University of Minnesota Spinal Cord Injury Medicine Fellowship Program Manual 2024-2025

Department Rehabilitation Medicine
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Introduction to the SCIM Fellowship Program Manual

The policies contained in this department-specific supplement are intended to be consistent with prevailing state and federal laws and regulations. In the event a University policy, whether in part or whole, conflicts with a state or federal law or regulation, the latter shall control.

The information contained in this policy manual pertains to everyone in the University of Minnesota, Department of Rehabilitation Medicine's Spinal Cord Injury Medicine fellowship program.

The University of Minnesota is an equal opportunity employer and educator - please visit our website at diversity.umn.edu.

Welcome to the Program

Purpose

The program manual is a tool with key policies and required procedures as well as general information to support a smooth transition into the program.

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

Profile of Our Institution

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

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.

PM&R Mission and Program Objectives

Departmental Mission Statement

The Department of Rehabilitation Medicine's mission is to provide outstanding education for physicians, resident physicians, medical students, allied health care professionals and the community. We strive to provide excellent comprehensive, interdisciplinary physical medicine and rehabilitation services to our clients in an effort to produce measurable positive cost-effective outcomes for persons with physical impairments, disabilities, limitations and other rehabilitation needs and to expand the scientific knowledge-base of PM&R through research and scholarly activity.

SCIM Fellowship Educational Mission Statement

Welcome to the University of Minnesota Spinal Cord Injury Medicine (SCIM) Fellowship. The mission and aim of the SCIM Fellowship is to provide trainees with an intellectual environment conducive to acquiring the knowledge, skills, clinical judgment and attitudes that are essential for becoming an exceptional SCI physician. We hope to have an exciting, challenging, interesting, and fulfilling year.

SCIM Fellowship Program Aims

- Recruit strong candidates with diverse backgrounds and experiences looking to further their skills and training to become exceptional spinal cord injury (SCI) medicine physicians
- Provide trainees with an intellectual environment conducive to acquiring the knowledge, skills, clinical judgment and attitudes that are essential to SCI medicine

SCIM Fellowship Objectives

Spinal cord injury medicine and management draws from many disciplines including physical medicine and rehabilitation, urology, neurology, neurosurgery, orthopedics, plastic surgery, pulmonary, psychiatry, palliative care, and general medicine. In order to meet the diverse educational needs of fellows specializing in SCIM, the fellowship must provide a diverse patient and faculty base to promote a well-rounded educational experience.

SCIM Educational Goals

At the completion of this fellowship, the fellow will be able to:

- Understand the fundamental principles and skills involved in the evaluation and management of acute, chronic and preventive care of the SCI patient
- Characterize complications post SCI and develop appropriate treatment plans
- Participate in an interdisciplinary management team for SCI and understand the biopsychosocial model of SCI.
- Participate in shared care of the SCI patient and understand the concept of interdisciplinary care
- Demonstrate independent thought and action in assessing and managing a problem appropriate for the level of experience or expertise
- Demonstrate independence in performing basic SCI procedures and refer appropriate patients to include ITB pump management, botulinum toxin injections, and joint injections

Overall Goals of the Fellowship Program

- Support opportunities to individualize the fellowship program to match the objectives of the trainee

- Maintain a diverse faculty and patient group to create a balanced and varied educational experience
- Educate and train fellows in superior SCI patient care
- Foster an environment for personal learning and research in the field of SCI management

Program Accreditation

The University of Minnesota SCIM Fellowship earned initial accreditation status with the American Council for Graduate Medical Education (ACGME) in September 2016. The sponsoring program is the Department of Rehabilitation Medicine at the University of Minnesota Medical School.

Department Organization

Department Head: Erin Holker, PhD, LP (interim) holke002@umn.edu
SCIM Fellowship Program Director: Amanda DeRasmi, DO - mill9724@umn.edu
Program Administrator: TBD
Education Manager: Heather Woeste, C-TAGME, - heather@umn.edu please contact for questions
Teaching Faculty:
Gillette Children's Specialty Healthcare:

- Amy Authement, MD
- Angela Sinner, DO

Courage Kenny Rehabilitation Institute:

- James Spendley, DO
- Amanda DeRasmi, DO

Veterans Affairs Medical Center:

- Katrina Thomas, MD
- Kerri Chung, MD
- Byron Eddy, DO
- Megan Raverty, MD

Regions/HealthPartners

- Steven Jackson, MD
- Mahmood Alatbee, MBChB

Technology

Recording of Video Presentations

Trainees allow the University of Minnesota and the Medical School to record and distribute videos/presentations that trainees make, or participate in, related to education. Additionally the University and Medical School are released from any liabilities that may arise. If you do not agree to your presentations being recorded, please contact your program administrator.

HIPAA Training

All residents need to complete HIPAA training **prior** to starting fellowship duties.

Training Access:
All University employees and students can enter training through the "myU" portal at:
http://www.myu.umn.edu or at training.umn.edu

Alternative formats for training materials are available. Please contact the Privacy and Security Office at 612-624-7447 for additional information.

HIPAA Definition:
"HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information"

Definition taken from: http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatisHIPAA.aspx

Reason for HIPAA Training Completion:
The federal government has mandated that affected workforce members must be trained on the HIPAA regulations and University policies and procedures. In the Academic Health Center (AHC), all AHC faculty, staff and students, except those in the College of Veterinary Medicine, RAR, AHC Comparative Medicine and certain adjunct faculty members, complete the HIPAA training. HIPAA also affects areas outside of the AHC. The Privacy Office, with the assistance of the Office of the Executive Vice President and Provost, has identified individuals in the University community who may have contact with protected health information and must complete HIPAA training.

Electronic Medical Records (EMR)

Epic (University campus)

The Caregiver Number is required before Epic entry can be done. This number can be found in RMS or by contacting your program administrator.

For access: fill out all of the requested information and direct it to: helpdesk@umphysicians.umn.edu.

