University of Minnesota

Psychiatry Policy & Procedure Manual (PPPM) 2026-2027

Department of Psychiatry and Behavioral Sciences Psychiatry Residency Program

Table of Contents

Table of Contents **2**

Introduction **7**

- Purpose 7
- Institutional Profile 7
- Statement of Commitment 7
- Statement of Goal for Graduate Medical Education 7
- Statement of Diversity and Inclusion 8
- Institutional Responsibilities 8
- Departmental Mission Statement 8
- Anti-racism, discrimination, and oppression statement 8
- Residency Program Mission, Vision and Values 9
  - Program Mission 9
  - Train the next generation of interprofessional experts who will be leaders in Minnesota and beyond 9
  - Program Vision 9
  - Program Values 9
- Program Description and Aims 10
- Departmental Organization Chart 10

Appointment and Reappointments **11**

- Classification of Appointment 11
- NIH NRSA Training Grant Appointment 11
- Eligibility, Selection, and Transfer Policy (updated October 2025) Policy Statement 11
- Eligibility 11
- Selection 12
- Trainee Transfers 12
- Nondiscrimination policy 13
- Program Specific Visa Policies 13
- Appointment and Promotion 13
- Resident/Fellow Standing 13
- Promotion 14
- Requirements for Completion of Training and Graduation 14
  - Length of Program 14
  - Requirements for Graduation 15
- Policy on Effect of Leave for Satisfying Completion of Program 15
- Non-renewal of Appointment 15

Trainee Responsibilities and Supervision **16**

Clinical Responsibilities 16
ACGME Curriculum Requirements ACGME requirements 16
Non-Clinical and Administrative Responsibilities 16
Trainee Supervision 17
Direct Supervision 17
Indirect Supervision 17
Oversight 17
Monitoring of Wellbeing 17
Resident Fatigue 18
Didactics Attendance Requirements 18
Program Curriculum 20
AGCME Clinical Competencies milestones 20
Clinical Rotations and Block Schedule 20
PGY1 20
PGY2 20
PGY3 20
PGY4 20
Psychotherapy Training 21
Competency-based goals and Objectives 21
Clinical Skills Assessments (CSAs) 21
Clinical Skills Evaluations (CSEs) 21
Training Examinations 22
Step 3 Requirement 22
Didactics Curriculum 22
Clinical Curriculum 22
Research Requirements 22
Quality Improvement Project Requirements 23
Evaluations and Outcomes Assessment 24
Resident Evaluation Process 24
Milestones Evaluation and Resident Promotion based on ACGME Competencies 24
Clinical Competency Committee (CCC) Charter 24
Overview and Composition 24
Meetings 25
Responsibilities 25
Residents 25
Formative Evaluation 26
Summative Evaluation 26
Program Evaluation Tools 27
BLS Certification Requirements 27

Employee and Occupational Health (EOHS) 27
LCME Requirement 27
Program Procedures **28**
Attendance 28
Clinical and Educational Work Hours 28
Requirements 28
Reporting Hours Requirement 29
Disability Accommodations 30
Leave of Absence Policy **30**
UMN Psychiatry Residency Program procedures for requesting and documenting. 30
Scheduled (Vacation) Leave 30
Unscheduled Leave 31
Using unscheduled leave day for UMN Clinic Day (PGY2-4) 32
Inclement Weather 33
Professional Leave 33
Moonlighting 34
Resident Fitness for Duty Policy 34
Unauthorized Leave 35
Disciplinary and Corrective Action Policy 36
Resignation/Transfer 36
Grievance / Due Process 36
Departmental Disaster Plan 38
Discrimination, Sexual Misconduct, and Nepotism 38
Residents Experiencing Difficulties 38
Residents Needing Accommodations 39
Employee Assistance Program (EAP) 40
Post-incident Support and Debriefing 40
UMN GME Licensure Policy 41
Medical Records Procedures 41
Needle Stick Procedures - Infection Control 41
Patient Safety Procedures 41
Training 41
Reporting and Review 41
Residency Management System 41
Residency Evaluation System 41
Institutional Committees 42
Benefits, Information, and Resources **42**
Paychecks/Payroll 42
Insurance 43

Open Enrollment 43
Health 43
Dental 43
Life 43
Professional Liability 44
Disability 44
Worker's Compensation 44
Systems and Communication 44
Email 44
Campus mail 45
Cell Phone 45
Pager 45
Laundry Services 45
Parking 45
On-Call 45
Schedule 45
Room information 46
Rules and Guidelines for Medical Students and Residents on Interactions with Industry Representatives 46
Administrative Support Services 47
Lactation Services 47
Lactation space and resources 48
Laboratory/Pathology/Radiology Services 48
Security/Personal Safety 48
Professional Dress Requirements 49
Meal Tickets 50
Departmental funding for travel, book and educational funds 50
Employee-Student Health Services 51
Medical Library and Services 51
Local Information and Links 51
Addendum - Competency Based Goals/Objectives by Year 52
Confirmation of Receipt of your Program Policy Manual and Fellowship addendum 54
Addendum A 55
Eligibility Exemption 55
Addendum B 57
Parental Leave 58
Medical | Caregiver Leave 59
Federal and Minnesota Protected Time & Minnesota Paid Leave 59
Family Medical Leave Act (FMLA) 59

Minnesota Paid Leave 59
Earned Sick and Safe Time (ESST) 59
Military, Court Appearance, or Civic Duty Leave 60
Bereavement Leave 60
Extended Absence 61
Holiday Leave 61
Unpaid Leave 61
Professional Leave 62
Vacation Leave 62
Availability and Requesting Vacation Leave 62
Resources for Programs, Residents, and Fellows 63
Addendum C **64**

Introduction

Purpose

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 Accreditation Council on Graduate Medical Education (ACGME) Program Requirements, procedures to follow institutional policies, and other information specific to the Department of Psychiatry and Behavioral Sciences and the Graduate Medical Education (GME) Office.

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 Goal 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.

Given the dynamic nature of our community, the Medical School Diversity Statement and Policy should be reviewed biennially to ensure it is current and reflective of our priorities.

Institutional Responsibilities

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

Departmental Mission Statement

The Department of Psychiatry and Behavioral Sciences at the University of Minnesota strives to:

- Create and disseminate new knowledge in the science of mental health
- Provide effective and innovative clinical care programs to alleviate the suffering of mental illness and promote mental resilience
- Train the next generation of interprofessional experts who will be leaders in Minnesota and beyond
- Engage in compassionate and vigorous outreach and advocacy on issues relevant to psychiatric illness, treatment, and research

Anti-racism, discrimination, and oppression statement

The Department of Psychiatry and Behavioral Sciences condemns racism, discrimination, and oppression in all forms. We affirm that racism and oppression are public health crises with serious mental health consequences for the communities we serve. We commit to listen to and promote Black, Indigenous and people of color. We also commit to amplify their calls for change. We are part of a system that has allowed racial disparities in medical outcomes, and we have work to do.

Our work is guided by the following principles:

- Amplify the voices of those most directly affected by racism and oppression to restore justice. Racism and oppression are not their responsibility to solve; the responsibility to dismantle racism falls on those who have benefited from it.
- Ensure a just, equitable, and inclusive educational, clinical, and research environment.
- Take all needed steps to identify and dismantle unjust and inequitable systems, as individuals and collectively. This includes systems within our medical school, our university, and society at large.

Residency Program Mission, Vision and Values

Program Mission

Train the next generation of interprofessional experts who will be leaders in Minnesota and beyond

Program Vision

- Train lifelong learners who are committed to excellence
- Promote a community that values well-being, inclusivity, and diverse perspectives
- Provide mentorship that will help learners maximize their strengths and overcome obstacles to becoming the psychiatrists they want to be
- Set a high standard for consistent training across all sites, supervisors, and educational activities
- Create a learning environment where mutual feedback is requested and respectfully delivered, empowering all to grow professionally and personally

Program Values

- Helpfulness toward the collective good
- Diversity and inclusivity
- Interprofessional teamwork
- Leadership
- Advocacy
- Academic Excellence
- Satisfaction and fulfillment through meaningful work
- Professionalism
- Safety
- Autonomy
- Self-compassion
- Growth Mindset
- Evidence-based medicine and education

Program Description and Aims

The University of Minnesota Psychiatry Residency is an ACGME accredited, categorical four-year program. Our curriculum aims to prepare all graduates to achieve American Board of Psychiatry and Neurology (ABPN) Certification.

We train our residents to become talented clinicians prepared to serve individuals who have mental health needs with sensitivity, compassion, and rigorous excellence. We support our residents to grow as team leaders and team members, as optimal mental health care always occurs in a team context.

Departmental Organization Chart

Department Chair:
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Contact information for other resident contacts can be found here.

Appointment and Reappointments

Classification of Appointment

The department follows the GME Policy: Classification and Appointment Policy which was updated 10/22/2024.

NIH NRSA Training Grant Appointment

The department follows the GME Policy: NIH NRSA Training Grant Appointment Policy which was updated 2/25/2025.

Eligibility, Selection, and Transfer Policy (updated October 2025) Policy Statement

Eligibility

Residents:

Prior to their program start date residency program applicants must provide their program with documentation of the following qualifications to be eligible for appointment:

1. Graduation from a medical school that meets one of the following requirements:
    a. Graduation from medical school in the United States or Canada and accredited by the Liaison Committee on Medical Education (LCME), OR
    b. Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), OR
    c. Graduation from a medical school outside of the United States meeting one of the following additional requirements:
        i. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), OR
        ii. Holds a full and unrestricted license to practice medicine in Minnesota.
2. Passing scores on Steps 1 and 2 (Clinical Knowledge) of the United States Medical Licensing Examination (USMLE) or an equivalent examination that qualifies for medical licensure (e.g., Comprehensive Osteopathic Medical Licensing Examination-COMLEX).

3. Eligible for either a residency permit or a permanent medical license as granted by the Minnesota Board of Medical Practice.
4. For those trainees entering a program after a Transitional or Preliminary PGY-1 year, a written or electronic verification of previous educational experiences and a summative evaluation of the resident performance addressing the six ACGME competencies.

See Addendum A for adding additional language

Selection

1. Programs select from among eligible applicants based on their educational preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity.
2. The Medical School does not discriminate with regard to sex, race, color, creed, religion, national origin, age, marital status, disability, public assistance status, veteran's status or sexual orientation.
3. The Medical School participates in the National Residency Matching Program (NRMP). Each accredited residency/fellowship program that participates in the NRMP Match will abide by the rules and regulations of the NRMP. Those programs using other Match programs will abide by their rules and regulations.

Trainee Transfers

In accordance with the ACGME's Common Program Requirements prior to accepting a trainee from another residency or fellowship program the program director must obtain the following:

1. Written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident or fellow.
2. Proof that the transferring resident or fellow has passed the USMLE Step 3 or equivalent licensing examination (e.g. COMLEX) for PGY-3 residents or higher.

A program director must provide timely verification of residency education and summative performance evaluations for residents and fellows who leave the program prior to completion.

Reason for Policy

To outline specific qualifications required for eligibility and selection of residents/fellows (trainees) entering a University of Minnesota Medical School Graduate Medical Education training program.

Program Responsibilities

Monitoring and compliance of the eligibility requirements is expected at the Department/ Program Level.

Nondiscrimination policy

The program shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, gender, age, marital status, familial status, disability, public assistance status, membership or activity in a local commission created for the purpose of dealing with discrimination, veteran status, sexual orientation, gender identity, or gender expression.

