimbursement must be approved by the program director. The fellow will be provided up to $1500 for transportation, hotel, and registration. Travel expenses encompass the following guidelines.

- Transportation shall be reimbursed at economy class.
- Registration and course fees are paid at cost.
- Transportation, taxis, parking, etc., are paid at cost.
- Reimbursement for conference travel will be for one meeting per year.
- All receipts for expenses accrued by the fellows are to be submitted to the Fellowship Coordinator.

- Conflict of Interest Policy: The fellow is expected to abide by the same conflict of interest policy as all health care University faculty (https://policy.umn.edu/operations/conflictinterest).

Travel and time away will not be approved for industry sponsored courses.

Medical library and services

The fellow is able to access an orthopedic library with adult reconstruction references at both the University Biomedical Library (Diehl Hall) and Fairview University Medical Center, Riverside campus. The University Library system is available to the fellow and houses an extensive list of periodicals and fixed references.

Faculty and Contacts:

Department Chair: Denis R. Clohisy, M.D. (clohi001@umn.edu) - 612-626-2817
Executive Assistant: Connie Butterfuss (butte152@umn.edu) – 612-626-2817

Fellowship Program:
Program Director: Edward Y. Cheng, M.D. (cheng002@umn.edu) - 612-273-7987
Administrative Assistant, Carol Skaja-Jacobsen (cskajaja@umn.edu): 612-626-9472
Program Coordinator: Erin Tuset (tuset@umn.edu) - 612-626-3285
Education Manager: Erik Solberg (esolberg@umn.edu) - 612-626-3600

Research Administration:
Research Manager: Paula Rupp- (mill3725@umn.edu) 612- 626-3952

Confirmation of Receipt of your Program Policy Manual and Fellowship addendum, if applicable

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

Academic Year _____

Trainee Name (Please print) _____

Trainee Signature _____

Date _____

Coordinator Initials _____

Date _____