*Note: Fellows who are not starting their year on the University Rotation need to complete this training **at least one week prior** to starting at the University.*

Fairview Information

Epic Innovations is Fairview's electronic health record (EHR) and is used in all Fairview hospitals and clinics. This helps create a complete picture of each patient's health history, regardless of where the patient is seen within the Fairview system.

Fairview Epic Technical Support: 612-672-6805

Regions Information
Epic Innovations is also Regions Hospital's EHR system. Contact Regions' site director for Epic assistance.

Minneapolis Veterans Affairs Medical Center (VAMC) Information
VAMC EHR (CPRS) info—Contact Michael Froats in the Department of PM&R to ensure she has all necessary information to initialize the CPRS access. Phone number: 612-725-2044.

Electronic Medical Record Access at Other Rotation Sites
You should receive email regarding EMR access **at least two weeks prior** to the start of a rotation at a new site. If you do not, please reach out to your program administrator and the administrative staff listed below. If you have issues with to help schedule training and/or set up access and/or training, to your upcoming rotation.

Site	Name	Email Address
Courage Kenny Rehabilitation Institute (CKRI)	Sadie Connolly	Sadie.Connolly@allina.com
Regions/HealthPartners	Katherine Hennan	Katherine.A.Hennan@HealthPartners.com
VAMC	Linnea Caldeen	Linnea.Caldeen@va.gov

Program-Specific Selection Policy

SCIM Fellowship interviews will be scheduled from June to September for applicants who wish to start the fellowship the following summer. Interviews are offered by invitation only.

Applicants must have completed an ACGME-accredited residency program in anesthesiology; emergency medicine; family medicine; internal medicine; neurological surgery; neurology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery; surgery; or urology, and be board-eligible or board-certified in their specialty. The number of postgraduate fellows in SCIM is limited to one fellow per academic year. This ensures that the fellow will have the fullest accessibility to all of the resources of the department. All fellowships are one year in duration, August 1 – July 31.

Application Materials
- SCIM Fellowship Application
- CV
- Personal Statement
- Three letters of recommendation (LoR)
    - One LoR from a faculty member from the applicant's residency program
    - Two additional LoRs

Additional Eligibility and Interview Information/Requirements:

- Passing score on all 3 USMLE or equivalent examination (e.g. COMLEX) is required to be eligible for training.
- Interviews will take place from June-September for applicants who wish to start fellowship the following August 1
- The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Department of Rehabilitation Medicine sponsors only J-1 visas. We do not sponsor H-1B visas. More information
- Exceptionally qualified candidates that do not meet initial eligibility criteria may be considered on a case-by-case basis according to ACGME "exceptionally qualified candidate" criteria and UMN GME policy.

Fellow Permit/Medical License

All trainees are required to apply for a Minnesota Residency Permit upon acceptance into the program. This permit will be valid for the duration of fellowship education unless your graduate date is extended, you change programs, or you secure a Minnesota Medical License. If your graduation date is extended, be sure to work with your program administrator to request a permit extension. If you opt to secure a Minnesota Medical License, your permit is no longer valid - even if you opt to let your license lapse. If you plan to let your license lapse, it is your responsibility to work with your administrator to apply for a new permit. If you plan to keep your MN Medical License active, send a copy of the renewed license to your program administrator so an active license is always on file. You always need to have an active Minnesota permit or license to train. You will be pulled from your site immediately if it is discovered that you do not have an active MN residency permit or medical license.

Fellow Services

Tuition and Fees

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

University Pager

Pagers are assigned to fellows from the University. Fellows are responsible for answering pages on this University pager, no matter which site the resident is currently rotating through, within 15 minutes of receiving the page. Pagers must be returned before the last day of fellowship training. **Graduation certificates will be held until the University pager is returned.**

Site Hospital Pager

At site hospitals, another pager may be given in addition to the University pager. Those pagers need to be returned to the respective site at the end of the rotation.

Email and Internet Access

A University internet account and email account with the University of Minnesota can be set up once fellows are officially registered in their program. Call the email help line at 612-301-4357 (on-campus, 1-HELP) to set up a password. Fellows must use the University email account to receive information pertinent to the fellowship program and University. This is the University's official means of communication.

Fellows are required to check their University email every work day, as issues related to schedules will be communicated via email. Fellows should also check their EHR in-basket daily. Policy states that the last fellow involved in the patient's care is responsible for addressing any issues that come up. Issues should be addressed promptly that day, or within 24 hours if it is a non-urgent issue.

It is a fellow's responsibility to notify the attending physician and rotation site director of their absence. This policy avoids the neglect of potentially urgent issues. Non-urgent messages, however, will remain in the EHR in-basket so that fellows can address them upon returning to work.

Mailbox

Mailboxes for fellows are located currently in the SCI/D Center Administrative Office, Minneapolis VA, One Veterans Drive, Minneapolis, MN, 55417.

Biomedical Library

Many medical journals are available through the Diehl Hall Biomedical Library. Diehl Hall Biomedical Library has both hard copies and online versions of journals. More info here: Health Sciences Library

Fellow Benefits

Stipend

2024-2025 $78,818

Pay checks are issued every other Wednesday. Enrolling in direct deposit will have checks automatically deposited into the elected bank account. Direct deposit enrollment information can be done at MyU at www.umn.edu.

Employment verification for credit accounts or mortgages should be directed to Elsa Stork, HR representative in the Clinical Neuroscience Administrative Center. Employment can be confirmed, but salary and additional information will not be released without written consent.

Elsa Stork
Clinical Neuroscience Administrative Center
MMC 915
D694 Mayo Memorial Building
420 Delaware St. SE
Minneapolis, MN 55455
612-626-3021
ekstork@umn.edu

Paid Time Off (PTO)

PTO is to be used for all time away for non-training related activities, including healthcare/sick leave, interviews, and vacation time. Fellows have a total of 25 days away for the length of fellowship training. Time away in excess of the maximum must be made up in order to graduate from the fellowship program.