Program Specific Visa Policies

The J-1 visa sponsored by ECFMG is the preferred visa for international medical graduates in all UMN graduate medical education programs; therefore, the Department of Psychiatry and Behavioral Sciences sponsors only J-1 visas. We do not sponsor H-1B visas, except in clearly defined circumstances in which a resident is not eligible for a J-1 visa. More information on the J-1 visa can be found on the UMN-GME webpage: GME Eligibility, Selection & Transfer Policy

Appointment and Promotion

The residency/fellowship (trainee) agreement is a required, binding contract between the trainee and the institution. The effective date of the initial agreement is the first mandatory date the trainee is required to report to their GME training program.

If the resident/fellow is in satisfactory standing, the agreement will be automatically renewed on an annual basis for the duration of the training program.

Residents/fellows are free to compete for any physician or academic positions in any geographic area following completion of their training. Restrictive covenants and non-competes are not allowed for any University of Minnesota GME programs. Per ACGME Requirement IV.C, the sponsoring institution and its programs cannot require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

Resident/Fellow Standing

A trainee whose performance conforms to established evaluation criteria in a consistent and satisfactory manner will be considered to be in “good standing” with the program and institution. Misconduct, failure to comply with the policies and procedures governing the program or unsatisfactory performance based on one or more evaluations may adversely affect the trainees standing in the program. In these cases, the program will make an effort at remediation as outlined in the Discipline, Dismissal, Non-Renewal Policy & Process.

Reason for Policy

Graduate Medical Education (GME) training is structured as a progressive competency-based educational experience where trainees assume increasing levels of responsibility commensurate with their individual progress in skill, knowledge, and professional judgment.

The University of Minnesota Resident/Fellow Agreement is executed for the full duration of the trainee's specific program. While the contract covers the entire training period, advancement to each successive level is not automatic; it is contingent upon the trainee maintaining satisfactory standing and meeting the competency-based requirements of their program. This policy outlines the criteria for promotion and the institutional expectations for successful program completion.

Promotion

After satisfactory completion of each level of Graduate Medical Education experience, as attested to by the program director, a resident/fellow in good standing will be promoted to the next level of training subject to the terms, limitations and conditions described in this document and the Resident/Fellow Agreement.

Promotion to the next level of training is determined by the program and the Sponsoring Institution. The decision to promote is dependent on several factors, which include, but are not limited to:

1. satisfactory completion of all training requirements
2. satisfactory trainee performance
3. documented competence commensurate with level of training
4. successful completion and passing of the USMLE Step 3, COMLEX, etc. prior to entering the PGY-3 level
5. full compliance with all terms of the Resident/Fellow Agreement
6. continuation of the Sponsoring Institution and program ACGME accreditation

A trainee who is on probation may be promoted at the discretion of the program director. If the decision to promote is made, the probationary status remains in effect until the terms of the remediation agreement are met.

Requirements for Completion of Training and Graduation

Length of Program

- The complete psychiatry residency is 48 months.

    - Twelve of those months may be spent in an ACGME approved Child and Adolescent psychiatry residency.
- During the four years of psychiatry training, a minimum of 2 years must be spent at one training program.
- Subspecialty fellowships (other than child training) cannot begin until a full 48 months of psychiatry training has been completed.

Requirements for Graduation

- Residents must meet all requirements of the American Board of Psychiatry and Neurology, which will allow them to sit for The American Board of Psychiatry and Neurology Board Examination.
- Residents must have satisfied the requirements for the adult psychiatry program as set forth by residency leadership, acting in conjunction with the departmental Education Council and the University of Minnesota Graduate Medical Education Committee. The program meets the requirements of the ACGME, which can be found here
- The resident must be in good standing with no concerns about medical ethics or professional competency.
- The resident must have satisfactory evaluations in all rotations and have performed satisfactorily in didactic courses at each level of training.
- The resident must have satisfactory performance with respect to the ACGME milestones

Policy on Effect of Leave for Satisfying Completion of Program

The American Board of Psychiatry and Neurology (ABPN) requires 48 months of psychiatry residency training, and several months are designated as required content. Circumstances may arise where a resident requests permission from the Program Director for time away from training. This may include parental leave, medical leave, vacation, sick days, conference days, or jury duty.

Per GME policy, each resident may be granted a 6 week parental leave and a 6 week medical leave once during their training without requiring an extension of their total training time. More than 6 weeks for a parental leave or a medical leave will require the resident to extend their training.

Required rotations require 70% attendance to pass the rotation. If this requirement is not met, the resident will need to repeat the rotation, but may not be required to extend their training.

Non-renewal of Appointment

In instances where a trainee fails to advance, the University of Minnesota Medical School ensures that its ACGME accredited programs provide the trainee with a written notice of intent not to advance a trainee's agreement no later than four months prior to the end of the trainee's current agreement. However, if the primary reason(s) for the failure to advance occurs within the four months prior to the end of the agreement, the University of Minnesota Medical School ensures that its ACGME-accredited programs provide the trainees with as much written notice

of the intent not to advance as the circumstances will reasonably allow, prior to the end of the agreement. Trainees will be allowed to implement the institution's grievance procedures if they have received a written notice of intent not to advance them in the program.

Trainee Responsibilities and Supervision

Clinical Responsibilities

Please see more information under "Requirements" of Program Procedures. Under appropriate levels of supervision as described below, residents will provide patient care for all the populations, settings, and systems as described by the ACGME requirements. Objectives for each rotation are available on the resident intranet page. Expectations are further described through the ACGME milestones.

ACGME Curriculum Requirements ACGME requirements

- Minimum four months in Internal Medicine, emergency medicine, and/or Pediatrics in the first year
- Two months in Neurology - there must be one month in the first or second year of training
- Minimum of six months inpatient psychiatric training, but no more than sixteen months.
- Outpatient training--continuous for 12 months
- Child and adolescent psychiatry of two months - inpatient or outpatient experience.
- Geriatric psychiatry - one month
- Addiction psychiatry - one month
- Consultation/liaison - two months
- Forensic psychiatry - Resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency
- Emergency psychiatry - must be conducted in an organized, supervised psychiatric emergency service. On call experience alone does not meet this requirement
- Community psychiatry - must provide residents with a cohort of persistently and chronically-ill patients in the public sector, such as in community mental health centers, public hospitals and agencies, and other community-based settings
- Regular protected didactics
- Training in psychotherapy sufficient to gain competency in CBT, supportive, and psychodynamic psychotherapy

Non-Clinical and Administrative Responsibilities

Residents are expected to complete administrative activities upon request of the ACGME, University of Minnesota Office of Graduate Medical Education, The Department of Psychiatry and Behavioral Sciences, and site-specific administrative requests. This includes, but is not

limited to requested evaluations, attestations, surveys, tracking logs, and onboarding paperwork.

Trainee Supervision

Clinical training must include adequate, regularly scheduled supervision which complies with ACGME regulations. Each resident must have at least two hours of supervision weekly, one of which should be 1:1 psychotherapy or competency supervision.

There are levels of supervision through which the resident progresses as they gain competency: direct supervision, indirect supervision, and oversight.

Direct Supervision

The supervising physician is physically present with the resident during the entirety of the patient interaction.

- PGY-1 residents must initially be supervised directly.
- PGY-1 residents should progress to being supervised indirectly with direct supervision available only after demonstrating competence in:
  - the ability and willingness to ask for help when indicated;
  - gathering an appropriate history;
  - the ability to perform an emergent psychiatric assessment; and,
  - presenting patient findings and data accurately to a supervisor who has not seen the patient.

When a resident requiring direct supervision provides remote care, the supervising physician must be physically present with the resident.

Indirect Supervision

The supervising physician is immediately available to the resident for guidance and is available to provide appropriate direct supervision. The supervising attending is present for key portions of the visit with the patient.

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Monitoring of Wellbeing

Resident wellbeing is a priority in our program, and we see it as a necessary part of psychiatry training to learn about the stressors of being a psychiatrist and learn to manage them such that this will be a fulfilling, sustainable career. Our department has an Inclusive Excellence and Wellbeing Council that welcomes residents for being involved in initiatives in the department. They are also available for consultation, and a contact person for residents is Lidia Zylowska,

core faculty member. GME resources for residents, including mental health and coaching resources, can be found here.

Monitoring of Wellbeing, this is a link to the UMN GME Health Task Force Resources

Resident Fatigue

Residents will be educated on the negative effects of fatigue on patient care and learning, including the specific skills of alertness management and fatigue mitigation processes during the required PGY1 Institutional Orientation conducted by the University of Minnesota Graduate Medical Education Office. Residents are encouraged to adopt fatigue mitigation processes. In the case of fatigue during a duty shift, or when patient care responsibilities are unusually difficult or prolonged, back-up service can be arranged by contacting the chief resident or the faculty member on-call. Additionally, the University of Minnesota Medical Center, Fairview and the VA Medical Center provide taxi fare vouchers for residents who require transportation due to issues related to fatigue following duty shifts.

University of Minnesota Medical Center (UMMC)
Transportation/Cab vouchers will be provided by University of Minnesota Medical Center and distributed in the following way:

- Monday-Friday daytime hours: contact Social Work Services at University Campus: 612-273-3366. Riverside Campus: 612-273-6797.
- Evenings and weekends: contact the Administrative Supervisor @ University Campus pager: 612-899-9000. Riverside Campus pager: 612-613-8497.

If there are any problems or issues that arise as a result of this policy, please contact UMMC GME at 612-273-7482.

Minneapolis VA Health Care System (MVAHCS)
Reimbursement will be provided to Residents and Fellows who are too fatigued to safely drive home after working a call shift.

- Reimbursement will be to the Resident/Fellow home only.
- All receipts will need to be turned in for reimbursement.

Contact: Jacques Maxwell - jacques.maxwell@va.gov

Didactics Attendance Requirements

70% didactics attendance is required

If the requirement is not met during the 6-month semi-annual evaluation period, the resident will need to give a 50-minute presentation on a topic of their choice during the next 6 month period.

They will need to work with a mentor on their presentation, and show their slide set to their mentor no later than 2 weeks prior to the scheduled presentation. A chief resident and APD will help coordinate a time for the presentation. The presentation will be given to their didactics cohort, with at least 1 faculty member of residency leadership present.

If the requirement is not met a second time, then residency leadership will work with the resident on a more formal individualized learning plan to address deficiencies in professionalism and medical knowledge.

Didactics attendance is required to be in-person. Special circumstances to attend from home may be approved by the Program Director. Once virtual attendance is approved, the resident will discuss logistics with a chief resident.

Program Curriculum

AGCME Clinical Competencies milestones

Clinical Rotations and Block Schedule

A month is defined as one 4-week block, 13 total per academic year.

Primary rotation sites are University of Minnesota Medical Center (UMMC), the VA (MVAHCS), Masonic Children's Hospital, Abbott Northwestern (ABNW), and Anoka (AMRTC).

