UNIVERSITY OF MINNESOTA GRADUATE MEDICAL EDUCATION

2026-2027 FELLOWSHIP POLICY MANUAL

Department of Medicine

Structural Heart Diseases Fellowship Program

Introduction and Welcome to New Fellows....3
Mission Statement / Philosophy....4
Section 1 - Student Services....4
Pagers....4
Email and Internet Account....4
Campus Mail/U.S. Mail....5
U-Card....5
Hospital EMR Passwords and Access....5
Research Resources....6
Resources for Current Fellows....6
Tuition and Fees....6
Late Fees....6
Section 2 – Benefits....6
Medical Insurance....6
Dental Insurance....6
Life Insurance....7
Short-Term Disability Insurance....7
Long-Term Disability Insurance....7
Professional Liability Insurance....7
Stipends....8
Parking....8
UMMC-FV Staff Identification....8
White Coats....8
Laundry Services....8
Photocopying Privileges....8
Vacation/Sick Leave....9
Time Away Requests....9
Coverage for Time Away....10
Personal Leave of Absence (LOA)....10
Parental Leave....10
Military Leave....10
Jury Duty....10
Holiday Policy....10
Bereavement Leave....10
Unauthorized Leave....11
Professional/Academic Leave and Conferences....11
Professional Conferences....11

Travel Reimbursement Policy....11
Policy on Effect of Leave for Satisfying Completion of Program....12
ABIM Policies:....12
Leave of Absence and Vacations....12
Deficits in Required Training Time....12
Dictation Policy....13
Worker's Compensation....13
Section 3 - Institution Responsibilities....13
Section 4 - Disciplinary and Grievance Procedures....13
Discipline Policy....13
Minor behavioral problems....13
Major behavioral problems....14
Academic problems: Initial concern....14
Academic Grievance Policy....14
Section 5 - General Policies and Procedures....16
Eligibility....16
Required Documentation....17
Policy On Professional Behavior and the Professionalism Tracker....17
Holidays....17
Clinical and Educational Work Hours/Days Off....18
Residency Management Suite (RMS)....18
Monitoring of Fellow Well-Being/Adequate Rest....18
Program Curriculum, Goals and Lines of Responsibility Program Goals and Objectives:....19
ACGME Competencies....19
ACGME Core Competencies, Milestones and EPA Assessments....19
Core Competencies....19
ACGME Milestones....20
Evaluation and Advancement Policy....21
Principles....21
Formative Evaluation....21
Summative Evaluation....21
New Innovations/RMS (Web-based Evaluation System)....21
Rotations at UMMC-Fairview....22
Cardiac Catheterization (U Cath)....22
Rotations at VA Health Care System....23
Cardiac Catheterization (V Cath)....23
Rotations at Southdale....23
Cardiac Catheterization....23
On Call Schedules....23
On Call Rooms....23

Moonlighting Policy..... 23
Research..... 24
Conferences & Schedule..... 24
Training and Graduation Requirements..... 24
ACGME Competencies:..... 25
Medical Records..... 25
Security/Safety..... 25
Contact Information:..... 25
ACLS/BLS Certification..... 25
Support Services..... 26
Radiology/Laboratory/Pathology Services..... 26
Visa Sponsorship..... 26
Supervision Policy..... 26
Research and Scholarship Activity..... 26
Scholarship in Fellowship..... 26
Procedures Required for Certification in Interventional Cardiology by the ACGME..... 27
Evaluation and Advancement Policy Principles..... 27
Formative Evaluation..... 27
Summative Evaluation..... 27
New Innovations/RMS (Web-based Evaluation System)..... 28
Evaluation Committees..... 28
Substance Abuse Policy..... 29
Section 6 - Administration..... 30
University Of Minnesota..... 30
Program Director..... 30
Administrator..... 30
Faculty..... 30
Southdale Hospital..... 30
Site Director..... 30
Faculty..... 30
Veterans Affairs Medical Center..... 31
Site Director..... 31
Faculty..... 31

Introduction and Welcome to New Fellows

On behalf of the faculty, staff, and fellows, we wish to welcome you to the next phase of your career. Your training during the Structural Heart Disease Fellowship Program at the University of Minnesota will forever identify you as a member of one of the premier institutions in the country for cardiovascular

innovation and research. We hope to develop with you as clinicians and as an institution in the investigation, diagnosis, and treatment of structural heart disease.

The institution manual contains guidelines and policies that apply to all fellows throughout the University of Minnesota's Academic Health Center. The Department of Medicine manual policies are written in accordance with the American Board of Internal Medicine and the Accreditation Council for Graduate Medical Education. Policies apply to all educational experiences within the program and are subject to periodic review and change by the faculty, Program Director, and Department Chair. The Structural Heart Disease Fellowship Program Manual is specific to our program and the policies are written in accordance with the American Board of Internal Medicine and the Accreditation Council for Graduate Medical Education.

Fellows are responsible for knowing and adhering to the policies and guidelines contained in this handbook. When in doubt, fellows are responsible to contact the program coordinator or director.

Mission Statement / Philosophy

The Mission of the Cardiovascular Division of the University of Minnesota Medical School has four basic components: to advance the science and practice of cardiovascular medicine by performance of basic and clinical research; to train and mentor the future leaders of cardiovascular medicine; to share the knowledge and expertise of our faculty with the public and other medical professionals; and to provide compassionate, state-of-the-art prevention, diagnosis and clinical care to our patients.

The Mission of the Structural Heart Disease Program is to train physicians in basic and clinical structural heart disease. The program is constructed as an amalgamation of three inherently different training sites: a traditional University program, an innovative, high volume private institute program, and a Minneapolis VA Health Care System with concentration of patients with advanced vascular disease. By combining these three entities, we hope to achieve the three goals of training: scholarship, innovation, and clinical experience. The fellowship emphasizes critical reasoning, technical proficiency, scholarship, and professional responsibility.

Section 1 - Student Services

Pagers

Each fellow will be assigned a pager to be carried throughout the fellowship. These pagers have an 80-mile radius. At the end of the fellowship, pagers must be turned into the Cardiovascular Fellowship Office or the fellow will be charged a replacement fee.

Email and Internet Account

Fellows are assigned an email account at the beginning of their fellowship. Fellows are required to use their University email account as their preferred email account. It is important to check your account frequently. Important fellowship program information, announcements, and updates are posted via email.

For directions on setting up your email account and Internet access, go to https://it.umn.edu/. You may also contact the University's IT Help line at 612-301-4357 if you need assistance.

Fellows also have Internet access. Your login (internet ID or X500) and password are identical to your University of Minnesota email account. The Cardiovascular Division website can be found at Cardiovascular Division | Medical School - University of Minnesota.

The Cardiovascular Division has two computers in the fellows' office, room 279 of the Variety Club Research Center.

Campus Mail/U.S. Mail

The Cardiovascular Division's outgoing mail bin is located in the copy room in Variety Club Research Center. The address for campus mail or the United State Postal Service is: Cardiovascular Division, 420 Delaware Street SE MMC 508, Minneapolis, MN 55455. The Division's street address (401 East River Parkway, Room 279 VCRC; Minneapolis, MN 55455) should be used for express or courier deliveries. The fellowship office phone number (612-624-9144) can be used as the contact number.

A mailbox for each fellow is provided in the fellows' office (Room 279 VCRC). Mailboxes are also provided at each site for each rotating fellow.

Many important mailings are sent directly to fellows' homes. You must notify the Fellowship Administrator (advancedcvd@umn.edu) whenever you have a change of address and/or telephone/cell phone number. Failure to do so could result in delayed payroll or other information.

U-Card

The U Card identifies you as a student, staff, or faculty member on the Twin Cities campus. Your first U Card is free and can be obtained at the U Card Office located in room G22 in the Coffman Memorial Union building, 300 Washington Avenue SE, Minneapolis / East Bank Campus, Phone 612-626-9900. They are open weekdays 8:00am to 4:30pm. Bring your driver's license, state ID or passport and be prepared to have your picture taken. The U Card is your key to all sorts of campus services and facilities. Your U Card can also be used as your ATM card!