Continuing Medical Education

Fellows are encouraged to participate in CME activities. A total of five (5) working days are allotted for CME time and it must be approved by the fellowship director. CME days cannot be converted into PTO. Each fellow has $1500 of funding for CME activities. This money should be used towards conferences, travel expenses, books, and other items that will further education in SCIM. NOTE: This funding may not be used for the purchase of a cell phone, personal computer/laptop, board exam registration, medical license or license renewal. All purchases must be pre-approved by program director and administrator.

Time Off	
Type	**Days Off**
PTO	19 days
ESST	6 days
CME	5

PTO/CME Approval Process

All requests for PTO and CME must be sent in writing, via email, to the program director and the fellowship program administrator. Once approved, notification must be sent by the fellow to each attending physician with whom they would train during the approved leave and the site director. Additionally, any extended time away (one or more weeks) should be requested at least two months in advance to allow for scheduling changes. The expectation is that you will use 10 days of PTO in the first six months of the academic year, to minimize large amounts of time missed in the final month of the training program.

PTO must be taken in full day increments, with the exception of medical appointments. For all other exceptions, approval from the program director is required.

For unexpected sick time, please email the fellowship program director, the fellowship administrator, and the clinic coordinator. Additionally, contact the fellowship director by text/phone first thing in the morning. Fellows are responsible for notifying the providers they would be working with to let those providers know of the absence.

All expenses and/or CME time off must be pre-approved in writing by the program director and program administrator. Submit requests via email. Note that any reimbursements must be made within 30 days of the purchase. All CME purchases/reimbursement requests must be submitted before May 1 in a given academic year.

Any illness resulting in an absence in excess of 48 hours requires a medical provider's statement describing the medical condition, reason for absence and anticipated length of the illness. This policy applies only to personal illness.

Holidays
Fellows are released from their rotation on holidays depending on the holiday schedule at specific rotation sites. Fellows may be released for holiday time at the discretion of the site or rotation director.

Inclement Weather
Fellows are required to maintain their work schedule, even in periods of inclement weather. Should the fellow have an issue arriving to work on time, or at all, due to inclement weather, they must follow sickness absence procedures noted above.

Leave

Leave of Absence
Short periods of leave that would not compromise the completion of the time required to graduate from the program can be handled with a PTO request. If the concern arises that may necessitate a leave of absence (LOA) from training, please contact your program director and program administrator right away to assist you. LOAs should be requested 30 days in advance or as soon as possible. See Institutional Policies, Leave Policy.

Fellowship training will be extended after LOA to meet board requirements for the time required in training. This is a non-negotiable requirement.

Approved leaves must be submitted to the program director and the program administrator prior to all fellow leaves. If going on an unpaid leave of absence, but plan to have medical benefits continued, contact the program administrator immediately. Failure to make a leave period approved and official can result in the loss of medical benefits.

Family Medical Leave Act (FMLA):
The Family Medical Leave Act, or FMLA is a federal law that allows trainees, who are eligible, up to 12 weeks of protected leave per academic year. Trainees must consult with their program to determine if they are eligible.

With the proper medical documentation and supervisor approval, FMLA can be used for:
- Your own serious health condition
- The serious health condition of an immediate family member
- Caring for a newborn or newly-placed adopted child or foster child
- The urgent need of an immediate family member who is on active duty in the military services

Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (08/01-07/31). The trainee may be eligible for Short-Term and Long-Term Disability benefits. Department of Human Resources staff will determine FMLA eligibility and will provide the trainee with the appropriate paperwork.

Jury Duty
Trainees are granted paid leave when serving on a jury, including the jury selection process. When the jury is recessed, the trainee is expected to be working during any normal work time.

Voting and Election Judge Leave

Trainees are eligible for a paid leave of absence to vote in any state-held general election, primary special election, and special primary for the time necessary to appear at the trainees polling place, cast a ballot, and return to work on the day of that election. Paid leaves to vote cover only those hours the trainee is regularly scheduled to work and are provided to only those trainees who specifically request time off to vote.

Trainees are eligible for a paid leave of absence to serve as a precinct election judge. To be eligible, a trainee, at least 20 days in advance, must provide a written leave request accompanied by certification from the appointing authority stating the hours of service.

Bereavement Leave
Bereavement Leave is available to support trainees 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. Leave will normally be used during the seven-calendar-day period immediately following the death.

Death of other family members:
Granted up to one work day paid bereavement leave. Leave will normally be used during the seven-calendar-day period immediately following the death.

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 trainees 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.

Military Leave

Military leave, whether voluntary or involuntary, is taken for service including activities such as training, active duty, full-time National Guard duty, and fitness for military duty examinations.
Military leave applies to trainees who are members of the following: the National Guard and Air National Guard; an armed forces branch of the United States military, regular or reserve, (Army, Navy, Air Force, Marines, Coast Guard); commissioned corps of the Public Health Service; or any other category of persons designated by the President of the United States in time of war or national emergency.

Trainees are granted military leave in accordance with federal and state laws and regulations and University policy. Trainees are granted leave with pay, not exceeding 15 days in any calendar year, for required service

in the National Guard or any of the armed services reserve forces. Additional leave without pay is granted for the duration provided within federal and state laws and regulations.

Trainees are entitled to resume University service following their military leave. Trainees who are re-employed after a military leave of 30 to 180 days may not be discharged without cause for six months after the date of re-employment. Trainees who are re-employed after a military leave of 181 days or more may not be discharged without cause for one year after the date of re-employment.

For military family leaves associated with a trainees immediate family member being on or receiving a federal call to active duty status in support of a contingency operation or having a serious injury or illness incurred while on active duty, refer to the FMLA Policy.

Appearance in Court

Trainees are granted paid leave when testifying before a court or a legislative committee on matters concerning the federal or state government, the University, or when called to testify as an expert, so long as their testimony or consultation is unpaid. Trainees who are victims of certain crimes are provided unpaid personal leave in accordance with, and as defined by law.