PGY1

Primary Care, Internal Medicine	UMMC, MVAHCS	2 months
Primary Care, Pediatrics	Masonic Children's Hospital	1 month
Emergency Medicine	UMMC	1 month
Neurology	MVAHCS	2 months
General Inpatient Psychiatry	MVAHCS	1 month
General Inpatient Psychiatry	UMMC	5 months
Consult-Liaison Psychiatry	UMMC or MVAHCS	1 month

PGY2

Child-Adolescent Psychiatry (Inpatient)	UMMC	2 months
Consultation-Liaison Psychiatry	MVAHCS, ABNW, or UMMC	2 months
Substance Use Disorders	UMMC	1 month
Geropsychiatry	MVAHCS	1 month
Emergency Psychiatry	MVAHCS	1 month
Inpatient Psychiatry	UMMC	3 months
Neuromodulation	UMMC, SLP	1 month
Forensic Psychiatry	AMRTC	1 month
Selective	UMMC, MVAHCS, AMRTC, other	1 month

One half-day of supportive psychotherapy per week for 12 months

PGY3

12 months (13 blocks) continuous outpatient psychiatry at UMMC

One half-day of community psychiatry weekly

Two half-days of psychotherapy and psychotherapy supervision in CBT weekly

PGY4

Electives and Attending-in-Training responsibilities

One half-day of psychodynamic psychotherapy weekly

Electives that require a new financial agreement will need to be approved by the Residency Leadership by March 1st of the prior academic year.

Psychotherapy Training

The University of Minnesota, Department of Psychiatry, is committed to a strong education program both in short and longer term psychotherapies. We emphasize that even the briefest medication management may reveal important dynamic issues. In this sense, all patient contacts become an important ground for learning about and applying psychotherapeutic principles.

These principles are presented in courses on the theory and practice of psychotherapy, given during the four years of psychiatry training. Topics include supportive psychotherapy, psychodynamic theory and psychotherapy, cognitive behavioral therapy, group and family therapy, dialectical behavioral therapy, and motivational interviewing.

Competency-based goals and Objectives

For each clinical experience, competency-based goals and objectives are curated by faculty, based on the ACGME milestones.

Clinical Skills Assessments (CSAs)

Oversight of CSAs is conducted by Dr. Felicia Webber. This is a program requirement. This evaluation is not used for the purpose of the American Board of Psychiatry and Neurology Clinical Skills Evaluation (CSE), but is preparatory for this activity.

- First and second year residents:
    - Must pass once per year as demonstrating skills appropriate for their level of training
    - For G1/2, the best way is to have these interviews done with inpatient attendings or on-call faculty that is willing to do this
    - Residents should not know the patient.
    - OK to use materials such as H&P template, write notes, etc.
    - Approximately 30-40 minutes is spent with the patient, followed by a 30 minute discussion with the attending.

[See this Google Drive Folder for more information about CSEs and CSAs]

Clinical Skills Evaluations (CSEs)

In order to be eligible for ABPN certification, residents must pass three CSEs. If a resident is planning to apply to fast-track to CAP fellowship for their G4 year, it is recommended they complete all three before submitting their applications. All documentation will be provided to the ABPN. Multiple attempts are allowed.

Training Examinations

The PRITE Exam (Psychiatry Resident In-Training Examination sponsored by the American College of Psychiatry) is given each fall to all psychiatry residents and is taken in two sessions. All residents are required to take the PRITE. One of the two sessions can be taken home for completion. The Psychodynamic Psychotherapy Competency Test (constructed by Columbia University in New York) is provided to all residents in the spring.

Step 3 Requirement

All trainees must show documentation of a passing USMLE Step 3 or an equivalent licensing examination (i.e. COMLEX) by January 1 of their PGY-2 year (or 6 months into their second year). This is a UMN GME policy and residents face dismissal if they cannot meet this requirement. Trainees are encouraged to take the appropriate licensing examination early in their training to permit adequate time to retake the exam if more than one attempt is needed.

If there are extenuating circumstances that keep a resident from being able to attend their scheduled exam (such as illness, natural disaster, death in the family), they may be able to have an extension, at their PD's discretion.

Didactics Curriculum

The didactics curriculum is designed to comprehensively prepare residents for ABPN board eligibility and clinical competency, with developmentally appropriate coursework in diagnosis, safety assessment, treatment, ethics, psychotherapy, development across the lifespan, social determinants of health and health disparities, health systems, emergency psychiatry, reproductive psychiatry, neurophysiology and neuropsych testing, interprofessional treatment teams, interventional psychiatry, and each of the subspecialties. Didactics are taught by content experts in the department, including faculty engaged in cutting-edge research.

Clinical Curriculum

In addition to clinical training in the topics covered in didactics, residents will also learn about professionalism, identity development, documentation, systems-based practice, and practice-based learning and improvement.

Research Requirements

All residents will be educated in research fluency and the concepts and process of evidence-based clinical practice to develop skills in question formulation, information searching, critical appraisal, and medical decision-making.

Residents will have the opportunity to work with research mentors to explore opportunities in research.

For interested residents, there is a structured research program they may participate in with a UMN research mentor. In this program, residents are expected to meet milestones in their own

time, and their research activities should not interfere with other residency activities. If annual milestones are met, they may be granted protected time in their 4th year to complete a research project, subject to approval by the Research Council. Products of this program may include IRB-approved projects, grant awards, and publications.

Quality Improvement Project Requirements

- Education in Quality Improvement
    - A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.
    - Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.
- Residents must participate as team members in quality improvement and patient safety (QIPS) activities. These activities are expected to target goals that are specific, measurable, achievable, and relevant to patient care. As some activities are modeled on the PDSA (plan-do-study-act) cycle, residents may be involved in iterations of activities that were begun before their time in the program.
- Each QIPS activity should be documented with the following information:
    - Problem Identified
    - Objectives
    - Metrics
    - Timeline
    - Important Stakeholders
    - Residents involved and each of their roles in the project
    - Faculty supervisors or mentors
- If activities continue for more than one year, this document should be updated annually and include a formulation of the past year's progress, identified obstacles or challenges, and any changes to the plan.
- The didactics chief keeps records of ongoing QI projects and documentation

Evaluations and Outcomes Assessment

Resident Evaluation Process

Milestones Evaluation and Resident Promotion based on ACGME Competencies

The psychiatry residency program adheres to the ACGME competencies (milestones) to assess resident progress. Goals and objectives and observations by supervisors are organized according to the six areas of competency.

The six competencies are:
- -Patient Care
- -Medical Knowledge
- -Practice-Based Learning and Improvement
- -Systems-Based Practice
- -Professionalism
- -Interpersonal Skills and Communication

The psychiatry-specific milestones were developed by the ACGME Psychiatry Residency Review Committee (RC) to assess an individual resident's developmental progress throughout training based on the six competencies. The UMN Psychiatry Residency's Clinical Competency Committee (CCC) meets twice a year (December and May) to determine each resident's progress with respect to the milestones. Clinical observations, informal reports, formal evaluations and other sources of performance data will be utilized to determine specific milestone rankings. Individual milestone reports will be presented at the twice annual semi-annual reviews that each resident will have with a member of the residency leadership team. Throughout the academic year, the training director is available to meet individually with residents as difficulties or problems are encountered.

The milestones will be used descriptively to track resident developmental progress and serve as a vehicle for identifying resident strengths and growth points. There is no set numerical cut-off score or ranking required for promotion, graduation, or special privileges; however, based on the discussion of the CCC, academic issues may be identified that result in remediation plans, academic probation, non-advancement, extension of residency training or termination.
The milestones data will be deidentified and aggregated using WedAds Software and provided to the ACGME for ongoing monitoring of program quality and evidence of resident progress.

Clinical Competency Committee (CCC) Charter

Overview and Composition

Per ACGME requirements, the Department of Psychiatry and Behavioral Sciences CCC has been developed to to review resident evaluations, prepare and assure the reporting of resident

milestones evaluations to the ACGME, and advise the Program Director on special issues related to resident progress, including promotion, remediation, and dismissal.

The following have been appointed to the Clinical Competency Committee:

1. Kay Powell, DO
2. Laura Gibbons, MD
3. Lisa Abrams
4. Matthew Kruse, MD
5. Sophia Albott, MD
6. Matej Bajzer, MD, PhD
7. Roman Becicka, MD
8. Richelle Moen, PhD
9. Alex Johnson, MD
10. Tolu Odebunmi, MBBS
11. Lionel Wininger, PhD
12. Michael O'Sullivan, MD
13. Matej Bajzer, MD
14. Michael Langley-DeGroot, MD
15. Holly Burd
16. Quentin Gabor, MD
17. Felicia Webber, MD (Chair)
18. Vince Vallera, MD
19. LIdia Zylowska, MD

Program Administrator, Jeremy Bydlon, will also attend all CCC meetings.

Meetings

- The CCC will meet semi-annually in May and December of each academic year.
- Notes will be kept reflecting the content and deliberations of each meeting.
- The progress of each resident relative to the Psychiatry Milestones will be reviewed in full at each semi-annual meeting.

Responsibilities

- The CCC will evaluate resident progress based on multiple sources of input, including written evaluations, direct observation, formal testing (e.g. PRITE) and verbal feedback from faculty, staff, and peers. Narrative comments will also be solicited from the committee regarding resident performance, strengths, and areas for growth.
- Subsequent to the CCC's meetings, the Program Director or Associate Program Director (APD) will finalize the milestones ratings for each resident and review them at the residents' semi-annual reviews (SAR).

Residents

- Residents will receive their milestones ratings and additional feedback at their semi-annual 1:1 meetings with the Program Director or APD.

- Residents will also be asked to develop their own individualized learning plan, which they will review during the SAR and incorporate any feedback into goals for the next 6 months.

Formative Evaluation

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

The program must:

- provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;
- use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
- document progressive resident performance improvement appropriate to educational level; and,
- provide each resident with documented semiannual evaluation of performance with feedback.

The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

The program must conduct an annual formal evaluation of the core medical knowledge of each resident in the second, third, and fourth years, and conduct an examination across biological, psychological, and social spheres that are defined in the program's written goals and objectives.

Summative Evaluation

The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.

The program director must provide a summative evaluation for each resident upon completion of the program.

This evaluation must:

- become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
- document the resident's performance during the final period of education;
- verify that the resident has demonstrated sufficient competence to enter practice without direct supervision; and,
- include a summary of any documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence, or a statement that none has occurred.
    - Where there is such evidence, it must be comprehensively recorded, along with the resident's response(s) to that evidence.

Program Evaluation Tools

As required by the ACGME, The Residency Program is evaluated formally on an annual basis by the Program Evaluation Committee (PEC) and a formal Annual Program Evaluation (APE) is generated by the Program Director. The Institutional requirements and charter is presented separately by the U of MN Graduate Medical Education Committee (GMEC).

BLS Certification Requirements

Current BLS certification is required, as well as certain immunizations and respirator fit testing. Initial and renewal BLS cards must be submitted to the program coordinator at respsych@umn.edu.

Employee and Occupational Health (EOHS)

For injuries or needle sticks acquired during work, you must contact EOHS. The link below provides the contact information for each site. You must also let the program coordinator know. You must also inform EOHS of a positive COVID-19 test result.

- https://docs.google.com/document/d/1oqCAR5C9Sw0xjmZyqIIuZsktUJjOHG6_f_ZuDCWfrmk/edit

LCME Requirement

LCME Requirement: Residency programs that participate in the teaching and education of medical students are expected to comply with relevant Liaison Committee on Medical Education (LCME) Accreditation requirements as they relate to the educational program.