Since the U Card never expires, you should hold on to it even after you leave the University. If you ever return as a student, staff, or faculty member, your card will still be valid.

Use your U Card for...
- Campus ID purposes
- All your checking needs
- All your calling needs
- Making Gopher GOLD purchases
- Checking out library materials
- Entering the recreation center, golf course, computer labs, buildings
- Cashing checks at the Bursar's Office
- Art and athletic ticket discounts (available at place of purchase)
- Accessing art materials, student employment, business school services, and more!

Logon to the TC U Card website for further information the U Card: https://ucard.tc.umn.edu

Hospital EMR Passwords and Access

EMR passwords and access will be provided at all site locations. Initial login and password information can be obtained through the Education Office at each site:

UMMC-FV: Mira Jurich (612-273-7482) for EPIC/Imagecast (UMMC-FV and UMP Primary Care Clinic)
VAMC: TBD (612-467-4431)
Southdale: Lynelle Griese

If you have been assigned a login and password for the systems at UMMC-FV, and are having problems logging into these systems, please call the Information Center at 612-672-6805 (for EPIC and Imagecast) or the UMPhysicians Help Desk at 612-884-0884 (for EPIC in the UMP PCC).
At the VA Medical Center (CPRS), please dial HELP from any VA phone.

Research Resources

Fellows have free access to MEDLINE and other electronic library services. Fellows may gain access from home computers via modem and from computers in the resident/fellow rooms at each of the hospital sites. Fellows also have access to workstations in the Reference Area of the Bio-Medical Library in Diehl Hall. Software for home computers to connect to the University system can be obtained through the University for a nominal charge.

Fellows may also photocopy articles using the copy machine in the University Cardiology Division Offices. Please contact the Fellowship Administrator for assistance.

Resources for Current Fellows

The Office of Graduate Medical Education has administrative, educational, employment, financial, and support information to help you during your program. To learn about available resources, please visit: Support Resources | Medical School - University of Minnesota

Tuition and Fees

Tuition and fees are being waived at this time. Trainees who are enrolled in the Graduate School pay tuition and fees.

Late Fees

Any late fees, which are incurred due to holds on registration because of library fines, nonpayment of student loans, or inadequate immunization documents, are the responsibility of the fellow incurring the fees.

Section 2 – Benefits

Please refer to Institution Policy Manual at Institutional Policies | Medical School - University of Minnesota

Medical Insurance

All Medical Residents and Medical Fellows must be enrolled in one of two medical insurance plans offered through the residency/fellowship training program *unless* the resident provides documentation of other comparable medical insurance coverage. Please refer to the departmental Medical Resident/Medical Fellow Benefits Program Booklet for comparison information of premiums and benefits available under each plan. Please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu if you have enrollment questions or need to make changes in your medical insurance coverage. Questions regarding your specific policy, such as what is and is not covered should be directed to BlueCross BlueShield.

Web site: Residents, Fellows and Interns | Office of Student Health Benefits

Dental Insurance

(Please see the Institution Manual for additional dental insurance information.)

Optional dental coverage is available for Medical Residents and Medical Fellows only. Family dental coverage

is not available.

Please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu if you have dental enrollment questions. Questions regarding this dental policy, such as what is and is not covered should be directed to the Delta Dental Customer Service Center at 651/406-5916 or 1-800/553-9536

Web site: www.deltadentalmn.org.

Life Insurance

(Please see the Institution Manual for additional life insurance information.)

Forms to request a change of beneficiary may be obtained by contacting the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu.

Short-Term Disability Insurance

Short-term disability insurance is provided, at no cost, to all residents and fellows in the Department of Medicine through Guardian. Enrollment in the short-term disability plan is automatic with no application form required.

Under this policy, a disability is defined as an injury, sickness or pregnancy for which you are under the ongoing care of a physician or practitioner other than yourself. The plan pays for both total and partial disability. This plan has a 15-day beginning date - you must be disabled for 14 days before benefits begin. The plan pays 70% of your base stipend if disabled and benefits can be paid up to 24 weeks. Maximum weekly benefit is $1,000.00.

Maternity Leave

Under this policy, pregnancies are covered for four weeks after the 14-day waiting period. Payments are made according to the schedule listed below. *(Please see Section II in the Program Manual for the departmental leave of absence policies.)*

*Days 1-14 (two weeks) of maternity leave: 100% stipend paid by the University
*Days 15-42 (four weeks) of maternity leave: 70% stipend paid by Guardian

Long-Term Disability Insurance

(Please see the Institutional Policy Manual for complete long-term disability insurance information.)

Professional Liability Insurance

The Medical Resident and Medical Fellow Professional Liability Insurance policy is administered through the University's Office of Risk Management and Insurance.

Professional liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINCO Limited. Coverage limits are $1,000,000 each claim/$3,000,000 each occurrence and form of insurance is claims made. "Tail" coverage is automatically provided. The policy number is currently RUM-1005-17.

Questions regarding this policy should be directed to Pam Ubel at 612-624-5884

Stipends

GME sets the stipend levels in the December prior to the next AY. Stipend levels and further information can be found here: Base Stipends FINAL & History (WEBSITE)

Parking

Parking is provided at all three sites.

University of Minnesota Medical Center: The department has a specific number of parking contracts that can be used each month. Residents will be issued a parking card to keep while they are on rotation at UMMC. That card is to be used **only** while rotating at the University. Parking is not validated for meetings with advisors or the program director. Parking is only provided for workshops or meetings when indicated in the reminder/invitation.

UMMC-FV: Contact the Program Administrator at advancedcvd@umn.edu
Southdale: Contact the Program Administrator at advancedcvd@umn.edu
VA Medical Center: Contact Med Ed office 612-725-2085

UMMC-FV Staff Identification

Location: B 340 Mayo Building, hours 7:30am – 4:00 pm Monday - Friday

A Fairview ID will be given to you during orientation. You will be expected to wear your Fairview ID badge at all times during your Fairview rotations.

White Coats

Each resident is offered two white coats to last throughout fellowship. Additional coats may be purchased (at the fellow's expense). Please contact the Program Administrator (advancedcvd@umn.edu) to order an additional coat.

Laundry Services

University of Minnesota Medical Center:

The laundry is located in the room (at the end of the hallway across from the fellow's room). Ask Amber Ingalls (6-4566) if you have any questions.

Department of Veterans Affairs Health Care System:

Residents can pick up a clean lab coat when they turn in a soiled one. They are located in room 1N-104. The laundry service hours are 7 a.m. to 3:30 p.m. Coats are cleaned three days a week: Monday, Wednesday, and Friday. Each resident can obtain a uniform request form from the Medicine Office (Kate Sharpe) in order to pick up his or her coat.

Photocopying Privileges

Fellows are allowed to use the copy machine located in the copy room in VCRC or in the fellows' room. Fellows should keep in mind that if you are copying large projects, please wait until after normal business hours.

Vacation/Sick Leave

Please refer to the ABIM leave policy: https://www.abim.org/certification/policies/special-training-policies

ABIM has two leave policies: *(1) the Leave of Absence and Vacation Policy* and *(2) the Deficits in Required Training Time Policy*, that permit residents and fellows to take time away from training for any reason, including vacation, illness, family leave, maternal and parental leave, bereavement, and job interviews.

(1) ***Leave of Absence and Vacation Policy:*** Per ABIM guidelines, up to 5 weeks (35 days including weekdays and weekends) per academic year are cumulatively permitted over the course of the training program for time away from training. The leave may include vacation, illness, job interviews, parental or family leave, or pregnancy-related disabilities. Vacation time is important, and we recommend trainees take appropriate time each academic year for his/her mental well-being. Although leave time can be accumulated, we caution that *extended leave can result in significant interruption to training*, and thus postponing leave during any academic year is not recommended. Vacation time cannot be used to reduce the total required training period. Additionally, we recommend taking no more than five leave days at the end of the fellowship-training period.