Parental Leave:

Parental leave provided by this policy is available to a trainee on 50% appointment or greater who is becoming a parent through birth, adoption, gestational surrogacy or to a trainee who is a gestational carrier.

Upon request, eligible trainees may take up to six weeks paid parental leave. The parental leave will begin at a time requested by the trainee, but not more than two weeks prior to the due date or adoption event, and no later than seven weeks after the birth or adoption event. In the case where the child must remain in the hospital longer than the birth parent, the leave must begin no later than six weeks after the child leaves the hospital. Parental leave is a paid benefit for all trainees, which will not be deducted from other paid time away. This leave must be consecutive and without interruption, and must be taken during the term of appointment.

During the parental leave, medical coverage will continue to be available for the trainee 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 trainee during the course of employment.

While on unpaid leave not covered by FMLA, the continued coverage will be available at the trainee's expense. The Office of Student Health Benefits will provide trainees with information about benefits and premiums due while on leave. If premiums are due, the OSHB will request the trainee to complete a payment authorization form to pay these dues to ensure continuous coverage.

Note: The first two weeks of the paid parental leave covers the required fourteen day wait period before the parent who gave birth may be eligible to receive short-term disability benefits. See Short Term Disability Policy at: https://shb.umn.edu/residents-fellows-and-interns/disability.

Trainees who give birth who have vacation may use it in conjunction with the short-term disability benefit during their parental leave.

Personal Leave:

Personal Leave is for trainees who need time away from work to attend to matters that affect their lives, that are unrelated to their training in graduate medical education, and that significantly interfere with their ability to meet their work responsibilities.

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

- Your own serious health condition (for trainees who are not eligible for FMLA)
- Extension beyond FMLA period of 12 weeks per academic year
- The serious health condition of an immediate family member (for trainees who are not eligible for FMLA)
- Caring for a newborn or newly-placed adopted child or foster child (for trainees who are not eligible for FMLA)
- The urgent need of an immediate family member who is on active duty in the military service (for trainees who are not eligible for FMLA)

Personal leaves are not supported by the J-Visa program, and are not appropriate for physicians who hold this employment status to request.

Unauthorized Leave

Unauthorized leave could be grounds for dismissal per the fellow contract.

Effect of Leave Policy for Satisfying Completion of Program

As per the requirements of the American Board of Physical Medicine and Rehabilitation (https://www.abpmr.org/About/Policies):

> *This policy applies to all "leave time" that occurs on July 1, 2021, and after.*
>
> *"Leave time" is defined as personal or familial needs, including the birth and care of a newborn, adopted, or foster child ("parental leave"); care of an immediate family member (child, spouse or parent) with a serious health condition ("caregiver leave"); the trainee's own serious health condition ("medical leave"), or other planned time away from training ("personal leave").*
>
> *A fellow or resident (trainee) must not be absent from training for more than six weeks (30 working days) annually.... Regardless of institutional policies regarding absences, any leave time beyond six weeks must be made up by arrangement with the program director. A trainee may not accumulate leave time or vacation to reduce the overall duration of training.*

Insurance Benefits

Health, Dental, Disability (short- and long-term), and Life (basic, voluntary and additional) are available to fellows. Please refer to the Institution Policy Manual for Medical School policy regarding any changes to insurance.

The Office of Student Health Benefits manages fellow benefits. Detailed information can be found here: https://shb.umn.edu/residents-fellows-and-interns/health-benefits

The Department's contact:
Elsa Stork

Human Resources Representative, Clinical Neuroscience Administrative Center
Phone: (612) 625-6110
Email: ekstork@umn.edu

Professional Liability Insurance

Please refer to the Institution Policy Manual for Medical School policy for information on professional liability insurance.

RUMINCO Policy #: RUM-1005-20

Proof of Professional Liability coverage for residents/fellows can be obtained from:
Pam Ubel
Office of Risk Management
Phone: 612-624-5884
URL: https://sites.google.com/a/umn.edu/medcred/
Email: ORM@umn.edu

Worker's Compensation Program Policies and Procedures
Please refer to The Institution Manual (http://z.umn.edu/gmeim.) There are no program specific worker's compensation policies and procedures. You must report to the site, your program and the University.

Instructions/Filing a Claim:
https://med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/needle-sticks-blood-borne-pathogen-exposure-management

Needlestick and Blood Borne Pathogen Exposure
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 at:
https://med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/needle-sticks-blood-borne-pathogen-exposure-management

Basic Life Support (BLS) Requirement
Active BLS certification is not required.

Disaster Planning
In the event of an emergency or disaster, we will implement the following strategies to ensure patient safety, continue resident education (clinically and academically), and meet the needs of the community.

1) Assign essential/non-essential rotations. Inpatient rotations and consults are deemed essential, while resident involvement in outpatient rotations may be suspended.
2) Create a labor pool that will then cycle through essential services. This will ensure preparedness of trainees to function safely when activated to work clinical, while recovering at home while not

working clinically. It also acts as a safety net for trainees that may be scheduled to work, but are unable to due to wellness concerns, illness, etc.

3) Utilize virtual options for didactic education and trainings (safety courses, skills development, certifications), to keep trainees engaged and prepare them with the necessary tools to work through the disaster and/or focus on their PM&R education while not clinically active.
4) Program administration will actively communicate with trainees on a regular basis, connect them with available resources and serve as advocates to ensure a strong support system is in place.

ACGME General Competencies

Fellows are encouraged to verify this information by confirming requirements with the ABPM&R to ensure the most current and accurate of information: Information on Subspecialty Certification: https://www.abpmr.org/Subspecialties/SCIM.

This website is also useful because it describes other information relative to taking the SCIM Board Exam.

ACGME Competency Based Goals and Objectives

The ACGME requires that all fellows obtain competence in the following six areas (see Appendix C):

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge that is about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Practice Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call upon system resources to provide care that is of optimal value.