The requirements (in the form of Elements) related to residents ensure they are aware of their role in education, which includes:

- the educational objectives for a given course or clerkship
- policies related to the treatment and mistreatment of students
- the responsibility residents have to the medical school in the supervision of medical students

In order to meet these requirements, residency programs should:

1. Provide residents with copies of all education program objectives (Graduation Competencies) and course/clerkship learning objectives for each required course or clerkship where residents provide teaching/supervision. (Accreditation Element 6.1.). The objectives for ADPY 7500 can be found here.
2. Ensure residents are made aware of required clinical encounters and skills. (Accreditation Element 6.2)The required encounters for ADPY 7500 can be found here
3. Provide residents with relevant policies addressing the standards of conduct, including mistreatment policies, and the mechanisms for reporting and responding to allegations of mistreatment. (Accreditation Element 3.6.)
4. Ensure residents are aware of, or have copies of, policies related to clinical and educational work hours, including on-call requirements. (Accreditation Element 8.8.)

Program Procedures

Attendance

Trainees are expected to be in attendance everyday of their rotation unless prior approval was granted.

Rotations require 70% attendance to pass. Not meeting the 70% for required rotations will require the resident to repeat that rotation.

Clinical and Educational Work Hours

Clinical experience and education, previously known as “duty hours” are defined as all clinical and academic activities related to the program. This includes patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as didactics or conferences. Work hours do not include reading and preparation time spent away from the clinical site, research activity, or paper writing.

Requirements

All programs are required to adhere to and monitor compliance of their trainees with the ACGME clinical and educational work hours standards as outlined in the ACGME Common Program Requirements. Training programs must also follow program-specific guidelines as outlined by their individual Review Committees. The sponsoring institution monitors training program adherence to the clinical and educational work hour requirements.

Management of clinical and educational work hours is a shared responsibility of programs and trainees. The trainees must adhere to the policy and report violations. The program must structure clinical activities to adhere to, monitor and enforce compliance with the requirements. The institution must provide oversight to the programs and address non-compliance.

The Psychiatry Residency Program at the University of Minnesota is committed to ensuring that all residents are compliant with the most recent duty hour requirements set forth by the ACGME as well as the Psychiatry Residency Review Committee. Importantly these guidelines require that external moonlighting be counted in terms of the 80 hour rule and that, effective July 1, 2017, the duty period for PGY1 residents must not exceed 16 hours in duration.

The duration of the workday on Psychiatry rotations at the University of Minnesota Medical Center will vary according to the year of training and service assignment.

- PGY2-4 resident’s work shift, continuous duty, cannot exceed 28 consecutive hours, the last 4 hours of which cannot involve patients admitted to the system in that interval
- The start of a workday must be separated from the end of the previous required program duty period by 10 hours (with at least 14 hours free of duty after 24 hours of in-house duty)

- The aggregate duration of workdays in a four week period cannot amount to more than 80 hours per week on average
- Residents are provided at least one day in seven free of patient care responsibilities, averaged over a four-week period.

The standard workday is 8am to 5pm. Residents assigned to UMMC Department of Psychiatry services are expected to be on site first responders to those services. This can be extended by call assignments, individual supervision, clinical conferences or tasks related to patient care as long as duty hour regulations are not violated.
Residents may need to adjust arrival or departure times in order to avoid violating the rule that they must not work for 10 hours in between shifts. Residents that are at risk of violating work hour rules have an obligation to inform their chief resident so that coverage can be arranged to avoid violation. Programs must provide alternative coverage for a resident's clinical responsibilities if they are found to be too fatigued to continue.

Patient contact in the Outpatient Clinic will be scheduled up to 5pm, with occasional extension into the evening, as is the case with Family Therapy cases, which are scheduled until 6:30pm.

The cutoff for working up new admissions on the Inpatient Services at UMMC is 4:00pm (arrival of the patient on the unit, or accessible in the Emergency Department, or behavioral Emergency Center).

Patient care tasks that become known during assigned didactics should be attended to after didactics. They are not a sufficient reason to be absent from didactics. All pages or requests from the unit should be forwarded to the attending during didactics.

In rare instances residents may remain past their duty hours limit of their own accord to care for a single patient. Acceptable reasons to work beyond duty hours are limited to required continuity of a single severely ill or unstable patient, academic importance of events that are transpiring, or humanistic attention to the needs of a patient or family. In these situations the resident will hand over care of all patients and will document the reason for remaining to care for the individual patient in RMS. If a resident stays beyond their scheduled duty, they must record the justification for the extended time in the "comments" box of their duty hour entry in RMS consistent with MMCGME/RMS software protocol. The program director will review all comments during the regular duty hour review process.

Reporting Hours Requirement

All residents are required to use the Residency Management Suite [RMS] to update and approve their assignments and hours in the duty hours module for all training related activities, including external moonlighting, in a timely manner. Compliance is considered a part of professional competence.

It is the policy of the Department of Psychiatry that if a resident or fellow does not complete RMS by noon on the 4th working day of the month his or her UMMC Campus parking card will

be turned off. The department will not reimburse parking charges incurred following suspension of a parking card. The parking card will not be turned on again until RMS is completed.

Program compliance with work hour requirements will be monitored using the following methods:

1. Annual University of Minnesota Graduate Medical Education Committee survey of resident duty hours. Violations identified for a specific month require a written response to the GMEC explaining the violation and the measures to be taken to correct the area of non-compliance
2. Annual ACGME Resident Survey generates confidential reports from residents regarding duty hour compliance. Violations identified by this process require a written response to the GMEC.
3. Monthly RMS Duty Hour Violation Reports will be generated by the Program Coordinator for review by the Program Director. These reports with annotation by the Program Director will be maintained as a continuous log in the coordinator's office.

Resident concerns about continuous work hour violations not adequately addressed by the program can be reported to the Designated Institutional Official at gme@umn.edu. Anonymous reporting of work hour violations can occur via a Qualtrics form. Trainees may also report violations directly to the ACGME.

This policy is consistent with the Institutional Policy Manual of the University of Minnesota Graduate Education Committee.

Disability Accommodations

The department follows the GME Policy: Disability Accommodations Policy which was updated 12/10/2024.

See Addendum B for proposed additional/changed language

Leave of Absence Policy

UMN Psychiatry Residency Program procedures for requesting and documenting.

Scheduled (Vacation) Leave

- Requests for scheduled leave must be submitted through the residency intranet. Requests for advance leave (vacation/conference) while on VA rotations must be submitted at least 60 days in advance.
- Requests to block M Health Psychiatry Clinic or any other clinic-based experience must be submitted at least 60 days in advance.
- Requests for scheduled leave for all other experiences must be submitted at least 30 days in advance.

- Medicine, Pediatrics, Emergency medicine and Neurology leave policies (including scheduled leave) will apply when a resident is assigned to one of those services. No more than 5 days of scheduled leave may be taken across 8 weeks of the neurology rotations.
- Scheduled leave is each year must be taken in the year of service. Any scheduled leave time that is not used at the end of each academic year will be lost and will not be paid out. A resident does not have the option of reducing the total time required for the residency by foregoing scheduled leave time.
- No scheduled leave is normally granted during the first or last week of the academic year.
- Residents may not take off more than 1 week at a time unless they receive approval from program leadership.
- Leave may not be taken during the night float or VA swing shift rotations in G2.
- Leave approval does not exempt one from short call or call. Residents are expected to arrange call coverage and report changes to call schedule to the Chief. Call and short call shifts must be evenly distributed amongst residents.
- For leave taken during inpatient psychiatry at UMMC, residents must ask the dayfloat to cover them or ask permission from the attending before submitting the leave request, and include coverage information in the request.
- Scheduled leave must ensure that there are at least 2 PGY3 or PGY4 residents available to address coverage needs in the M Health Psychiatry Clinic at any given time.
- During child & adolescent psychiatry rotations, scheduled leave requests must be coordinated with the child/adolescent fellow to ensure at least one resident or one fellow is on the treatment team at a time.
- Scheduled leave must be approved by the Chief Residents and will be recorded by the Residency Administrator. Residents should notify the attending physician and other supervisors as soon as possible that they have a scheduled leave coming up
- Scheduled leave requests are prioritized according to when the written request is submitted to the chief resident.
- The Program Director and/or Chief Residents may deny/revoke scheduled leave if extenuating circumstances occur which would significantly impact patient care or educational objectives.

Unscheduled Leave

Unscheduled leave shall be granted upon request for up to 10 workdays per year. The minimum unit of unscheduled leave is half-day increments. You may use unscheduled (health) leave for scheduled health care, however you must give as much advance notice as possible to your Chief.

*Note, it is understood that circumstances may arise in which you are too ill to send an email as directed in this set of procedures. In these cases, please do your best to access urgent medical care and communicate with the program regarding your status as soon as possible.

For unscheduled leave before or after scheduled conference leave, a doctor's note is required.

Please email psychresidencysick@umn.edu by 7AM.

In the title box, put the following - first name, last name and the word OUT

Sample – John Doe OUT

Include the following:

- What rotation you're on
- When you expect to return
- Whether you will manage outpatient tasks from off site
- How we can best reach you
- Persons you want us to specifically contact

Using unscheduled leave day for UMN Clinic Day (PGY2-4)

In addition to the above steps, there is an ***additional responsibility*** when you take unscheduled days from clinic. Please include the following recommendations within the email.

Here are those steps:

1. Resident will also:
    - Review Epic schedule from home to see which patients are scheduled.
    - After reviewing the schedule, include recommendations for each patient.* Denote patient by appointment time (**do not use names or initials).**
    - Depending of level of acuity, availability of follow-up, etc, options could include:
        - "9:30am Pt can be scheduled for my next available f/u."
        - "10am Pt can be scheduled into my next available f/u and let them know I will call them w/in the next few days to check-in"
        - "1pm Pt can be scheduled in my [resident names specific time] admin slot next week"
        - "Please ask a covering resident if they can see my 2pm Pt, or schedule the patient for an urgent appointment asap"
        - "Please ask that my nurse call 3pm Pt to triage them, then call me or covering resident to discuss"
        - "3:30pm Pt can be scheduled into my [resident names specific time] emergency slot"

    **in a few rare cases, a resident may be too incapacitated to do # 1, in which case we move to #2 Emergency slots or admin time should not automatically be used outside of plan outlined by resident, as resident may be aware of other pts who will likely need these slots.*

2. Intake staff calls patients to cancel and communicate f/u recommendation. If the pt is not

okay with f/u recommendation, the RN will triage and assess needs (#3).

3. RN calls patient and one of the following steps occurs, depending on RN evaluation
    - RN handles concern to its endpoint and has pt scheduled for f/u
    - RN consults w/covering resident to make plan for pt
    - RN consults w/ faculty to make plan for pt
    - RN gets pt onto another resident's schedule that day (only if pt absolutely needs to be seen that day)
    - RN sends pt to BEC/911

    This procedure is NOT for issues involving night float, emergency or call duties. These need to be managed in context by consulting peers, the chief or designated faculty on call.

Inclement Weather

In the event of inclement weather, trainees should consult with their rotation director/attending to determine how to proceed. Program Administration will email trainees to notify them of University-wide closures.

Professional Leave

All trainees have 5 workdays of conference/educational/professional development leave per year, with no rollover. The notice and coverage requirements are the same as for scheduled (vacation) leave. Title of conference, location and scheduled hours will be requested.

A conference is defined as an organized presentation designed to enhance professional development that lasts *at least five hours* in a day including travel time. Conference time is not granted for self-study or for board prep courses; however, during the PGY1 and PGY2 years, up to (5) days of conference time may be used for studying and taking the USMLE Step-3 exam. The intent of the use of these days is professional development and education. If a conference is to be attended to present scholarly work, additional days may be requested if your total number of conference days have been used.