(2) ***Deficits in Required Training Time Policy:*** In addition to leave of absence and vacation time, ABIM allows for an additional 35 days of deficit in training before training time needs to be extended. ABIM defers to the judgment of the program director and promotions or competency committee in determining the need for this additional training. If the program director attests to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

Time Away Requests

- Any time away lasting one day or more must be requested by email to the Program Director. This includes all conferences, family issues, and vacation and is independent of the rotation involved (including research). This is also independent of your efforts to find coverage for the time away. After approval by the PD the request must be submitted to the fellowship office at https://z.umn.edu/CVDPTO
- Please keep in mind that all requests are subject to approval. While every effort will be made to allow the time away, it is not guaranteed by your request. The earlier that you submit your request, the higher the likelihood that you will be able to have the time.
- Please also keep in mind that you may still be required to arrange coverage for your time as indicated below.
- Once approved, you must notify your rotation director, and any applicable faculty (including clinic faculty as applicable). This must occur at least 10 business days prior to your requested time away. Any time away lasting 5 days or more should be submitted at least 1 month in advance.
- Please note that absence from a rotation for a portion of a day does not require PD approval. However, you must gain approval from the rotation director or the faculty member with whom you would otherwise be working.
- All rotations allow fellows to be absent for their clinics. There is no need to find coverage, but you must inform the faculty affected by your absence. If both fellows on a rotation have clinic at the same time, or a clinic affects your ability to perform the duties required during the rotation, please discuss your concerns with the chief fellows as soon as possible. They will assist with remedies.

Coverage for Time Away

- Coverage should be arranged prior to requesting the time away via RMS.
- Once coverage is arranged, you must notify the Program Director and Program Administrator

(advancedcvd@umn.edu) to ensure that schedules are changed appropriately.

Personal Leave of Absence (LOA)

Only under UNUSUAL circumstances, such as a personal or family emergency, will a Personal LOA be granted. Such a LOA will be subject to the general conditions outlined above. All personal time must be made up. Please note this time will be unpaid.

When requesting a Leave of Absence, please consider the following:

- Any time off exceeding five weeks will extend your training.

Parental Leave

(Please refer to the Graduate Medical Education Leave Policy for complete information on all available leave.)

When taking parental leave (6 weeks paid), consider the following:

- This leave time in addition to any vacation time could extend a fellow's training

Fellows are personally responsible for arranging switches in the schedule, and for finding a replacement in their absence, except in the case of an emergency. If a fellow has difficulty in making arrangements, please contact the program director for help. The program director must approve any and all personal leave from the program.

Military Leave

Military leave may be authorized upon request and normally will not exceed 10 working days each academic year. Requests for military leave are to be submitted to the Program Director in writing. The Program Director may authorize a request for leave beyond 10 working days provided it is in the best interests of the University, the Program, and the fellow. Military leave is granted in full accordance with State and Federal Regulations.

Jury Duty

Jury duty and court leave will be authorized consistent with State and Federal Court requirements. The Program Director must be promptly notified when a fellow requires jury duty or court leave in writing.

Holiday Policy

Fellows should verify any days off due to holidays with their rotation and clinic sites. Not all sites observe the same holidays.

Bereavement Leave

A fellow may request bereavement leave and either sick or vacation time must be used. The Chief Fellows, Program Coordinator and Program Director should be concurrently notified of leave requests by email or phone as soon as possible.

Unauthorized Leave

Unexcused or unsupportable absences or unauthorized leave and therefore significant tardiness from any mandatory clinical or educational activity constitute unprofessional conduct. Under your signed employment contracts, unprofessional conduct is one behavior which will subject the resident to discipline for non-academic

reasons. Unprofessional conduct will result in a meeting with the Program Director and possible further action. Such discipline may also result in a written warning, probation, suspension or termination.

Professional/Academic Leave and Conferences

Time away for academic leave and conferences may be granted in addition to regular vacation time.

Requests must be turned in to the fellowship office 3 weeks in advance and a plan for coverage must be in place at that time. No more than 6 days per academic year will be allowed. The Structural Heart Diseases Fellowship Program encourages fellows to attend an educational conference during their training period.

Professional Conferences

Fellows are encouraged to attend academic meetings and conferences and limited amounts of funding may be available to defray conference expenses. When a fellow is "presenting" data and /or information from a project performed with faculty it is generally the responsibility of the faculty member to find financial assistance for fellow attendance. The program allows fellows to take 5 days of "Educational Leave" which covers both Academic time and any Interviews.

Requests for academic education leave must be approved at least one month in advance of the date. The fellow is responsible for finding call coverage as well as notifying operators/division staff.

Travel Reimbursement Policy

- Travel Reimbursement Policy
- Each fellow is allowed up to $1500 to spend on a cardiology related conference in the 2026-27 academic year **UPON approval from the Program Director**. Do not assume your attendance is approved.
- Please forward email approval from the Program Director to the Program Administrator (advancedcvd@umn.edu).
- This allowance does not roll over between academic years.
- After travel, provide the following documents on an Emburse expense report for reimbursement:
  - Itemized to show daily room rate and any extraneous charges
  - Receipt from hotel which must be from the hotel itself AFTER stay has occurred (not travel website ie Travelocity, etc). Receipt must have your name on it (even if you share a room with someone; accounting requires documentation to prove that you paid for lodging)
  - Receipt for airfare
  - Receipts for transportation
  - If costs above are under $1500, the department will reimburse your food per diem (UMN policy); there is no need to provide meal receipts
- If you are presenting your research at the conference and are having a poster printed, please consider:
  - If working with a research mentor here, mentors often have funds for research related costs and can pay for poster
  - All posters are to be printed at the Coffman Memorial Union Print Center (inside the bookstore). Email your poster to cmucc@umn.edu and include the EFS string given to you by the Fellowship Office
  - Provide a 2-3 sentence justification including:
    - What the conference is (please spell out any initials)

- Where it was (City, State)
- When it was (dates you attended)
- Why you attended (presenting research, etc.)

University travel policy on lodging states:

- "Non-Conference-Domestic or international lodging: Travelers are reimbursed for actual expenses up to 150% of the lodging rate for that city as referenced on the US Government General Services Administration (GSA) website (domestic) or 150% of the international lodging rate for that city as referenced on the US State Department website (international), unless pre-approval has been obtained from the appropriate authorized approver by completing the Request for Lodging Exception. If the traveler has not obtained prior approval, the supervisor/manager may deduct the overage from the reimbursement request. "

- "Conference-Domestic or international lodging: The lodging rate limit does not apply to conference travel, IF the traveler is paying a pre-negotiated rate that is offered by the conference."

Policy on Effect of Leave for Satisfying Completion of Program

Fellows may miss up to one month during each year of their training, including vacation, sick leave, LOA, etc. Time in excess of one month, whether for vacation, sick leave, maternity or paternity leave, must be made up to meet this requirement.

Any request for an LOA/planned leave should be considered carefully, as it will invariably create difficulties for the training program and fellows. A requested LOA must be discussed with the Program Director. The Program Director must approve the request at least three months prior to the requested LOA date. Exceptions may be made if the request falls under the definition of the Family Medical Leave Act (FMLA). Please see the Institution Manual for the Medical School policy on FMLA. **Do not assume that an LOA will be granted automatically. Obtain approval before making plans**.

ABIM Policies:

Leave of Absence and Vacations

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the Program Director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

Deficits in Required Training Time

For deficits of less than one month in required training time, ABIM will defer to the judgment of the *and* promotions or competency committee in determining the need for additional training. With Program Director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

Dictation Policy

All discharge summaries are to be completed within 48-hours of discharge from the hospital. If dictations are delinquent, the PD at the appropriate site will send the fellow a list of the pending dictations and request that they be completed in a timely manner.