Fitness for Duty/Impairment

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

Spinal Cord Injury Medicine Supervision Policy

Fellows are expected to perform a history and physical examination, review any additional diagnostic or therapeutic information, develop an assessment and treatment plan, educate the patient, and document the

encounter in the medical record for each assigned patient. Fellows discuss any questions they have about any part of these activities with attending faculty.

The program ensures that all fellows are supervised by qualified faculty members that are available for rapid and reliable communication. Faculty schedules are structured to provide fellows with continuous supervision and consultation. Faculty and trainees are asked to monitor for signs of trainee fatigue and make adjustments in schedules/responsibilities to counteract its potential negative effects.

Fellows may conduct consultations and office visits independently, though patients will always be seen by an attending physician in addition to the fellow. Fellows will be supervised for all procedures to ensure proper training, safety measures and patient care.

Attending faculty will assess a fellow's ability to supervise a resident and/or medical student. The fellow must have an adequate command of the clinical activity, teaching skills and demeanor assuring comfort of the patient while any trainees are being supervised. The attending faculty must consider the patient's acuity, complexity and severity of illness when assigning a fellow to supervise a trainee. Attending faculty must be available for face-to-face assistance as needed.

Trainees should refer to the PM&R Emergencies Trigger Card for additional information on when to contact a supervisor immediately. If needed, trainees should first reach out to the direct attending on the rotation and if needed, escalate to the site director, then program director and then Department Chair.

A guideline for levels of supervision:

Procedure-Activity	Direct Supervision	Indirect Supervision	Oversight
	Note: Supervising physician to be physically present with resident and patient	Note: Direct supervision is immediately available	Note: Supervising physician available to provide review of encounter with feedback after care is delivered
Family Conference	All PGY levels		
Team Conference	All PGY levels		
Phenol Injection	All PGY levels		
Ultrasound	All PGY levels		
Urodynamics	All PGY levels		
Nerve Conduction Velocities	Until approval of attending physician to proceed to next level	After approval to proceed to this level	
EMG	Until approval of attending physician to proceed to next level	After approval to proceed to this level	
Botulinum Toxin Injections	All PGY levels		
Trach Change	Until approval of attending physician to proceed to next level	After approval to proceed to this level	
Gastrostomy Tube Change	Until approval of attending physician to proceed to next level	After approval to proceed to this level	

Acupuncture	All PGY levels		
Injections-Joint, Trigger Point, Etc.	All PGY levels		
ISNCSCI Exam	Until approval of attending physician to proceed to next level	After approval to proceed to this level	After approval to proceed to this level
ITB Pump Programming	Until approval of attending physician to proceed to next level	After approval to proceed to this level	
ITB Pump Refill	All PGY levels		
ITB Catheter Access Port Aspiration	All PGY levels		
Pressure Injury Debridement	All PGY levels		
Granuloma Cauterization	Until approval of attending physician to proceed to next level	After approval to proceed to this level	

Graded Responsibility
Fellow responsibilities increase as they progress through the fellowship year. The level of responsibility is determined by their past participation in similar rotations, based on the attending faculty's assessment of the fellow's capabilities while performing in the clinical and academic settings. Additionally, faculty across sites meet on a monthly basis to discuss fellow progress so that information is not lost as the fellow moves between rotation sites.

Monitoring of Fellow Wellbeing
Program faculty members are expected to recognize signs of fatigue in fellows and to immediately address such concerns with the house staff and arrange appropriate help (e.g. strategic napping, help arrange a ride home) immediately. Faculty members are to let the program director know of any such concerns about fellow fatigue when they arise. Signs of fatigue and impairment include:

- Inattentiveness to details
- Forgetfulness or lack of responsiveness
- Napping on duty
- Irritability
- Increase conflict with others
- Unexpected lack of organization
- Lacking proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Chronic tardiness
- Lack of attendance at fellowship teaching conferences

Faculty are reminded that being fit for duty is a form of professionalism. Fellows who do not feel fit to perform patient care are expected to communicate that with the program director or attending physician. Other behaviors faculty should watch closely as signs of fatigue/leading to fatigue include: regularly arriving on duty well before other team members, regularly remaining in hospital/clinic longer than other team

members, completing patient notes late at night or the next day, moonlighting, chronic lateness in chart completion, challenges in fellow's personal life (e.g. child care). Annually, the organization hosts a didactics session on house staff sleep, fatigue and impairment. Faculty members are encouraged to attend this each year.

For fellows in the SCIM Fellowship, fatigue from excessive duty hours is not a common issue as there is no in-house call, and at-home call is optional and generally light. Fatigue related to moonlighting and fatigue unrelated to excessive duty hours may be an issue and this needs to be monitored and addressed as needed. Fellows are expected to contact the program director immediately with any concerns for fatigue, related to duty hours or otherwise. Moonlighting must count towards total duty hours (e.g. 80 hour work week, 10 hours between duty periods) and should be logged in the Resident Management System (RMS).

Trainees are also encouraged to take advantage of the wide variety of resources that are available at: https://med.umn.edu/residents-fellows/current-residents-fellows/support-resources.
including a mental health self-assessment tool. Additionally, the GME Health Task Force has resources here and the Employee Assistance Program information can be found here.

Fellow Responsibilities and Activities

Rotation Sites
The Veterans Affairs Medical Center is an interdisciplinary Spinal Cord Injury and Disorder (SCI/D) Center. Minneapolis VA is the SCI/D Center for North Dakota, South Dakota, Nebraska, Iowa and Minnesota. Trainees acquire the skills to work effectively in an interdisciplinary team.

HealthPartners Specialty Care Clinic and Inpatient Rehabilitation Unit is a community-based SCI program with emergency, medical and rehabilitation care. Consultations are available for other aspects of care, including urology, neurosurgery, neurology, pulmonary, and internal medicine.