Leave Allowances				
Year	Scheduled Leave No rollover Workdays [1 day minimum]	Unscheduled Leave No rollover Workdays [0.5 day min]	Conference Workdays [0.5 day min]	Military Workdays
G1	15	10	5	15
G2	15	10	5	15
G3	20	10	5	15
G4	20	10	5	15

Moonlighting

According to ACGME Psychiatry RRC Guidelines the residency program should not allow activities outside the residency that interfere with education, clinical performance, or clinical patient care responsibilities related to training. Such activities would include all moonlighting [both internal and external, whether on site or home call] commitments and accordingly the program needs accurate information about such activities and needs to give approval.

A Moonlighting form must be completed and approved prior to initiation of a moonlighting activity. One form should be submitted for each moonlighting site. Moonlighting activities should not overlap with residency training activities or schedules.

All moonlighting activities count towards duty hours requirements and need to be reported.

University malpractice insurance does not cover moonlighting activities. The moonlighting employer must provide malpractice insurance.

PGY-1 residents are not permitted to moonlight. Trainees on J-1 visas are not permitted to moonlight.

UMN GME Moonlighting Policy

Resident Fitness for Duty Policy

Trainees are required to report to work physically and mentally capable of safely performing the functions of their job. Trainees must not report to work if they are impaired for any reason. Trainees must not consume alcohol, cannabis or any federally prohibited controlled substance while on call, including “at home call.” Trainees must self-regulate their use of prescribed or over the counter medications to ensure these medications do not cause impairment. Trainees must manage their sleep to avoid excessive fatigue. Programs have a responsibility to remove trainees from patient care activities if the trainee’s impairment poses a threat to patient safety.

Reason for Policy

The purpose of this policy is to define expected trainee conduct as it relates to fitness for duty, to provide guidance and direction on how to proceed when confronted with a potentially impaired trainee, and to help trainees in obtaining assistance when needed.

The purpose of this policy is to define expected trainee conduct as it relates to fitness for duty, to provide guidance and direction on how to proceed when confronted with a potentially impaired trainee, and to help trainees in obtaining assistance when needed.

We are committed to providing healthy, safe, and supportive training environments for all trainees, as well as safe, high-quality care for patients. Trainees practicing while impaired can have serious adverse effects on patient safety, and negative impacts on their own performance and safety as well as that of others in the workplace.

Reporting

- Responsibility to Report: Anyone who is aware of signs of impairment displayed by a trainee has an obligation to make a report to the trainee's Program Director or supervisor on duty.
- Self-Reporting: Any trainee who believes they themselves may be impaired is required to contact their Program Director or supervisor on duty to report the situation. If a trainee is approached by a co-worker or patient who is concerned the trainee may be impaired due to fatigue or any other reason, the trainee has a professional responsibility to contact their Program Director to inform them of the concern.

Guidelines

Due to the safety-sensitive nature of their work, trainees must manage their off-duty exposure to substances that may cause impairment, including prescription medications. Because these substances affect each person differently, there are no universally applicable standards. In the case of alcohol, we reference U.S. FAA regulations for airline pilots as a guideline. These regulations prohibit pilots from operating an aircraft within 8 hours of the consumption of any alcohol, or while having a blood alcohol content of 0.04% or greater regardless of length of time since last consumption [FAR 91.17]. The institution expects trainees to refrain from alcohol consumption within 8 hours of reporting for duty or being on call.

Definitions

An impaired resident/fellow (trainee) is defined as any trainee who is unable to safely care for patients, perform duties normally expected of a trainee physician, or engage in peer interaction necessary for patient care for any reason, including but not limited to: personal stress; fatigue; medical condition (including physical disability or mental illness); use of alcohol or controlled substances, including drugs prescribed by a physician; or use of over the counter medication.

Fit for duty is defined as being physically and mentally capable of safely performing the functions of one's job. Fitness for duty includes being free of alcohol and drugs that have not been legitimately prescribed, and being free from impairment that affects job functioning for any reason, including but not limited to personal stress, fatigue, use of drugs prescribed by a physician, or use of over the counter medication.

Unauthorized Leave

When a resident does not show for work, a missing resident protocol will be followed. This may include reaching out to emergency contacts or calling a police welfare check. Resident safety is the chief concern.

At the same time, when a resident does not show for clinical duties without following leave communication procedures, this is patient abandonment. Patient abandonment is a professionalism concern and may be considered misconduct. While each case is considered individually with a holistic review, misconduct may result in disciplinary action or dismissal.

Disciplinary and Corrective Action Policy

Disciplinary and corrective actions do not apply in cases of academic performance concerns. Academic performance concerns are evaluated by the CCC, and a resident is put on an academic remediation plan as described elsewhere in this manual. Disciplinary and corrective action occurs in cases of misconduct or breach of policy. Disciplinary actions are reportable to outside agencies, such as licensing boards, upon inquiry, as detailed elsewhere.

The definition of misconduct and the process for disciplinary action are described on the GME policies website.

Resignation/Transfer

The department follows the GME Policy: Resignation/Transfer Policy which was updated 2/25/2025.

Grievance / Due Process

The following is an outline of the general scheme proposed for the resolution of grievances which may arise within the residency program. These guidelines are confined to the process within the Department of Psychiatry. The GME Office resources page includes contact information for reporting outside the department.

1. Principles
    a. Definition of the legitimate areas of disagreement to be covered by these procedures.
    b. 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 the involved individuals.
    c. Adherence to the principles of due process, academic freedom and fairness.
    d. Procedures to be readily available and expeditiously executed.
    e. Inclusion of a system of advocacy.
    f. Process to be fully documented.

2. Climate Committee for the Psychiatry Residency Program
    a. The committee is ad hoc, appointed by the head of the department with representation of faculty and/or staff, and affiliated hospital personnel if pertinent, as well as chief residents as appropriate.
    b. All actions of this committee are considered advisory to the head of the Department of Psychiatry.
    c. 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.
    d. The results of the committee's investigation and recommendations are confidential except to the person who initiated the grievance process and the

department head, with actions revealing pertinent information as included in the committee's recommendations.

3. 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:
   a. Evaluation of resident performance by the faculty.
   b. Assignment or definition of house staff duties.
   c. Interpretation and implementation of other policies and guidelines, such as those included in this document.
   d. Resident-resident conflicts.
   e. Resident-Chief resident conflicts.
   f. Resident-fellow conflicts.
   g. Resident-faculty conflicts.
   h. Chief resident-faculty conflicts.

4. Potential Parties to the Process:
   a. Principals in the complaint.
   b. Mentors, as advisors and advocates.
   c. Climate committee.
   d. Department head and/or a designee.

5. Grievance Resolution Process
   The Climate Committee will share the results of its investigation and resultant recommendations with the Department Head, who will decide on a plan moving forward. If the outcomes are not acceptable to the parties involved, they may carry the process to the GME Office for extra-departmental grievance procedures.

   Guidelines in the process:
   a. Review of complaint with mentor or other ad hoc advisor.
      Outcome: resolved **OR** taken to step (b)
   b. Informal discussion with other persons deemed appropriate by parties to the complaint.
      Outcome: resolved **OR** taken to step (c)
   c. Formulation of a formal written complaint.
   d. Forwarding of complaint to the climate committee, with copies to principals to the complaint and to the head of the department.
   e. Committee review of the complaint with consultation and written minutes, but without tape recording.
   f. Department head reviews the climate committee documentation and recommendations and then advises the parties involved of next steps.
      Outcome: resolved **OR** taken to step (g)
   g. If a grievance cannot be settled at the department level, the program leadership or trainee can appeal to the GME office.

Departmental Disaster Plan

For a variety of scenarios, the department has developed a disaster plan and incident control system. In case of a critical situation, Departmental Administrator Barb Daiker will disseminate important information. Residency leadership will communicate with the residents through their whatsapp group with any time-sensitive information.

Discrimination, Sexual Misconduct, and Nepotism

The UMN Office of Equal Opportunity and Title IX responds to concerns of discrimination, sexual misconduct, nepotism, and related retaliation. All University of Minnesota Faculty are mandatory reporters to the Office of Equal Opportunity and Title IX. Definitions, resources, and online reporting are available at https://eot.umn.edu

Residents/Fellows who believe they have been subjected to discrimination or harassment are urged to contact their Program Director, Department Chair, or the Department Climate Committee. Complaints also may be pursued through the Associate Dean for Graduate Medical Education, the Medical School Ombudsman, in addition to the University of Minnesota Office of Equal Opportunity and Title IX, as set forth in the GME Institutional Policies.

Residents Experiencing Difficulties

Residents may experience a number of different types of difficulties throughout their residency training. In order to ensure a supportive and nurturing training environment, the residency program is responsible for assessing competencies, and providing timely evaluations regularly to the residents. If there is a concern regarding resident performance or wellbeing, the program director may intervene at any time in a variety of ways to provide support, evaluation, and options.. Concerns regarding resident performance and wellbeing will always be kept as confidential from peers and faculty as possible, involving peers and faculty only as needed for schedule changes, monitoring performance, and providing support and supervision. It is the goal of this process to provide support and feedback while maintaining the dignity of the resident.

Any concerns will be addressed as needed. There is also a standard evaluation process carried out by the Clinical Competency Committee (CCC). Evaluation data is gathered from attendings and staff with each rotation or quarterly in the case of longitudinal experiences. The evaluation data is reviewed by the CCC twice a year, and each if there is any area of deficiency in terms of meeting the ACGME core competencies (Milestones), then the CCC may recommend intervention.

Each resident works with their supervisor or mentor on developing an individualized learning plan (ILP). The recommendation in case of performance concerns may include working with a mentor or coach as part of the ILP. In cases where the performance concern is not adequately addressed in this way, then the CCC will recommend a formal remediation process, which typically begins with an ILP with expanded expectations. This is an official document written by

the Program Director outlining the concerns and the expectations with a date set for re-evaluation. If the expectations are not met, then the CCC may recommend the resident be placed on academic probation, which becomes a part of the resident's long-term training record, reportable to future credentialing inquiries, medical boards, and malpractice carriers.

The goal of this process is the success of the resident. However, if the resident is still not successful after a period of academic probation, then they may be dismissed from the program or fail to advance to the next year of training.

Should a resident engage in misconduct, which is defined on the GME policies website, the program director in consultation with the GME Office may initiate disciplinary action or dismissal from the program.

A resident may resign from the program at any time, by submitting notice in writing with 30 days notice.

In cases of dismissal, training information regarding rotations completed, history of restrictions or academic probation, and cause of departure (resignation, dismissal) will be available for future inquiries.

Reportable actions: Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House officers who are subject to a Reportable Action may request an appeal of the decision as provided in the Policy for Grievance and Due Process.

a. Non-promotion to the next PGY level
b. Extension of a contract in order to complete required training
c. Probation
d. Nonrenewal of contract
e. Dismissal

Conflict of Interest: In any case of a potential conflict of interest on the part of the Program Director or Assistant Dean for Academic Affairs, the Chair of the Graduate Academic Affairs Committee and the Dean of the College will select an appropriate replacement.

Residents Needing Accommodations

Residents who have a medical condition which affects performance, or for which accommodations are needed, must go through the Disability Resource Center (DRC). The DRC will provide the Program Director with a letter requesting accommodations from the program, as directed by the resident's medical provider or therapist.