If the dictations are not completed within one week of receipt of the letter from the PD or if the fellow has not discussed a plan of action for the completion with the PD, a letter of reprimand will be placed in the fellow file. Please note it is the fellow's responsibility to either complete the dictations or contact the chief at the appropriate site for an action plan for any dictation list sent to the resident. If dictations remain undone for two weeks after the letter of reprimand, it will be brought to the attention of the program's Clinical Competency Committee for review.

Worker's Compensation

University employees must promptly report on-the-job injuries/illnesses to the employee's supervisor. Within 24 hours of the employee's report, the supervisor shall complete the First Report of Injury and the Employee Incident Report forms and forward these to the University's vendor and a copy to the University Workers' Compensation Department. See policy: http://policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html

Section 3 - Institution Responsibilities

(Please refer to Institution Policy Manual at: https://z.umn.edu/gmeim 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.)

Section 4 - Disciplinary and Grievance Procedures

(Please refer to Institution Policy Manual at https://z.umn.edu/gmeim for Medical School Policies on the following: Discipline/Dismissal/Nonrenewal; Conflict Resolution Process for Student Academic Complaints; University Senate on Sexual Harassment Policy; Sexual Harassment and Discrimination Reporting; Sexual Assault Victim's Rights Policy; Dispute Resolution Policy)

Discipline Policy

The Cardiovascular Division strongly believes in a collaborative, collegial multi-disciplinary care model, guided by the leadership and professionalism standards of the cardiovascular staff and trainees. Fellows are expected to manage the clinical services in which they participate, exemplifying the highest standards of professionalism and modulating the professional, efficient and effective delivery of patient care by all members to the care delivery team. In times of high stress or conflict it is expected that the fellow will model calm and thoughtful care. In the event of conflicts which cannot be easily and professionally resolved or performance issues with other members of the care delivery team, it is expected that the fellow will avail him or herself of discussion with the Program Director or other members of the senior faculty.

Minor behavioral problems

Minor behavioral problems will be addressed in the following manner:

1. Meeting with Program Director or site director
2. Meeting with Program Director and site director. Fellow may add comments to summary of meeting. Documentation will be filed in the fellow's permanent file.
3. (See major problems)

Major behavioral problems

Major problems are behaviors that threaten the safety of other people, including patients and staff; allegations of chemical substance abuse, physical abuse or sexual harassment; or repeated minor behavioral problems.

If a major behavior problem is identified, the Program Director will call an immediate meeting with the fellow and the site director. At this meeting, the allegations/concerns will be discussed and an initial plan of action will be developed, including a decision regarding the suspension of patient care responsibilities pending resolution of issue. Safety of patients and staff will be given highest priority in this decision. The Program Director will provide a written summary of this meeting to the fellow and a copy will be placed in the fellow's permanent file.

A decision will be made as to whether a formal hearing is necessary. (Please refer to the Part A Manual for specific procedures for a formal hearing.) If a formal hearing is not necessary, the Program Director will work with the fellow to develop a plan for counseling and identify criteria for resumption of patient contact. The Program Director will provide a written summary of this meeting to the fellow and a copy will be placed in the fellow's file.

Federal, State, and University regulations may require the Program Director and/or Chief of Cardiology to take specific actions as mandatory reporters. They will act in accordance with those requirements.

Academic problems: Initial concern

The program director receives automatic notification of all evaluations that fall below average from the RMS/New Innovations system. The Program Director will review below average evaluations and make a decision based on the comments in the evaluation. If a fellow consistently receives below average evaluations, or if a single evaluation indicates a failing performance in multiple areas, an "initial concern" will be raised.

The leadership committee (composed of representatives from each affiliate site) will meet annually to discuss fellow progress. If the consensus of the committee is that a fellow is not progressing at an acceptable pace, irrespective of the fellow's rotation evaluations, an "initial concern" will be raised.

If an initial concern is raised, the Program Director or advisor will meet with the fellow to review the academic performance. A plan of supplementary experiences will be designated to enable the fellow to meet educational goals. Specific goals and mechanisms for ensuring that the goals have been met will be identified. A timetable will be set, and a review will be scheduled to determine if the fellow has met the educational goals in the plan.

The review process will include the Program Director, fellow's advisor, and chief of cardiology. A written summary of the meeting will be distributed to all involved parties and a copy will also be placed in the fellow's permanent record. At the review, a determination will be made as to whether the fellow has achieved the specific educational goals. If it is determined by the review committee that the fellow has not met the goals, and is unlikely to meet the educational goals of the program, a formal hearing will be scheduled. (See the Institution Manual for the Medical School Guidelines on the Student Academic Grievance Procedure.)

Academic Grievance Policy

The following is an outline of the general scheme proposed for the resolution of grievances, which may arise within the fellowship program. Detail and clarification must be added as the various elements of these proposals are accepted or rejected or replaced with alternatives. These guidelines or policies are confined to the process within the Department of Medicine with the assumption that appeal of the final action or decision coming from the intradepartmental process will remain a viable option once the departmental grievance process has been completed.

Principles

1. Definition of the legitimate areas of disagreement to be covered by these procedures.
2. Provision of ascending levels of recourse with potential for final resolution of the conflict

at each of these levels without prejudice to any rights of involved individuals.

3. Adherence to the principles of due process, academic freedom and fairness.
4. Procedures to be readily available and expeditiously.
5. Inclusion of a system of

advocacy. Grievance Committee for the
Program

1. The committee is ad hoc. Appointed by the Program Director with representation of faculty and affiliated hospital if pertinent.
2. All action of this committee are considered advisory
3. All actions of this committee are by a simple majority vote with a quorum present. A quorum consists of one-half of all the named members of the committee, plus one.

Areas of Potential Grievance Covered by these Guidelines
The areas of possible grievance to be resolved by the following procedures will include, but not be limited to, the following:

1. Evaluation of fellow performance by the faculty.
2. Assignment or definition of house staff duties.
3. Interpretation and implementation of other policies and guidelines, such as those included in this document.
4. Fellow-fellow conflicts.
5. Fellow-chief fellow conflicts.
6. Fellow-faculty conflicts.
7. Chief fellow-faculty
8. Conflicts. Potential Parties

to the Process

1. Principals in the complaint.
2. Mentors, as advisors and advocates.
3. Grievance committee.
4. Department Head and/or a

designee. Grievance Resolution Process
As defined here, resolution will be considered an outcome deemed acceptable to the principals to the complaint. When resolution is reached, no further steps in the process will be taken and the matter will be considered closed. This policy assumes that any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the intradepartmental decisions to extra-departmental grievance procedures.
Steps in the Process:

1. Review of complaint with mentor or other ad hoc advisor.
   Outcome: resolved **OR** taken to step 2
2. Informal discussion with other persons deemed appropriate by parties to the complaint.
   Outcome: resolved **OR** taken to step 3
3. Formulation of a formal written complaint.
4. Forwarding of complaint to the grievance committee, with copies to principals to the complaint and to the head of the department.
5. Committee review of the complaint with consultation and written minutes, but without tape recording.
   Outcome: resolved with report to the head of the department **OR** taken to step 6
6. Department Head reviews the grievance committee actions and recommendations and then advices the parties to the complaint of his decision as to the dispensation of the complaint action.