Courage Kenny Rehabilitation Institute's Activity-Based Locomotor Exercise (ABLE) Program is for individuals with paralysis or neurological conditions. This customized fitness and wellness program incorporates locomotor training, functional electrical stimulation and fitness activities.

Gillette Children's Hospital is a pediatric hospital and outpatient clinic that provides the pediatric experience of the fellowship program.

Clinical Components
Fellows gain exposure to a wide variety of spinal cord injuries and disorders throughout training. This ensures that fellows will gain broad clinical skills required of a specialist in SCI management. Fellows will:

- Participate in outpatient evaluations of SCI patients from age range of pediatric to geriatric;
- Follow the progress of the patients they evaluate in a longitudinal clinical setting;
- Participate in the evaluation and treatment of hospitalized patients with acute and chronic SCI;
- Learn intrathecal baclofen pump management and botulinum toxin injection techniques; performance and/or indications
- Work closely with SCI physicians in all areas of lifelong SCI care

Schedule
Fellow schedules will vary throughout the year. Typically scheduled into one-month blocks, fellows will be assigned to four different sites throughout the year where they will gain varied clinical experiences and didactic education as part of their training.

Minneapolis Veterans Affairs Medical Center Training Content:

- Inpatient experience
- Outpatient experience
- Preventative SCI medicine
- ALS clinic
- Palliative care
- Intrathecal baclofen pump management
- Botulinum toxin injections for spasticity
- Didactics
- Research

Regions Hospital/HealthPartners/Hennepin County Medical Center Training Content:

- Acute traumatic SCI inpatient consultations
- Inpatient experience
- Outpatient experience
- Didactics

Gillette Children's Hospital Training Content:

- Pediatric outpatient experience
- Intrathecal baclofen pump management

Courage Kenny Rehabilitation Institute Training Content:

- Inpatient experience
- Outpatient opportunities
- Activity-Based Locomotor Exercise (ABLE) Program

Didactics and Textbook Information

During the twelve-month experience, fellows will be exposed to the pertinent areas through a didactic program. Fellows are expected to read the related articles or chapters in advance to get the most out of the educational session. Didactic sessions are intended to take the form of a discussion, not a monologue.

The textbook *Spinal Cord Medicine, Third Edition* by Steven Kirshblum MD (Editor) and Vernon W. Lin MD PhD (Editor) will be used as a foundation to many didactics sessions and is a great resource throughout the fellowship training experience and for boards preparation.

Journal Discussions

Journal discussions are presented once a month as part of the didactic program. These journal discussions will provide an opportunity to discuss/debate updated peer-reviewed literature. Additionally, this is an ongoing forum for education on research methodology, design and concepts.

Quality Improvement

Fellows must be actively involved in a quality improvement project. The SCI team at the VA can assist fellows in selecting a project. Fellows may opt to work on an independent project, or there may be opportunities to join and/or lead a team project. Given the short timeline of the fellowship, it may be appropriate to work on a project that will not be fully completed by the time of graduation.

Fellows must submit an end product showcasing their work by July 1. If the project is still in progress, then a summary/status report of the project will be accepted in lieu of a final product.

SCI Lecture Series: The fellow will be expected to participate in the SCI lecture series provided to the PM&R residency program.

Grand Rounds Presentation
Each fellow will complete a Grand Rounds presentation. The venue in which the presentation occurs will vary based on the topic chosen by the fellow. The talk should be professional in nature, i.e. PowerPoint slides, citing the latest literature, well-rehearsed, and the topic signed off by the mentor. It is the fellow's responsibility to arrange periodic meetings with their mentor to review the progress on the presentation.

The talk must be 40 minutes in duration and allow for an additional 5-10 additional minutes at the end for Q & A.

Scholarly Project
As part of fellowship training, fellows will be asked to contribute towards a "scholarly work" (case report, scientific presentation, abstract, publication, clinical trial, book chapter, etc.).

The SCIM faculty are engaged in numerous scholarly activities. In conference participation, clinical rounds and discussions, faculty members promote a spirit of inquiry and scholarship that increases the depth of understanding among fellows. Some of the faculty are also involved in clinical research and publishing work related to SCIM.

It is strongly suggested that fellows start working on their project early in fellowship training so there is adequate time to complete this requirement. It is the fellow's responsibility to periodically meet (approximately every six weeks) with their mentor to review the progress on the scholarly project. Mentors need sufficient time to critique the project as (a) acceptable or (b) needs revisions with subsequent resubmission. Fellows must have their FINAL DRAFT (i.e., a draft which has been finalized by the mentor) emailed to Dr. DeRasmi (mill9724@umn.edu) and pmrfellowships@umn.edu by July 1.

Progression in Fellowship Training
Fellows will be evaluated in the six ACGME areas of "core competency" (medical knowledge, patient care, interpersonal & professional communication skills, professionalism, practice-based learning, and systems-based practice) and ACGME milestones using the Residency Management Suite (RMS) system.

At the six-month mark of fellowship training, the ACGME requires that the program administration formally submit documentation attesting to whether fellows are performing satisfactorily or unsatisfactorily for their level of training in all of the six core competencies. An "unsatisfactory" score (three or less) in any of the six core competencies indicates that the trainee is strongly at risk for not successfully completing the fellowship. The ACGME requests the same formal documentation at the end of fellowship training. Fellows must show adequate progression during training. However, if a fellow earns an "unsatisfactory" evaluation in any one or more of the six core competencies at the conclusion of the fellowship, the ACGME dictates that you cannot receive credit for your training, even if you complete the entire 12-months of the fellowship. A six-month fail may also be given which can be reversed if the following six months are adequate. This will be determined by the SCIM Fellowship's Curriculum Competency Committee (CCC) for each trainee.