Not all requested accommodations can be accommodated, if they interfere with the educational requirements of the program or impact patient care. The Program Director will meet with a representative from the DRC and the resident to work on a plan together in those cases.

Employee Assistance Program (EAP)

Physicians Wellness Collaborative, a program of Physicians Serving Physicians, provides independent, confidential counseling and peer support resources for all Minnesota physicians, residents, and medical students.

- 24/7 counseling - no cost to residents/fellows
- Call the Physician Wellness Collaborative 612-362-3747
- "When you call to make an appointment, state that you are calling to make an appointment through the Physicians Wellness Collaborative support program for residents and fellows."
- Press '0' if you have an urgent need to speak to a counselor

The VITAL WorkLife Program is the official UMN EAP for residents and fellows. The program aims to provide you with resources to assist with childcare and eldercare, financial and legal advice, job coaching and leadership training, retirement planning, and identifying counselors for you and your family members.

-Peer Coaching
-Finding Joy, Meaning & Purpose in Medicine
-Communication & Conflict Resolution
-Stress & Burnout
-Work/Life Integration
-Identifying Limits & Setting Boundaries
-Establishing Healthy Habits
-Leadership Development

In-Person and Phone Counseling: Confidential, non-diagnostic counseling with our master's and doctorate level professionals.

Legal & Financial Consultations and Resources

You may reference their website or give them a call at (877) 731-3949.

Vital Worklife Flyer

Other resources for health of residents and fellows may be found at this website.

Post-incident Support and Debriefing

We do have a critical incident support and debriefing procedure, in the case that the resident experiences the death of a patient or an unintended or poor patient outcome, or any kind of stressful event in their professional or personal life. To activate this process, please contact the chief resident or the residency administrator.

UMN GME Licensure Policy

See Addendum C for additional language for this section.

Medical Records Procedures

Residents will be trained in using the Electronic Medical Record at UMMC and MVAHCS for inpatient and outpatient activities. Medical records may be accessed 24 hours a day through the electronic medical record. *It is not permitted to use the EMR for any purpose that is not directly work-related, for example checking files of self or family members, people for whom there is not a clinical necessity, or for messaging purposes with clinicians for the purposes of coordinating your own care, or the care of family members.* Any such action is in violation of HIPAA.

Needle Stick Procedures - Infection Control

Please refer to the Needle Sticks and Blood Borne Pathogen Exposure Management Process.

Patient Safety Procedures

Training

"Safety Always" training is a requirement for all faculty, learners and all hospital employees.

Reporting and Review

Any individual who witnesses a safety event is strongly encouraged to complete an incident report so that the event can be appropriately reviewed. At UMMC, incidents can be reported through MyU as a compass report. Safety events include medical errors, near misses, and bias-related incidents (including bias from patients towards trainees). In addition to incident reporting, learners are encouraged to attend Root Cause Analyses, Case-based Conference, Safety Huddles, and other activities to review and improve patient safety. Immediate and pressing safety concerns should always be escalated in the moment to appropriate attending physicians or unit nurse managers.

Residency Management System

RMS is a system utilized by program administration to track important resident information, such as duty hours.

Residency Evaluation System

Residents will use Qualtrics, a web-based system, to evaluate their attending physician, supervisor, their specific rotation, the site, didactics, and peers. Residents are expected to complete evaluations as feedback comes up, and also at the end of every rotation.

Attending physicians will be able to view information on themselves after three or more evaluations have been completed by a resident or medical student. The information will be an accumulation of comments rather than individual comments to guarantee anonymity for the residents and medical students.

Any feedback that the program leadership feels needs intervention sooner will be discussed with the resident. Residents are encouraged to report any concerns to residency leadership, which includes the Program Director, Associate Program Directors, Residency Education Leads, and Chief Residents.

Institutional Committees

The Graduate Medical Education Committee (GMEC) exists to provide administrative oversight to graduate medical education programs at the University of Minnesota. This includes maintenance of individual program accreditation and assuring adequate institutional support. Our GMEC voting membership includes a representative sample of program directors (from residency and fellowship programs, and from across sizes and specialties of program), GMEC Resident Leadership Council members, an education manager, a program coordinator, representatives from affiliated training sites, and select positions across the UMN Medical School. Refer to the GMEC charter for a full list of membership. Given the nature of work conducted by the group it is important that voting members (or their designee) attend on a regular basis. All interested individuals are also welcome to attend.

The GMEC meetings are held the 4th Tuesday of each month. The meeting takes place from 3:30-5:00 virtually.

Benefits, Information, and Resources

Paychecks/Payroll

For academic year 2026-2027, for Residents in the Department of Psychiatry, stipends are as noted below. Pay statements are available online through MyU under *My Pay*.

PGY Year	BASE STIPEND
PGY-1	$71,862
PGY-2	$74,073
PGY-3	$76,589
PGY-4	$79,415

http://www.med.umn.edu/residents-fellows/current-residents-fellows/stipends-benefits

Trainees are paid an annual stipend as stated in the Residency/Fellowship Agreement and in the program's Policy Manual. Trainees receive their stipend via a biweekly paycheck. Trainees

are encouraged to use the direct deposit system, as physical checks have the potential of being lost or delayed in the mail. Paychecks are mailed or credited to bank accounts of those using the direct-deposit system on these payroll dates.

Insurance

Open Enrollment

Open enrollment for medical and dental plans is from May 1 to June 15, or within 30 days of your start date, whichever is later. During this time, you are able to make changes to your plans for the next plan year.

Open enrollment for flexible spending accounts is November 1 to November 30, and you must re-enroll each year.

To make changes in your benefit coverage after you are first eligible or outside of the annual open enrollment period, you must have a change in family or work status.

Health

Blue Cross and Blue Shield of Minnesota (Blue Cross) provides the health plan network and claims administration services for your health plan.

You will have a choice of one of two plans: Basic or Basic Plus.

You are required to enroll in one of the two plans for at least single coverage or provide documentation of other comparable health insurance to the Office of Student Health Benefits. If you have other health insurance, you must complete a waiver form (pdf) and provide a certificate of coverage from your health insurance provider. Approved waivers are valid for two years.

The health plans do not have a pre-existing condition clause, meaning you and your eligible dependents will have coverage for any medical condition as soon as your coverage becomes effective.

For more information, visit the Blue Cross website or call 651-662-5004 or toll free at 1-800-262-0819, Monday through Friday, 7am – 8pm.

Dental

You have access to both Preferred Provider Organization (PPO) and Premier providers through Delta Dental. For more information, visit the GME benefits website.

Life

Medical School residents and fellows are automatically enrolled in a standard Minnesota Life insurance policy. Enrollment is no cost to Medical School residents and fellows. In addition to the standard plan, residents and fellows have the option to purchase voluntary life insurance for

themselves or their dependents at low group rates through Minnesota Life. More information can be found here.

Professional Liability

Residents and fellows are covered by malpractice insurance (professional liability) while they are participating in clinical, research, and/or educational rotations fulfilling the requirements of their program. Note activities such as moonlighting and volunteer work require independent professional liability coverage (UMN malpractice does NOT cover).

Disability

Group short- and long-term disability: Automatic enrollment for Graduate Medical Education residents and fellows.

Individual disability policy: Optional for Graduate Medical Education residents and fellows
Disability Benefits Information
Foster Klima provides group short- and long-term disability coverage to Graduate Medical Education residents and fellows.

Disability Benefits Brochure (pdf)
Long-Term Disability Certificate (pdf)
Disability Options After Completion (pdf)

If you have questions or want more information, contact Guardian's Director of Disability Operations, Ernest Draper at 612-746-2272, or ernest_draper@fosterklima.com. You can also learn more on Foster Klima's website.

For a description of all the options available, please see the GME website.

Worker's Compensation

The University of Minnesota (UMN) is committed to providing medical residents and fellows with comprehensive medical care for on-the-job injuries. If you are involved in an incident or exposure, you are required to immediately report to your direct supervisor at your clinical site, and follow the policies/procedures for the site where the incident or exposure occurred. It is your responsibility to learn site-specific exposure protocols when you begin rotations. You are also required to report the incident/exposure to UMN.

Detailed information and instructions on treatment and UMN reporting requirements is found here.

Systems and Communication

Email

Resident/Fellow e-mail addresses are not activated until initiation of the account with a password. Computer workstations are provided in the Residency Room [F248] so that residents can access their e-mail and complete required RMS applications. It is expected that residents

will check their University e-mail account daily during the workweek. Required notices as well as surveys and requests are distributed through the University e-mail account.

Campus mail

A campus and U.S. mailbox is located in the psychiatry department.

Campus mail stop address: Department of Psychiatry, UMMC-Riverside, F282/2A West.

US Mail address: Department of Psychiatry, F282/2A West, 2450 Riverside Avenue, Minneapolis, MN 55454-1495.

Physical Location address (for deliveries or giving directions): University of Minnesota Medical Center, Fairview, Department of Psychiatry, 2312 South 6th St., Minneapolis, MN 55454-1495

Cell Phone

Cell phone numbers will be entered into RMS and will be used as back-up for communication.

Pager

Upon entering the Residency Training Program, pagers are obtained from the Residency Administrator after the appropriate paperwork is completed. All pagers must be returned to the Residency Office when the resident's training period has been completed. If a resident prefers to have pages electronically transferred to their smartphone, please discuss with the residency administrator. There is a lost pager fee.

Laundry Services

Laundry service is not provided.

Parking

Residents/Fellow are given free parking at Riverside ramps through the Fairview/M Health partnership.

On-Call

At the University of Minnesota Medical Center (UMMC) there are two types of off-hour assignments. There are structured rotations for swing shift and overnights, and there are weekend call shifts. For night float and call, overnight is home call from 10pm.

Schedule

The Call Schedule is constructed to provide 24-hour responsibilities of trainees to admit patients to the hospital, accept crisis telephone calls from outpatients and address urgent inpatient care matters. The assignments have been designated as follows:

Night Float (formal training rotation): Duty shift is from 5:00pm-8:00am on Monday through Friday. Dayfloat is back up if the night float is ill.

Day Float: The Day float provides coverage for the inpatient units Monday through Thursday. They round with one team a day, cover for residents who are ill or on vacation, and teach the medical students on the unit. The Day Float resident also covers call on Sunday 8am-8am.

PGY2 residents serving on UMMC Inpatient rotations provide on-call coverage for Saturdays and Holidays from 8am-8am. Saturdays and Holidays are divided evenly amongst the residents at the beginning of the year. They do not occur more frequently than once every other week unless the residents make a different arrangement without violating duty hours. Residents plan their call schedule and contact each other for any changes or sick coverage. Any changes must be communicated to the Chief.

PGY1 residents serving on UMMC Inpatient rotations provide in house on-call coverage Mon-Fri from 5pm-10pm. Residents serve concurrently with and are supervised by the night float resident.

The swing shift rotation is in PGY2 at the VA, this is working in the ER from 3pm-11pm, and the resident hands over the psychiatrist on duty (POD) phone to the moonlighter at 10pm. Dayfloat is back up for the swing shift resident, and if dayfloat is ill or covering night float, then the resident at the VA on consults, gero, or inpatient psychiatry will be asked to help. When PGY1s are rotating on inpatient psychiatry at the VA, they will be on call after their duties on inpatient until 10pm, working in the ER with the PGY2 resident.