Outcome: resolved **OR** taken to step 8

7. Appeal to the Medical School and the appropriate extra-departmental grievance process.

Section 5 - General Policies and Procedures

(Please refer to Institution Policy Manual at https://z.umn.edu/gmeim for Medical School Policies on the following: Academic Health Center (AHC) Student Background Study Policy; Background Study Policy and Procedure; Academic Incivility: Resources for Dealing with Harassment; Applicant Privacy Policy; Appointment Letter Policy and Procedure; Blood Borne Pathogen Exposure Policy; Certificate of Completion Policy; Classification and Appointment Policy; Compact for Teaching and Learning; Disability Policy; Disaster and Local Extreme Emergent Situation Planning Policy and Procedure; Documentation Management Requirements Policy; Dress Code Policy; Duty Hours/On-Call Schedules; Duty Hours Policy; Duty Hours/Prioritization of On-Call Room Assignments; ECFMG/J1 Visa Holders: Documentation Required for FMLA; Effective Date for Stipends and Benefits Policy; Eligibility and Selection Policy; Essential Capacities for Matriculation, Promotion and Graduation for U of M GME Programs Evaluation Policy; Health Insurance Portability and Accountability Act; Immunizations and Vaccinations; Immunizations: Hepatitis B Declination Form; Impaired Resident/Fellow Policy and Procedure; Licensure Policy: Life Support Certification Policy; Moonlighting Policy; National Provider Identification (NPI) Policy and Procedure; National Residency Matching Program (NRMP) Fees Policy; Nepotism Policy; Observer Policy; Post Call Cab Voucher Policy (UMMC-F; HCMC); Registered Same Sex Domestic Partner Policy; Release of Contact Information for Solicitation Purposes Policy; Residency and Fellowship Agreement Policy and Procedure; Residency Management Suite (RMS): Information Maintenance for Participating Hospitals; Residency Management Suite (RMS): Updating and Approving Assignments and Hours in the Duty Hours Module of RMS; Restrictive Covenants; Social Networking Policy; Standing and Promotion Policy; Stipend Level Policy; Stipend Funding from External Organizations Policy; Supervision Policy; Trainee File and Document Retention Policy; Training Program and/or Institution Closure or Reduction Policy; Transitional Year Policy; USMLE Step 3 Policy; Vendor and Conflict of Interest Policy; Verification of Training and Summary for Credentialing Policy; Without Salary Appointment Policy).

Eligibility

All applicants to the Structural Heart Diseases and Advanced Interventional Cardiology Fellowship program must have:

- Completed an ACGME-accredited (U.S.) or ACGME-I Internal Medicine or combined residency program
- Passed USMLE Steps 1, 2, and 3
- Completed a 3-year ACGME-accredited Cardiovascular Disease Fellowship
- Completed or anticipate completion of a 1-year ACGME-accredited Interventional Cardiology Fellowship

In addition, all fellows must be board eligible in both Cardiovascular Disease and Interventional Cardiology at the start of training.

Required Documentation

Prior to the fellowship start date, all incoming fellows must have turned in or completed the following:

- Copy of Medical School Diploma
- Application for Residency Permit

- Signed Residency Agreement
- Copy of ECFMG Certificate (if applicable)
- Respirator Fit Questionnaire
- Completed HIPAA training online
- VA Application to VAMC
- Immunization Records to Boynton Health Service
- Benefits paperwork to the Office of Student Health Benefits

Policy On Professional Behavior and the Professionalism Tracker

All fellows are expected to conduct themselves in a professional manner at all times and in all interactions with the program, ancillary and administrative staff and within the patient care arena. The University of Minnesota Cardiovascular Disease Fellowship Program expects its trainees to support and embody the ideals, values and behaviors of professionalism in all aspects of their medical training, including clinical work, educational pursuits, execution of administrative responsibilities and interactions with colleagues, staff, patients and families.

From the Accreditation Council on Graduate Medical Education Core Program Requirements, all fellows must demonstrate a commitment to carrying out professional responsibilities and adhere to ethical principles. Additionally, fellows are expected to demonstrate:

1. compassion, integrity, and respect for others
2. responsiveness to patient needs that supersede self-interest
3. respect for patient privacy and autonomy
4. accountability to patients, society and the profession; and
5. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Lapses in professional behavior will initially be reviewed by the Program Director. We will take a “seek to understand” approach and obtain information from all of the parties involved in a particular episode, including the resident involved. For the initial lapse (provided it is not egregious), residents will receive a reminder about professional behavior and responsibilities. If another lapse in professional behavior occurs, the resident will be referred to the Clinical Competency Committee (CCC), who will review the incident and consider a remediation plan.

Holidays

Each clinic has a different holiday schedule. It is the responsibility of the fellow to find out if their continuity clinic is closed for a holiday. It is possible that a fellow’s rotation is closed for a holiday, but their continuity clinic in the afternoon is open.

Clinical and Educational Work Hours/Days Off

For institutional policy on Clinical and Educational Work Hours, please refer to this link: https://z.umn.edu/gmeimdutyhours

Duty hours ("Clinical and Educational Work Hours") are defined 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. When averaged over any 4-week rotation or assignment, fellows must not spend more than 80 hours per week in patient care duties.

The program guarantees that fellows are provided at least eight-ten hours between all daily duty periods and after in-house call, though a shorter break may be justified provided it was necessary for safe patient care. These justifications will be monitored by the Program Director of the fellowship program and will require documentation in RMS

Our program's duty hour assignments recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients. Duty hours are ensured by appropriate scheduling of patient care shifts and responsibilities for fellows and faculty. Back-up support systems are provided at each site in the program for times when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Please refer to the individual sites' policy manuals for details, or contact the Chief Fellows with questions. .

In compliance with ACGME guidelines, fellows must take one day off per week, on average, on all rotations. This policy applies to all fellows whether assigned to inpatient wards or consult services. This means that fellows will not have any responsibility to be available on that day. It is the responsibility of the individual fellow, in cooperation with his/her patient care team, to determine the most appropriate day off.

Residency Management Suite (RMS)

For all questions related to RMS, please contact the Program Administrator at advancedcvd@umn.edu. They will be checking compliance and will send reminders with deadlines. **Missing the institution deadline will result in no administrative support until compliance is met.** This means that any vacation/time off requests, call schedule changes, expense reimbursements will not be addressed until all RMS requirements are fulfilled up to current. Subsequent missed institution deadlines will result in either additional call or a loss of educational allowance funds. Duty Hours are no longer required to be input into RMS. Instead, fellows must complete a survey at the end of each rotation period.

The Program Director and Program Coordinator will monitor duty hours, days off, and adequacy of rest at all sites by reviewing RMS duty hour reports. The Program Director and Program Coordinator will review data and fellows' satisfaction with duty hours processes at regular monthly meetings. Attending physicians are responsible for monitoring the duty hours, days off and adequacy of rest, and levels of stress for fellows under their supervision, and report any excesses to the chief fellows and program director.

Monitoring of Fellow Well-Being/Adequate Rest

Each inpatient site is responsible for ensuring adequate rest and well being for its house staff. The Program Director and Program Coordinator will monitor duty hours, days off, and adequacy of rest at all sites by monitoring RMS duty hour logs. The attending physicians are responsible for monitoring the duty hours, days off and adequacy of rest, and levels of stress for interns and residents under their supervision, and report any excesses to the Program Coordinator and Program Director. The program encourages fellows to recognize their own levels of stress also, and to seek the advice of their chief fellows, attending physician or aid if stress becomes too great.

Program Curriculum, Goals and Lines of Responsibility Program Goals and Objectives:

The goal of our program is to ensure that each fellow has the opportunity to acquire the knowledge; the clinical, management, and interpersonal skills; the professional attitudes and behaviors; and the experience required to become a proficient structural interventional cardiologist. We expect each fellow to become proficient in TAVR, MitraClip, ASD closures, left atrial appendage occlusion, mitral and aortic valvuloplasty, alcohol septal ablation and placement of ECMO and other percutaneous support devices. In addition, fellows continue to perform coronary angioplasty, including balloon dilation, atherectomy, balloon valvuloplasty, stent placement, remain proficient in coronary physiology, intravascular ultrasound, coronary blood flow measurement, and percutaneous wound closure to maintain their skills as a well-rounded Interventional Cardiologist.
Furthermore, educational and research programs are essential to the training program. Fellows are expected to conduct and participate in research studies that will result in publication. Additionally, each fellow is responsible for presenting at conferences throughout the year, including at least one in-depth research presentation.

Please refer to COCATS 4 document on the ACC website for Level III training requirements:
https://www.acc.org/~/media/non-clinical/files-pdfs-excel-ms-word-etc/guidelines/2015/031315_cocats4_unified_document.pdf

ACGME Competencies

All University of Minnesota Medical School Residency/Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. 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.
3. 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.
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. 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.