In preparation to navigate successfully through fellowship training, it is strongly encouraged to immediately develop a written study plan that includes:

- Methods of study to accomplish, at a minimum, the ACGME objectives
- Application of what has been learned and how it transfers to clinical practice
- Revision of the study plan based on events or actions related to clinical care of patients that resulted in positive or negative outcomes

Fellows will meet with their faculty mentors frequently. Each fellow will be formally evaluated by their attendings, peers (i.e., other trainees), nursing staff, and patients using a global rating system to assess the six core competencies. Fellows will also complete a self-evaluation to gauge level of introspection. A meeting will be arranged for each fellow to meet individually with the program director every three months to provide formal, written feedback on performance and progress.

At the conclusion of fellowship training, the program director will draft a summary evaluation of performance based on the final evaluations received from the entire faculty. This summary evaluation is a part of each fellow's permanent record and also serves as the letter of reference for any prospective employers.

At all times, but particularly during quarterly evaluations, fellows will also have the opportunity to give feedback on the quality of training, teaching, etc. These meetings are designed to be helpful to you and to improve the quality of the entire clinic and should be viewed as constructive.

Finally, at the mid-point and end of the fellowship, fellows will also be asked for their feedback and evaluation of the fellowship program.

Faculty-Fellow Mentoring
Each fellow will be assigned a mentor for the entire fellowship year. Mentors and mentees will need to meet at least every three months (ideally every six weeks) to ensure fellows are making steady progress throughout the fellowship and to mitigate any issues that may negatively impact the overall experience. These meetings are mandatory, and it will be the fellow's responsibility to speak with their mentor about scheduling meetings. Among the items to be reviewed are: (a) status updates regarding scholarly and quality improvement projects; (b) status updates regarding your Grand Rounds; (c) reviewing self-evaluation forms; and (d) study plan.

Program Director and Faculty Evaluation of Fellows
Fellows are primarily supervised by the program director, but other faculty members who work with fellows will have an opportunity to evaluate the performance as well. In addition to verbal feedback evaluations, evaluations will be sent quarterly, via RMS, and faculty will be given an opportunity to evaluate each fellow in writing.

Supervising rotational faculty members review written rotational objectives with each fellow at the start of each rotation. Based on the objectives, the supervising faculty members and the fellow will verbally agree on an educational plan and operating procedures. Formative (ongoing) feedback is verbally provided to fellows at regular intervals during each clinical rotation by the rotational faculty members(s). Formative feedback should occur no later than the midpoint of each rotation and, at minimum, occur at least once during the rotation. Ideally, formative feedback should be ongoing.

Modifications in the program can be made when needed to improve the educational experience. In addition to the formal reviews, the program director will be responsible for periodic evaluation of patient care (quality assurance) rendered by the fellow. SCIM fellows must achieve satisfactory performance at the end of 12 months to get credit for their training.

Semi-Annual Evaluations
Summative feedback, based on evaluations and performance, is provided to fellows during semi-annual reviews with the program director. The program director holds a face-to-face evaluation semi-annually to review each fellow's clinical evaluations, conference attendance, teaching performance, professionalism,

communication and interpersonal skills and record keeping habits. This provides a formal opportunity to discuss progress, strengths and areas needing improvement. This is also meant as a time for the fellow to give feedback about their experience and the program as a whole. At the end of year evaluation, this discussion of each fellow is brought to conclusion with one of the following recommendations:

1. Advancement with statement of strengths and areas that need development
2. Advancement with statement of deficiencies to be improved
3. Advancement with notification of probation and statement of deficiencies to be improved
4. If progress is not satisfactory, the fellow's progress will be reviewed by the Clinical Competency Committee which may decide on remediation, probation or dismissal from the program

Note: All evaluations become part of the fellow's permanent record.

ACGME Milestone Evaluations:
Per the ACGME: "Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation."

Milestones are determined by the Clinical Competency Committee (CCC) that is made up of the residency site directors. The CCC will use the clinical evaluations, conference attendance, 360/ROCA/Patient Feedback evaluations, ACGME Milestone evaluations, SAE scores, teaching performance, professionalism, communication and interpersonal skills and record keeping habits to determine Milestone scores twice annually. Please note that these Milestones are not on a traditional Likert scale where a score of one is "bad" and a score of 5 is "good." The areas are, as follows:

ACGME Milestone Level	ACGME Milestone Description
Level 1	The resident demonstrates milestones expected of an incoming resident.
Level 2	The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.
Level 3	The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.
Level 4 (Graduation Target)	The resident has advanced so that he/she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.
Level 5 (Aspirational)	The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Rotation Objectives

Objectives are available for each rotation experience. Fellows must read over the objectives and confirm that they have read and understand the rotation objectives. It is required that fellows read and confirm prior to the start of the rotation.

Clinical and Educational Work Hours Policy Statement
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.

Per ACGME requirements, clinical and educational hours must meet the following rules:
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Additional time may be used for activities related to patient safety and administrative tasks, such as providing effective transitions of care, humanistic attention to the needs of a patient or family, and/or resident education. These additional hours count towards the 80-hour weekly limit.
- Residents should have at least eight hours off between scheduled clinical work and education periods for rest and personal activities. They must have at least 14 hours off after 24-hours of in-house call.
- Residents must be scheduled for a minimum of one day in seven that is free of clinical work and required education (when averaged over four weeks). At-home calls cannot be assigned on these free days.
- Residents must not be scheduled for more than six consecutive nights of night float
- Residents must not be scheduled for in-house call more frequently than every third night when averaged over a four-week period

Residents who are at risk of violating work hour rules have an obligation to inform program leadership 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.

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.

Each program must have a system to monitor compliance with clinical and educational work hour limitations. This program has chosen to use surveys quarterly, to have trainees report their clinical and educational hours. These surveys will explicitly ask trainees for an approximation of their work hours and if there were any work hour rule violations. While trainees do not need to regularly record work hours, if there is concern for duty hours violations between surveys, please contact the program leadership directly to address the concerns and possible changes.

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.

Residency Management Suite (RMS) Responsibilities
RMS is a web-based electronic system that allows the user to complete evaluations and view completed evaluations others have done about them. It also contains additional information, including the rotation objectives for each rotation and copies of commonly used forms.