Call while serving on Pediatrics, Neurology and Internal Medicine rotations is determined by these services and must comply with ACGME regulations.

Room information

The Trainee workroom located on the second floor of the UMMC Riverside West Building is locked with a keypad and is accessible at all times for residents to work and/or rest.

Rules and Guidelines for Medical Students and Residents on Interactions with Industry Representatives

The Medical School, Graduate Medical Education Committee, Department of Psychiatry and the University of Minnesota do not have specific policies regarding interaction with industry representatives (hereafter representatives). The University of Minnesota Medical Center and the Minneapolis VA Medical Center do have policies. There are no Department of Psychiatry restrictions regarding the access of representatives to public areas that are assigned to the Department of Psychiatry.

Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and hospital and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical

education. These interactions must be ethical and cannot create conflicts of interest (COI) that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution.

Residents may not accept gifts from Industry in the context of their assigned duties. It is strongly advised that no form of personal gift from Industry be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry and the Accreditation Council for Continuing Medical Education Standards for Commercial Support. Free drug samples are considered gifts under this policy and may not be accepted.

The Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals. The Centers for Medicare & Medicaid Services (CMS) has been charged with implementing the Sunshine Act and has called it the **Open Payments Program**. As part of this program, manufacturers now are required to submit annual data on payment and other transfers of value that they make to covered recipients. This data is publicly available.

Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment. During work hours, residents may only interact with industry representatives in the presence of a faculty member. Presentations will not be facilitated by the residency program.

Personal information (pager, address, cell phone) about students or residents will not be distributed to representatives.

Representatives will not be given access to the resident work room or lounge.

Students and residents should not take items bearing the name of a product into patient care areas (this includes notebooks, pens, clipboards, etc.).

Administrative Support Services

There are no dedicated clerical services available to residents and fellows. There are computers available with software to support most needs. For projects that may require support see the Psychiatry Residency Administrator.

Lactation Services

Residents are encouraged to alert the program if they are planning lactation needs while at work. For UMMC clinical assignments, the residency observes the Departmental lactation policy. If there are needs beyond this policy, residents may contact the Disability Resource Center (DRC), with a letter from their medical provider describing their needs. DRC will send a letter of

accommodation request to the residency which will allow the residency to further adjust the resident's schedule to meet their lactation needs. The residency strongly encourages new lactating residents to meet with the residency director to plan out possible lactation needs so that the schedule can be planned out to support the needs of the resident as successfully as possible.

Lactation space and resources

VA: Pick up/drop off key at 4N-101 ext 314957

VA lactation rooms: 1V- 147, 2B- 138, 2J- 130, 4H- 117, 4N- 103

UMN: Email accesscontrol@fairview.org and request access to the C7013 Staff Lactation room. In the email, provide the five digit number on the back of your fairview badge.

UMN lactation rooms: C7013 is located on the 7th floor of the children's Masonic building.

UMN Department of Psychiatry and Behavioral Sciences: F246 has a refrigerator for storage and a sign to put on the door.
University of Minnesota Resources

Laboratory/Pathology/Radiology Services

There are in-hospital laboratory, pathology and radiology services available to residents and fellows for patient care. The lab is open 24-hours a day.

Security/Personal Safety

UMMC has an in-house security staff. Campus Courtesy phones located throughout the campus can be used to report emergencies or to request assistance. Dial 9-1-1- or 888 for Security. To reach Campus Police dial-6000. Escort service is also available 24-hours a day on the Riverside Campus by dialing 612-273-4544. The resident's room is kept locked 24-hours a day. The department is kept locked outside of business hours, with access (including the elevator) restricted at all but the front entry point.

The Residency Program acknowledges the utmost importance of promoting a safe and healthy training environment with the goals of minimizing the risk of injury in training, providing procedures to report unsafe training conditions, and providing mechanisms to take corrective action.

Psychiatry residents undergo safety training as part of their orientation, including techniques to de-escalate anger and aggression. All psychiatry residents' experiences of verbal threats, physical intimidation, and physical assault by patients are monitored and reported to the Training Office. In case of an assault:

1. The psychiatry resident notifies his/her primary attending at the appropriate training site, and/or the on-call attending in case the incident happened while the resident was on-call.
2. The primary attending works with the psychiatry resident to decide if a medical evaluation is indicated. At that time a decision is made whether the resident should continue with their duty or be discharged from their duty for the remainder of the day or call.
3. The primary attending then notifies: the Vice Chair for Clinical Affairs, the program chief resident and the training director.
4. The chief of clinical service considers an alternative disposition and/or provider for the patient who initiated the threat or assault. The patient is assessed for continuous dangerousness.
5. The training program immediately assesses the resident's needs following an assault (with more serious events requiring a more prompt response). The training program in collaboration with the resident will assess whether ongoing supervision with a chosen supervisor or a referral for psychiatric evaluation and/or care is indicated. In addition, the training director with the chief resident may determine whether provision of debriefing and support for all residents in the program is indicated.
6. The training program coordinates administrative issues that may arise such as scheduling time off or changing the call schedule. The training office checks that these procedures have been followed and addressed, so that the burden is removed from the resident.

Professional Dress Requirements

All designated individuals shall wear a photo identification badge issued by the medical center. The photo identification is to be worn above the waist, with the photograph visible, and with no alteration to the photo or information on the badge. It is to be worn at all times except when removal is necessary for safety during Behavioral Control procedures. Good personal hygiene is required. Footwear is required at all times, and in patient care settings footwear must be closed over the toe and either closed over the heel or have a strap behind the heel. Clothing is to be neat, clean, non-transparent and will comfortably allow full range of motion. Scrubs are acceptable but should be distinct from the type given to our patients. Clothing that exposes midriff, hips, lower back, buttocks, breasts, chest, and underwear are prohibited. In addition the following items are not to be worn: halter tops, tank tops, sweatpants, shorts, T-shirts with pictures, symbols or writing beyond brand identification and clothing that is in disrepair. Tattoos which have disturbing, violent, provocative, or frightening content are not to be visible. Jewelry including piercings must be limited for safety. Artificial fingernails, enhancements or extenders are prohibited for direct physical caregivers. This includes, but not limited to artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Gloves are not an acceptable alternative. It is each employee's responsibility to adhere to these guidelines. It is not practical to attempt to delineate every unacceptable clothing option. Managers will intervene when they have a concern that the goals of safety, infection prevention, and a healing

environment are being compromised. Intervention may include counseling, corrective action or requiring the employee to change into scrubs.

The program will not tolerate discrimination based on non inclusive standards of professionalism.

Meal Tickets

Residents and Fellows who are *on-call for a service and are required to remain in the hospital* are eligible to receive complimentary evening and morning meals (noon meals on weekends) in the hospital cafeteria. A swipe card will be provided to residents serving this function. In addition, residents/fellows may receive complimentary meals when special scheduling requires their presence beyond the normal duty hours, based on the following criteria:

1. The breakfast meal, when called into the hospital after hours and remaining in the hospital overnight.
2. Other exceptional circumstances when a program deems complimentary meals as an integral component of education and practice, upon request to UMMC.

Departmental funding for travel, book and educational funds

Residents may be reimbursed for education or travel expenses incurred related to educational activities. Technology, of any kind, is not a reimbursable expense.

Appropriate documentation, including receipts will be required for reimbursement. These funds are dependent on current funding and will be assessed at the end of each academic year. The following table summarizes the amount of eligible reimbursement per PG year for this academic year:

PGY-1	$350.00
PGY-2	$350.00
PGY-3	$350.00
PGY-4	$350.00

The cost of resident academic poster printing will be an additional $100 for each resident that does NOT carry over year to year. Any poster printing costs after $100 will be taken out of a resident's book and travel fund as detailed above.

Also, in thanks to the generosity of the Nissen fund to support psychiatry trainee research, psychiatry residents, fellows, psychology trainees rotating within our department, and medical students highly committed to the field of psychiatry are eligible to receive up to $1000 in grant support for academic conference participation (travel, registration fees, lodging, and/or transportation). Trainees must provide evidence they are presenting scholarly work, such as a poster, workshop, or other similar activity. They must not be receiving other funding (such as through APA foundation) for their conference participation. There is a limited number of grants per academic year based on available funds. Travel grants are not guaranteed and will vary

based on number of interested trainees, and previous grant awards. Criteria is subject to change. The Department of Psychiatry Education Council serves as the administering body of these grants and will make any necessary determinations related to the nature of the scholarly work and if a sufficient minimal threshold of eligibility is met. Grants may be requested by completing the request form available on the residency website.

Employee-Student Health Services

https://shb.umn.edu/health-plans/rfi

Medical Library and Services

https://hsl.lib.umn.edu/

Local Information and Links

https://www.minneapolis.org/

https://www.visitsaintpaul.com/

Addendum - Competency Based Goals/Objectives by Year

New competency-based goals and objectives were created for the 2025-2026 academic year based on milestones and program requirements for graduation. The linked documents contain all of the milestone expectations for residents during different years and assignments, as well as other assignments and expectations included in the curriculum, such as psychotherapy, QIPS, and call requirements.

Year 1 Goals and Objectives
Year 2 Goals and Objectives
Year 3 Goals and Objectives
Year 4 Goals and Objectives

Statement of Inclusion of Fellowship Program

The information contained in this Policy Manual pertains to everyone in the department's programs except as otherwise identified.

Conference days cannot be used for self-study unless specifically for board prep. They can be used for virtual conferences occurring in real time (not recorded and attended asynchronously). Conference days can be used for fellowship interviews. No other days are provided for interviews. Additional conference days may be granted if residents are presenting at a conference.

The program does not make changes to a resident's schedule based on transportation. This includes attendance virtually vs. in-person. The University does not reimburse transportation unless a resident is struggling from fatigue (see resident fatigue policy). Residents are responsible for their own transportation. This policy does not include travel to and from conferences, but refers specifically to transportation to and from work/rotation sites.

For missing didactics, inform Tolu Odebunmi or the Chief about the absence. The time off will still be considered part of the total required didactic time when attendance is being calculated. If taking more than an hour off from didactics, then it is required to use a half day of PTO. 4-5pm after didactics is paid work time and presence on site is expected. Absence requires coverage.

70% required rotation attendance rule applies to required longitudinal rotations

Evaluation Methods May Include:

- ☐ Faculty evaluation of participant
- ☐ Program director evaluation of participant
- ☐ 360 degree evaluation of participant
- ☐ Participant evaluation of rotation
- ☐ Participant evaluation of faculty/program director
- ☐ Participant evaluation of program

- ☐ In-training exams

Clinical and Education Work Hours GME Policy

Confirmation of Receipt of your Program Policy Manual and Fellowship addendum

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 _____

Addendum A

Would like to add this information under the Eligibility Requirements section:

Fellows:

In addition to the previous requirements listed under Residents, fellowship program applicants must also provide their program with documentation of the following qualifications to be eligible for appointment:

5. Graduation from an appropriate ACGME residency program or a program with ACGME International (ACGME-I) Advanced Specialty Accreditation where recognized, 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
6. 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
7. A written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the trainee.

   Fellowship program applicants who have not completed an ACGME residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, 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 may be allowed under special circumstances, which require review and approval. See the ACGME Fellow Eligibility Exceptions Guide or Non-Standard (Non-ACGME Accredited) Fellow Eligibility Exceptions Guide for more information.