It is in the fellows' best interest to maintain an active **Procedure Log in RMS also**. It will serve as the sole source of documentation of procedural training for clinical credentialing following fellowship.

ACGME Core Competencies, Milestones and EPA Assessments

Core Competencies

Every learner begins their fellowship training with a set of knowledge, skills and attitudes that they have developed so far in their medical training. Fellows gradually acquire these skills over time, starting at the level of a novice and gradually advancing on a trajectory towards independent practice by the end of their training. The ACGME has defined 6 core competencies for trainees in all fellowship programs. These include: patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism and interpersonal skills and communication.

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. This includes demonstration by the resident of effective history, physical examination skills, assessment and interpretation of diagnostic tests, appropriate decision-making, diagnostic and therapeutic interventions, management plans, patient counseling, procedures, application of preventive strategies, and use of information technology.
- **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. Residents will demonstrate in practice, application of basic science and clinical knowledge, as well as analytic approaches 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. Residents will be able to demonstrate application of evidence-based medicine to the care of their patients, critical appraisal of the medical literature, review of patient charts for quality improvement and self-assessment, and skilled use of information technology.

- **Interpersonal and Communication Skills** that result in demonstration by the resident of 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. Residents will demonstrate willingness to assess their own actions and reflect upon the nature of professionalism in medicine.

Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. This includes demonstration of knowledge in practice of cost-effectiveness, patient advocacy, team-building and health care delivery systems.

ACGME Milestones

Because Structural Heart Disease is not an accredited subspecialty by ACGME, we will evaluate your performance using both the Interventional Cardiology ACGME milestones as well as our own evaluations considering Structural procedures as well.
(https://www.acgme.org/globalassets/pdfs/milestones/interventionalcardiologymilestones2.0.pdf)
Fellow competence is assessed upon outcomes of training and achievement of these milestones, through multiple assessment methods, throughout the course of their training. In order to achieve these outcomes, the Interventional Cardiology fellowship program has developed targeted curriculum, assessments, scholarly opportunities and patient care experiences with the goal of advancement to independent practice by the end of their training.

Evaluation and Advancement Policy

Principles

Evaluation is an essential to professional development and growth during fellowship. While we provide regular formal evaluation by faculty and peers, we also assert that self-evaluation and "reflective practice" is vital to understanding of one's own strengths and areas for improvement as a physician. Our program encourages fellows to seek informal feedback from trusted colleagues, nurses, patients, chief fellows, faculty, formal advisors and the Program Director. Each fellow will also choose (or be assigned) a Mentor/Advisor.

Formative Evaluation

Each fellow's competency in medical knowledge, patient care, professionalism, communication and interpersonal skills, practice-based learning and improvement and systems-based medical practice is monitored and evaluated on an ongoing basis. Evaluation of fellows includes written evaluations by the teaching attending physician and resident colleagues via New Innovations/RMS, a web-based reporting system (see below). Fellows must also formally evaluate attending physicians (via RMS), other residents and interns, and the sites and rotations.

It is important for residents to meet with faculty at the beginning of each rotation to discuss rotation goals. Faculty is required, in accordance with ACGME policy, to provide verbal feedback to fellows at the end of each rotation or assignment. Fellows are also encouraged to seek out faculty feedback regularly.

Summative Evaluation

Each fellow meets twice yearly with the Program Director to review performance evaluations, conference attendance, procedural logbooks, and summaries of students' teaching evaluations; to prepare individual learning goals; to update a list of scholarly presentations and manuscripts; and to provide feedback to the program. Advisors are an excellent resource for career planning, as well as advice on dealing with the stresses of fellowship as well. Original copies of these mid and year-end evaluations are placed in the fellow's individual file and are readily accessible for their review.

All fellows also evaluate the entire program via an annual "year-end program evaluation." The results of this annual evaluation are available at each hospital, and an executive summary is sent to every fellow. All program evaluations are reviewed and used for continuing improvements to the program and rotations.

New Innovations/RMS (Web-based Evaluation System)

The New Innovations/RMS evaluation system is intended to disseminate the summarized and confidential results of hundreds of evaluations by fellows in order to continue to strengthen and refine the program's teaching, curriculum and clinical experiences.

- All fellows are expected to complete their evaluations of rotations within two weeks of completion of the rotation. *Note that RMS is intended to complement and not replace direct feedback at the end of each rotation.*
- All faculty are expected to complete their evaluations of fellows within two weeks of completion of the rotation. All faculty are expected to provide end-of-rotation feedback to the fellows.
- Each month, New Innovations will automatically notify the Program Director that fellows' evaluations are available for them to review. Access will be permitted by New Innovations after 3 or more evaluations have been completed, to provide confidentiality to the evaluating fellows
- Evaluations of individual fellow performance and of individual faculty performance will remain <u>strictly confidential</u> and **will not** be disseminated throughout the program.

If at any time you forget your password, user name or have difficulties with New Innovations, contact the Program Administrator at advancedcvd@umn.edu.

The **Clinical Competency Committee** (CCC) monitors resident performance and addresses problems or concerns. The CCC is chaired by Dr. Ganesh Raveendran and comprises a few core faculty members from each of our teaching sites with expertise in assessment. The CCC serves two main functions:

1) To monitor fellow performance and develop tailored improvement plans for individuals as necessary

2) To report fellow performance and progress to the Accreditation Council on Graduate Medical Education as part of the Next Accreditation System twice yearly.

The CCC meets twice per year to review the progress of all fellows within our program. Fellows are identified for review based upon: low scoring performance evaluations, as well as concerns expressed by faculty members, chief fellows or ancillary staff. All meetings and discussions are strictly confidential. Minutes are kept of each meeting by the Program Administrator.

The CCC will, when necessary to improve a minor problem with a fellow's performance, refer a fellow to his /her advisor or to the Program Director for informal remediation. If the performance deficiency is deemed more serious, or is recurrent, then the fellow will be referred to the CCC for creation of a formal performance improvement plan (PIP). This involves stating performance deficiencies and working with the fellow to define an improvement plan within a set period of time. Terms of the PIP may include a referral to a physician, or a counseling psychologist in the Residents' Assistance Program (RAP) for further evaluation of possible physician impairment. It is the responsibility of the CCC to monitor the outcomes of the PIP. A copy of the PIP is placed in the resident's file. A copy of the PIP will also be provided to the resident. The CCC does have the ability to recommend extension of training (total length of training) for fellow if this is deemed to be beneficial for their clinical skills.

Progress reports on all fellows under improvement plans are reviewed by the CCC every six months. If a fellow makes some measurable progress towards the defined goals, the period of improvement may be extended. If the fellow fails to meet the expectations of the PIP, they may be placed on probation and may be referred to the Academic Standing Committee **at the discretion of the CCC.** If a fellow is placed on probation, this becomes a permanent part of the training record and must be reported to boards and other licensing/credentialing bodies. The length of probation will be determined by the CCC in conjunction with the Program Director. If a fellow is determined to be unsuccessful in improving during the probationary period, they may, at the discretion of the CCC, be referred for consideration of dismissal.

Rotations at UMMC-Fairview

Cardiac Catheterization (U Cath)

Fellows assigned to this rotation will learn principles of cardiac and coronary physiology, methods of obtaining arterial and venous access, cannulation of the coronary arteries, and the various angiographic views to obtain optimal imaging of coronary anatomy. They will learn to interpret cardiac hemodynamics, perform right and left heart catheterization, define hemodynamic significance of coronary stenoses and flow reserve, differentiate restrictive and constrictive physiology, and learn management of acute coronary syndromes including anti-platelet therapy. In addition, the fellow will learn how to insert intra-aortic balloon pumps, and manage cardiogenic shock. The fellow will play a progressive role in the use of angioplasty and stent placement to treat significant coronary disease.

Rotations at VA Health Care System

Cardiac Catheterization (V Cath)

This is the highest volume experience in cardiac catheterization for the fellow. Fellows learn arterial and venous vascular access, performance of right and left heart catheterization, and interpretation of angiographic views.

Rotations at Southdale

Cardiac Catheterization

On Call Schedules

Call schedules for all sites are emailed out at the beginning of each month. Call schedules are then posted and can be reviewed on Qgenda.

On Call Rooms

The resident fellow call rooms are located in 1-365 PWB. The area is accessible via the tunnel from the hospital first floor to the first floor of the PWB building. The main entrance to the suite area is accessible by your M Health Fairview Badge. If you encounter any issues with badge access please contact security at accesscontrol@fairview.org or Jennifer Janacek at jennifer.janacek@fairview.org.

Lockers are available and private rooms with beds, desks, and computers, a gym and showers.

To check out a call room email pwboncall@fairview.org. Please provide name, program and dates that they need a room.

Moonlighting Policy

All fellows who moonlight must fill out a GME form requesting approval that must be signed by the Program Director. The fellow must provide the Program Director with the organization and site of the moonlighting activity, the nature of work (i.e. urgent care, chart review, etc.), the name and telephone number of the immediate supervisor, and the anticipated hours of work per month. The program will also monitor moonlighting on a semi-annual basis by requiring fellows to complete a survey and in semiannual meetings with the Program Director.

Moonlighting must not interfere with the fellow's performance of patient care or educational responsibilities on any rotation during training.

Fellows that are actively involved in a formal improvement plan or probation in ANY area of the core competencies will not be allowed to moonlight. If they had been moonlighting previously, privileges will be temporarily suspended. If a resident successfully remediates, moonlighting privileges may be reinstated at the discretion of the Program Director.

Faculty will monitor fellows' performance for evidence of increased stress or sleep deprivation due to moonlighting activities. The program encourages residents to assess their own performances and behavior for evidence of stress and sleep deprivation as well.

Fellows violating this policy may be subject to probation, suspension without pay and/or disciplinary action including, but not limited to, termination. Fellows violating this privilege will have their moonlighting privileges revoked for the remainder of their fellowship.

Research

The Division of Cardiology believes that the process of formulating questions, reviewing the literature and developing a plan for answering the questions engendered by patient care and conference experiences is central to the development of well-trained cardiovascular specialists no matter what direction their ultimate career path

may take. It is therefore expected that all fellows will work with an assigned or personally selected mentor to create a well-defined program of fellow initiated inquiry. Such a program should result in the creation of a document which defines the appropriate questions to be answered, a review of the literature that supports the inquiry, the resources necessary to answer the questions posed, a well-defined pathway for answering the questions and analyzing the data obtained. Such involvement may pave the way to fellowship grant submission as well as publications and presentations.

From time to time the fellow's program of fellow initiated inquiry will be reviewed by the Program Director and/or other senior faculty members.

The University of Minnesota has a rich and varied environment of basic and clinical research activities both within the Cardiovascular Division and throughout the Medical School. Fellows are encouraged to "think large" and consider interdisciplinary cooperation where necessary.

Conferences & Schedule

Friday	7:00 am	VCRC 272, U of M	Interventional Seminar
	8:00 am	VCRC 272, U of M	Journal Club

Training and Graduation Requirements

In order to be board eligible, the American Board of Internal Medicine sets forth the following requirements during the 12 months of fellowship training:

1. Twelve months of meaningful patient responsibility, including:
   - catheterization laboratory participation in interventional procedures
   - coronary physiology (including FFR and CFR measurements)
   - balloon angioplasty
   - artherectomy and thrombectomy
   - stenting
   - anti-thrombotic and thrombolytic therapy
   - ASD/PFO closure
   - aortic and mitral balloon valvuloplasty
   - peripheral vascular interventions
   - research protocols
   - inpatient service care of interventional cardiology patients
   - inpatient and emergency medicine consultations
   - outpatient clinic consultation and follow-up
   - Performance of at least 250 therapeutic interventional cardiac procedures
   - 75% attendance for interventional cardiology conferences
   - Participation in a research trial resulting in publication
   - Passing an ACGME accredited program
   - The level of responsibility must increase throughout the year of training

ACGME Competencies:

All University of Minnesota Medical School Residency/Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. 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.
3. 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.
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. 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.

It is in the fellows' best interest to maintain an active **Procedure Log in RMS** also. It will serve as the sole source of documentation of procedural training for clinical credentialing following fellowship.

Medical Records

Clinical records that document both inpatient and ambulatory care are to be readily available at all times. Each site provides electronic medical records for patient care. Passwords and access to these records are provided at each site's orientation during the first day of the rotation.

Security/Safety

Security and personal safety measures are provided to residents at all locations, including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g. medical office buildings).

Contact Information:

University of Minnesota Medical Center Security Office: 612-273-4544 / East Building / Riverside Campus
University of Minnesota Security Monitor Program: 612-624-WALK
Department of Veterans Affairs Health Care System Security Office: 612-467-2007 / located on the first floor, in room 1U-162

ACLS/BLS Certification

Fellows are required to be certified in both ACLS and BLS upon starting training. They are required to maintain their certifications throughout training and can get information regarding certification renewal from the Program Administrator.

Support Services

Please see the Inpatient Guides for specific information related to accessing and utilizing these services and systems at all sites affiliated with the Cardiovascular Disease Fellowship Program. Each of these services must be provided at all sites affiliated with the Cardiovascular Disease Fellowship Program.

Radiology/Laboratory/Pathology Services

Inpatient clinical support services are available on a 24-hour basis at University of Minnesota Medical Center, Southdale Hospital and the Minneapolis VA Medical Center, to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, Inpatient Radiology services including laboratory and radiologic information retrieval systems that allow prompt access to results.

Visa Sponsorship

- Visa Sponsorship: 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 Internal Medicine Residency Program sponsors only J-1 visas. We do sponsor H-1B visas on a case-by-case basis. More information on the J-1 visa can be found on the UMN-GME webpage https://med.umn.edu/gme/education/international-medical-graduates As J-1 visas are sponsored by this program, we are required to follow ACGME's Non-Standard Training Recognition program and any trainee in our program on a J-1 will be assigned an in-house supervisor in the first 6 weeks of the program. During this assessment period, the J-1 trainee will be supervised directly by said supervisor. At the end of the six week period, a formal milestone assessment of competency will be conducted. If the trainee is deemed to be competent, they will be allowed to function more independently.

Supervision Policy

Structural Heart Disease training in our program is designed to promote the professional growth and development of fellows from novice physicians to highly skilled Interventionalists. This occurs through the care of hundreds of individual patients, under the supervision of expert faculty. Fellows acquire increasing responsibility designed by a sequence of rotations, and continuously adjusted to the needs of the fellow and patients. It is our program's deeply held philosophy that physicians learn best when they are as autonomous as their knowledge, skills and attitude permit in the care of patients. That level of autonomy varies for each fellow and each patient. Delegation of progressive authority and responsibility and conditional independence will be assigned by the program director and faculty members. Our faculty is ultimately responsible for patient welfare and safety, and therefore supervises all patient care encounters in the ambulatory and inpatient settings for all fellows. **Faculty are on call and available to their fellows 24 hours a day and 7 days a week for supervision and consultation, during every clinical experience and rotation.**

Research and Scholarship Activity

Scholarship is integral to the understanding and practice of Interventional Cardiology. We expect all fellows to engage in scholarly activities informally throughout their fellowship. The requirements for scholarship include:

Scholarship in Fellowship

If submitting for reimbursement, fellows MUST be in compliance with our evaluation standards, which is having 80% of evaluations completed if submitting for reimbursement

The program requires all fellows to participate in journal clubs. Fellows are required to prepare and facilitate a journal club at least twice with the help and advice of faculty members at each site.

All fellows are encouraged to make a formal and informal presentation of clinical and/or scientific topics throughout their training as determined by rotation and subspecialty-specific goals.