Eligibility Exemption

Applicants who:

- are non-physicians with a Ph.D. degree who are eligible to train in an ACGME-approved fellowship, as listed in the subspecialty program requirements, or

- hold a MD/DO degree and a PhD but have not completed an ACGME-accredited GME Residency program who are eligible to train in ACGME-approved fellowship, as listed in the subspecialty program requirements are exempt from the eligibility requirements of this policy but are still subject to the selection criteria.
- are International medical graduates applying for the Graduate Medical Education Global Breast Cancer Fellowship are exempt from the USMLE Step #3 requirement but are still subject to the other selection criteria.

Addendum B

Would like to add this information to the Leave of Absence section:

Policy Statement

Residents and fellows may request time away from their program by accessing the leaves outlined in this policy. The resident/fellow must give notice, in writing, of intent to use a leave of absence to their program director at least 60 days in advance, except under unusual circumstances. A leave of absence is only available to those who request the leave in compliance with program policy and receive approval from the program. Questions regarding leave must be directed to the program director and program administrator. Refer to your program manual for specific program expectations.

The program manual for the residency or fellowship will have specific policies and procedures that apply to the resident/fellow in compliance with the program board requirements.

Unused vacation days are not paid out at the end of the academic year.

Reason for Policy

The purpose of this policy is to establish guidelines for leaves in accordance with federal laws, state laws, institutional policies & accreditation requirements.

Program Responsibility

Programs may develop additional leave policy elements, provided they comply with applicable board requirements and accreditation standards. Each program is responsible for defining and communicating these program-specific leave policies and processes in their program manual, when they fall outside of this institutional policy.

Residents and Fellows on a J-1 visa who take a Leave of absence must notify the Education Commission for Foreign Medical Graduates (ECFMG). Programs are required to submit the ECFMG Required Notification of LOA form to the GME Office before a resident/fellow who is on a J-1 visa is planning to take a leave of absence.

Time Tracking and Extension of Training

Programs are responsible for tracking time off for all leaves. They must ensure that specialty board requirements are met prior to resident/fellow graduation from the program. They must inform the resident/fellow if their leave will extend training.

Programs are responsible for notifying all stakeholders of a resident/fellow leave of absence. The program must submit a leave through the Office of Graduate Medical Education using the LOA submission process outlined in the OGME Google Site for Programs

If the leave extends training, financial support for the additional training time must be determined by the program when arrangements are made for the leave.

Parental Leave

Eligibility

All residents and fellows, who hold an active 50% appointment or more. There is no length of time in training requirement for this leave.

Use of Paid Leave

Eligible residents and fellows who are becoming a parent through birth, adoption, or surrogacy can take up to six weeks of paid parental leave. The leave can start as early as two weeks before the due date or adoption event and must begin within 13 weeks of the birth or adoption event. The leave will run concurrently with Family Medical Leave (FMLA), Minnesota Paid Leave (MPLA) and, where possible, with any other paid or unpaid leave policies. If the child stays in the hospital longer than the birth parent, the leave must begin within 13 weeks after the child leaves the hospital. This leave must be consecutive and without interruption and must be taken during the term of appointment.

Parental Leave Benefit Eligibility

During parental leave, medical coverage will continue to be available for the resident/fellow and any dependents who are enrolled under the Office of Student Health Benefits Resident, Fellow, and Intern plan. While on parental leave, the continued coverage will be provided on the same basis as available to the resident/fellow during the course of employment.

If taking unpaid time during a leave of absence the continued medical coverage will be available at the resident or fellow's expense.

Programs cannot force depleting paid time off for parental leaves. Residents and fellows are permitted to reserve one week of paid time outside of their parental leave during the academic year.

Medical | Caregiver Leave

Once during training, residents/fellows are eligible for pay at 100 percent of their stipend for the first six weeks of the first approved medical, or caregiver leave of absence. The medical or caregiver leave will run concurrently with Family Medical Leave (FMLA), Minnesota Paid Leave (MPLA), and, where possible, with any other paid or unpaid leave policies. Any subsequent leaves for medical, or caregiver leave will be paid through MPLA, & out of the PTO/Sick/Vacation time that the resident/fellow has available at the time of the leave.

Medical/Caregiver leaves are eligible to take intermittently.

Any previously paid parental leave counts as one instance of paid at 100% of stipend for 6 week leave and cannot be applied to any medical/caregiver leave following the parental leave.

Programs cannot force depleting PTO banks for medical and caregiver leaves. Residents and fellows are permitted to reserve one week of paid time outside of their medical or caregiver leave within the academic year.

Federal and Minnesota Protected Time & Minnesota Paid Leave

Family Medical Leave Act (FMLA)

The Office of Graduate Medical Education adheres to the University of Minnesota's "Family and Medical - FMLA" policy.

Minnesota Paid Leave

The Office of Graduate Medical Education adheres to the University of Minnesota's "Minnesota Paid Leave" policy.

Earned Sick and Safe Time (ESST)

The University is mandated to adhere strictly to the Earned Sick and Safe Time (ESST) guidelines as stipulated in the Office of Human Resources Policy. Each program is

required to delineate, within its program manual, a process detailing the procedure for requesting Sick and Safe Time as well as the mechanisms for tracking.

Earned sick and safe time (ESST) is paid leave employers must provide to employees working in Minnesota. The Minnesota Department Labor and Industry identified specific situations when the time can be used including when an employee is sick, to care for a sick family member, to seek assistance if an employee or their family member has experienced domestic abuse, or if there is a work or school closure that prevents an employee from being able to work.

Programs may allow an additional bank of sick/health time in addition to the ESST.

ESST utilization is permissible only after the accrual of time in 4-hour increments. In instances where ESST is unavailable on the intended date of use, residents or fellows are required to utilize Paid Time Off (PTO) or other designated time allocated by their respective program. It is essential that any retroactively entered ESST into the payroll system accurately reflects the date of its utilization.

ESST is not paid out at the end of training. ESST ends and is not paid out if a resident/fellow moves onto a T32 grant.

Military, Court Appearance, or Civic Duty Leave

The Office of Graduate Medical Education at the University of Minnesota adheres to the University's "Military, Court Appearance, or Civic Duty Leaves" policy.

Bereavement Leave

Bereavement Leave is available to support resident/fellow experiencing a significant personal loss due to the death of an immediate family member, other family members, and colleagues. Bereavement Leave will allow you to:

- Attend funeral services, ceremonies, and interment
- Make necessary arrangements, including travel if necessary
- Serve as pallbearers

Immediate Family

Granted up to three work days paid bereavement leave. Up to two additional work days of paid leave may be granted at the discretion of the program director upon consideration of the funeral location (local or long distance), cultural expectations, rituals, ceremonies, etc. and other pertinent factors.

Death of other family members

Granted up to one work day paid bereavement leave.

Death of a colleague

Granted reasonable paid (typically less than one day) bereavement leave time away from work to attend the funeral or service. Leave is subject to the needs of the program as determined by the program director and the department or administrative unit head.

Extended Absence

Absences not covered by paid bereavement leave provisions are accommodated by the use of available vacation time and/or unpaid personal leave at the discretion of the program director. To be supportive of resident/fellow who are experiencing a significant personal loss, the University strongly encourages flexibility in granting requests for additional paid (as available and appropriate) and unpaid leave time beyond the paid bereavement leave provisions.

Holiday Leave

Holiday leave is dependent on the requirements of the rotation to which the resident/fellow is assigned. The educational requirements and the 24-hour operational needs of the hospital are taken into consideration when scheduling holiday time off.

Resident/fellow are not eligible to receive an annual University of Minnesota issued personal holiday.

Unpaid Leave

Residents and fellows may request unpaid leave when circumstances require time away from training beyond available paid leave benefits. Unpaid leave is granted at the discretion of the program, in consultation with the Office of Graduate Medical Education (GME), and must

comply with ACGME program requirements, University of Minnesota policies, institutional leave standards, and—when applicable—ECFMG/J-1 visa regulations

Unpaid leave may be included, but not limited to:

- Family and Medical Leave (FMLA)
- Personal leave (e.g., relocation, family needs, extended travel, personal matters)
- Medical leave not covered by paid accruals
- Immigration-related needs (e.g., required travel, visa renewal appointments)
- Other compelling circumstances, at the discretion of the department and HR

Professional Leave

The Institution supports a culture of excellence and is committed to providing its resident/fellow with opportunities to participate in professional development, education, and training activities. Programs may provide time off for their resident/fellow that is not deducted from their paid time away allocation.

Examples of professional *leave may include, but are not limited to:*

- Academic
- Continuing Medical Education (CME)
- Interviewing
- Professional Conference Attendance/Presentation

Vacation Leave

Vacation leave is paid time away from work for you to use for your personal activities and to create a healthy balance between your work and personal life.

Availability and Requesting Vacation Leave

The amount of vacation leave available to you, and the guidelines for using vacation leave varies by program. Refer to your program manual for details.

Definitions

Residents/Fellows

- Graduate Medical Education Professionals in Training who are classified as one of the paid or unpaid appointments at the University of Minnesota on the Classification & Appointment Policy.

Resources for Programs, Residents, and Fellows

- **Leave of Absence Resources**
  - **Smartsheet Leave of Absence Resources**
    - **LOA Input Form**
    - **LOA Process for Programs**
    - **For Programs**
  - **Leave of Absence Process for Residents & Fellows**
  - **Leave of Absence email notification form**
  - **Leave of Absence Flow Chart**
  - **Leave of Absence responsibility checklist**
  - **Parental Leave Guiding Principles for Programs**

Addendum C

Would like to add this language from the State Medical Board Licensure Requirements section:

The Minnesota Board of Medical Practice (MBMP) is the state entity that regulates physicians practicing in Minnesota. All trainees must hold an active residency permit or a physician license from the MBMP as determined by each individual residency/fellowship program. The statute can be found at: Sec. 147.0391 MN Statutes. Trainees must pass the required licensing examinations (i.e. USMLE, COMLEX, etc) prior to obtaining a medical license.

Responsibilities

The Permit/License Guide is kept up-to-date. Review the guide to ensure your understanding of the process.

Residency permits are valid through the term specified on the original permit application and are program specific. If a trainee extends their residency/fellowship, the program is responsible for ensuring that a permit extension request form is submitted to the MBMP and an extended permit is in place prior to the current permit end date and must cover all dates of clinical training. If a trainee transfers to another program a new permit must be obtained.

Trainees who moonlight outside their training program must have a physician license. Minnesota licenses are renewed annually based on birth month. Once a Minnesota license is obtained, the permit is no longer valid and the trainee and program must ensure the license is renewed annually.

Programs are responsible for monitoring renewal deadlines and ensuring that trainee's permits or licenses do not expire. Please note there is no grace period when a permit or license expires. Trainees whose permit or license expires are pulled from their rotation until the paperwork is received and processed by the MBMP.

Related Information

Trainees holding a Minnesota medical license do not need to be credentialed as an independent provider by the hospitals they are rotating to as long as they are performing duties within the scope of their training program and not billing for their services. A physician holding a Minnesota license has to be credentialed by the hospital if they are acting as an independent physician

where there will be patient billing (i.e. moonlighting). Please refer to the MBMP website for licensure guidelines and fees.

Additional information related to visiting residents and fellows is available on the GME website.

Contact:

Minnesota Board of Medical Practice
335 Randolph Ave
St Paul, MN 55102

Telephone: (612) 617-2130, Fax: (612) 617-2166
Email: Medical.Board@state.mn.us
mn.gov/boards/medical-practice