Procedures Required for Certification in Interventional Cardiology by the ACGME

In order to be eligible for the Structural Heart Diseases fellowship, each fellow must have completed certification in Interventional Cardiology (as defined by ACGME). For certification in interventional cardiology, the ACGME requires that candidates must be judged competent by their Program Director in the procedures listed below:

1. Coronary arteriograms
2. Coronary interventions including
    1. Balloon angioplasty, stents, and other interventional devices
    2. Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia
    3. Each fellow must perform a minimum of 250
3. Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve
4. Hemodynamic measurements
5. Intravascular ultrasound
6. Ventriculography and aortography

Evaluation and Advancement Policy Principles

Evaluation is an essential to professional development and growth during fellowship. While we provide regular formal evaluation by faculty and peers, we also assert that self-evaluation and "reflective practice" is vital to understanding of one's own strengths and areas for improvement as a physician. Our program encourages fellows to seek informal feedback from trusted colleagues, nurses, patients, chief fellows, faculty, formal advisors and the Program Director. Each fellow will also choose (or be assigned) a Mentor/Advisor.

Formative Evaluation

Each fellow's competency in medical knowledge, patient care, professionalism, communication and interpersonal skills, practice-based learning and improvement and systems-based medical practice is monitored and evaluated on an ongoing basis. Evaluation of fellows includes written evaluations by the teaching attending physician and resident colleagues via New Innovations/RMS, a web-based reporting system (see below). Fellows must also formally evaluate attending physicians (via RMS), other residents and interns, and the sites and rotations.

It is important for residents to meet with faculty at the beginning of each rotation to discuss rotation goals. Faculty is required, in accordance with ACGME policy, to provide verbal feedback to fellows at the end of each rotation or assignment. Fellows are also encouraged to seek out faculty feedback regularly.

Summative Evaluation

Each fellow meets twice yearly with the Program Director to review performance evaluations, conference attendance, procedural logbooks, and summaries of students' teaching evaluations; to prepare individual learning goals; to update a list of scholarly presentations and manuscripts; and to provide feedback to the program. Advisors are an excellent resource for career planning, as well as advice on dealing with the stresses of fellowship as well. Original copies of these mid and year-end evaluations are placed in the fellow's individual file and are readily accessible for their review.

All fellows also evaluate the entire program via an annual "year-end program evaluation." The results of this annual evaluation are available at each hospital, and an executive summary is sent to every fellow. All program evaluations are reviewed and used for continuing improvements to the program and rotations.

New Innovations/RMS (Web-based Evaluation System)

The New Innovations/RMS evaluation system is intended to disseminate the summarized and confidential results of hundreds of evaluations by fellows in order to continue to strengthen and refine the program's teaching, curriculum and clinical experiences.

- All fellows are expected to complete their evaluations of rotations within two weeks of completion of the rotation. *Note that RMS is intended to complement and not replace direct feedback at the end of each rotation.*
- All faculty are expected to complete their evaluations of fellows within two weeks of completion of the rotation. All faculty are expected to provide end-of-rotation feedback to the fellows.
- Each month, New Innovations will automatically notify the Program Director that fellows' evaluations are available for them to review. Access will be permitted by New Innovations after 3 or more evaluations have been completed, to provide confidentiality to the evaluating fellows
- Evaluations of individual fellow performance and of individual faculty performance will remain strictly confidential and **will not** be disseminated throughout the program.

If at any time you forget your password, user name or have difficulties with New Innovations, contact the Program Administrator at advancedcvd@umn.edu..

Evaluation Committees

The **Clinical Competency Committee** (CCC) monitors resident performance and address problems or concerns. The CCC is chaired by Dr. Ganesh Raveendran and comprises a few core faculty members from each of our teaching sites with expertise in assessment. The CCC serves one main function: to monitor fellow performance and develop tailored improvement plans for individuals as necessary

As the Structural Heart Diseases Fellowship is unaccredited, the CCC does not report to the ACGME

The CCC meets every six months to review the progress of all fellows within our program. Fellows are identified for review based upon: low scoring performance evaluations, as well as concerns expressed by faculty members, chief fellows or ancillary staff. All meetings and discussions are strictly confidential. Minutes are kept of each meeting by the Program Director.

The CCC will, when necessary to improve a minor problem with a fellow's performance, refer a fellow to his /her advisor or to the Program Director for informal remediation. If the performance deficiency is deemed more serious, or is recurrent, then the fellow will be referred to the CCC for creation of a formal performance improvement plan (PIP). This involves stating performance deficiencies and working with the fellow to define an improvement plan within a set period of time. Terms of the PIP may include a referral to a physician, or a counseling psychologist in the Residents' Assistance Program (RAP) for further evaluation of possible physician impairment. It is the responsibility of the CCC to monitor the outcomes of the PIP. A copy of the PIP is placed in the resident's file. A copy of the PIP will also be provided to the resident. The CCC does have the ability to recommend extension of training (total length of training) for fellow if this is deemed to be beneficial for their clinical skills.

Progress reports on all fellows under improvement plans are reviewed by the CCC monthly. If a fellow makes some measurable progress towards the defined goals, the period of improvement may be extended. If the fellow fails to meet the expectations of the PIP, they may be placed on probation and may be referred to the Academic Standing Committee **at the discretion of the CCC.** If a fellow is placed on probation, this becomes a permanent part of the training record and must be reported to boards and other licensing/credentialing bodies.

The length of probation will be determined by the CCC in conjunction with the Program Director. If a fellow is determined to be unsuccessful in improving during the probationary period, they may, at the discretion of the CCC, be referred for consideration of dismissal.

Substance Abuse Policy

(Please also refer to the Institution Manual.) It is the policy of the University of Minnesota that University personnel will be free of controlled substances. Chemical abuse affects the health, safety and well being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Medicine recognizes that chemical/substance abuse or dependency may adversely affect the physician-in-training's ability to perform efficiently, effectively and in a professional manner. The department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.

A. No fellow shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs including those prescribed by a physician which affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.
B. Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on a fellow's ability to perform his/her duties; therefore, no fellow shall use, sell, possess, distribute, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.
C. Any violation of this policy may subject the fellow to discipline, including, but not limited to, suspension and/or termination.
D. When there is a reasonable cause to believe that a resident may be using, selling, possessing, distributing, dispensing, transferring or manufacturing any illegal drug, controlled substance, or alcohol, the fellow may be required to undergo medical evaluation and assessment. The fellow's ability to continue participation in the program will be determined by the Program Director in consultation with attending faculty or the Review Committee and the Chair of the Department. Action may include, but is not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.
E. Depending upon the circumstances, the department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.
F. Fellows who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform the Program Director or Review Committee or Department Head of this conviction (in writing) within five (5) calendar days.
G. Other fellows who have reasonable cause to believe that a colleague is using a substance that adversely impacts on the fellow's performance in the training program must report the factual basis for their concerns to the Program Director.
H. If a fellow is taking a medically authorized substance which may impair his or her job performance, the fellow must notify his or her, attending faculty and the Program Director of his or her temporary inability to perform assigned duties.
I. The policy of the American Board of Internal Medicine maintains that physicians who have a history of chemical dependency, as reported to the Board, and who submit documentation acceptable to the Board that their disease is known to be under control, can apply for and take the certifying examination. Candidates who have a current problem of chemical dependency, as reported to the American Board of

Internal Medicine, will not be issued a certificate upon completion of all requirements for certification unless they submit documentation that their disease is known to be under control for five (5) years from the time of the most recent occurrence of the disease.

J. Fellows are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse. The services of the Fairview University for Children Employee Assistance Program, Physicians Serving Physicians, and the Minnesota Association of Public Teaching Hospitals Resident Assistance Program are available to all residents and their families. (Please refer to the Institution Manual for contact numbers and descriptive information on these programs.)

K. Fellows must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture, and fines.

Section 6 - Administration

University Of Minnesota

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Alok Sharma, MD

Confirmation of Receipt of your Fellowship Addendum for Academic Year _____

By signing this document you are confirming that you have received and reviewed your Fellowship Addendum 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.

Fellow Name (Please print) _____

Fellow Signature _____

Date _____

Coordinator Initials _____

Date _____