User access the system via the Internet at the RMS website address:
https://www.new-innov.com/Login/

Fellows are responsible for completing required evaluations and reading and verifying objectives for rotations. If evaluations are delinquent, individuals will be sent reminder emails until complete. If, after two email reminders, all is not up to date, fellows will be pulled from their rotation and not permitted to return to the rotation until all necessary information is complete.

RMS Electronic Evaluations
Evaluations must be done, through RMS, for each rotation. Fellows evaluate the rotation and faculty, while the faculty evaluates the fellow. Evaluations must be completed and it is important to do so in a timely manner. When evaluations are available to complete, an email notification will be sent out. If delinquent, reminder emails are sent until completion.

RMS allows the user to suspend any evaluations for which they feel they did not have sufficient contact to properly evaluate an individual.

Duty Hours
Duty hours are strictly adhered to as dictated by the ACGME guidelines. Duty hours are defined as all clinical and academic activities related to the training program. This includes both inpatient and outpatient care, administrative duties related to patient care, call activities and scheduled academic activities, such as conferences. In addition, moonlighting that occurs within the training program, must be counted toward the 80 hour weekly limits on duty hours.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Fellows must be provided with one day per week that is free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

SCIM fellows are considered to be in the final years of their education and must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Tracking Paid Time Off (PTO) Hours in RMS
In order to better assess the Program's compliance with ACGME working condition stipulations, trainees are required to log their PTO in New Innovations - Residency Management Suite (RMS). Additionally, trainees are required to contact program administration if they veer from the normally assigned rotation, as program administration needs to know where trainees are training at all times to ensure appropriate billing to hospitals.

Note: Failure to ensure accuracy of your rotation activities will be considered an act of Medicare fraud.

Logging into RMS to record duty hours:

1. Go to https://www.new-innov.com/login/.
2. Enter MMCGME for the Institution ID.
3. Enter your User Name and Password.
4. Make sure that you have arrived at your Welcome Page. You should see PM&R in the upper section of the screen and your user name will be listed nearby.
5. From the main menu, select *Duty Hours*.
6. Select *My Duty Hours,* then *Log Vacation* (on right, under *Duty Type* box). Select the appropriate date/hours and click *Save*.

Note: All PTO hours must be approved by noon on the 5th day of the following month.

Moonlighting

Fellows must have approval from the program director to take on a moonlighting role. All moonlighting hours, internal and external, counts towards duty hours and must be logged in RMS accurately. A moonlighting approval form must be on file with the program administrator.

If interested in getting approval to moonlight, email the program director with the request. The program director must acknowledge and approve this activity, via the required form, prior to taking on a moonlighting position. Send approval documentation to the program administrator for record keeping purposes. Failure to have moonlighting approved by the fellowship director is unprofessional and grounds for discipline.

Note: Fellows must never moonlight when on duty, including weekend call. If the moonlighting duties are pager-call only and do not require face-to-face patient care, the fellowship director may make an exception. Regardless of duty hour violations, the program director will only approve moonlighting if it does not interfere with the fellows' education and clinical performance, including participation in non-clinical fellowship activities such as teaching, didactics, and scholarly activities.

Please note:

1. Malpractice insurance must be provided by the employer.
2. Fellows must have proper support and supervision.
3. Moonlighting is not allowed on weekdays from 8:00 AM – 5:00 PM, as residents are expected to be involved with residency matters during that time, nor is moonlighting allowed while resident is on call.
4. Moonlighting will not involve continuous care of patients.
5. Fellows must submit a Moonlighting Request Form with supervisors' signatures, prior to initiation of a moonlighting position and on an annual basis thereafter.
6. The program director and faculty must monitor the moonlighting fellow for excessive fatigue due to moonlighting. If excessive fatigue is noted, the moonlighting hours must be decreased to correct and prevent further fatigue.
7. Once fellows secure a MN Medical License to moonlight, they are required to maintain their medical license for the remainder of training, as the residency (training) permit will no longer be valid. Should the fellow opt to let their license lapse, they need to be in contact with their program administrator well in advance of the license expiration to apply for a new residency permit. This process can take up to two months to complete.

Failure to provide moonlighting forms to the residency office prior to the start of moonlighting will be considered grounds for dismissal from the training program.

Disciplinary and Grievance Procedures

Disciplinary & Grievance Procedures

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

Possible areas of grievance to be resolved can include evaluation of resident/fellow performance, resident/fellow duties, resident/fellow assignments/schedules, resident/fellow conflicts with peers or faculty. It is understood that many potential areas of conflict can be avoided via discussions with chief residents, mentors, program leadership, and attendings to directly address concerns and develop plans for resolution of programs. If these usual and customary means of resolving issues do not suffice, the head of the department may assemble a grievance committee from appropriate membership. Membership can include the parties to the complaint, representatives from the resident/fellow class, administrative chief residents, faculty from services or sites concerned, mentors, the program director, and other program leadership. If an outcome acceptable to principals in the complaint is achieved, no further action is necessary. If parties fail to achieve an acceptable resolution, the matter is carried forward to the Medical School grievance procedure.

Our program also encourages residents/fellows to directly address any issue or concern they may have with faculty or staff as it occurs, or within the appropriate space of time. However, in cases when this is not possible or not resolvable, the resident/fellow may bring their concerns to the Program Director for guidance and intervention as necessary. If their grievance cannot be resolved with the Program Director, residents/fellows may appeal to the department head. If a grievance cannot be settled at the department level, the program leadership or trainee can appeal to the GME office as explained in "GME Policy: Discipline, Dismissal, Failure to Advance". There is also a Student Conflict Resolution Center which offers online tools or personal assistance through an ombudsman.

The Office of Equal Opportunity and Affirmative Action (EOAA) is also available to help resolve issues or concerns involving discrimination, harassment , sexual misconduct, nepotism and retaliation. Staff members of the EOAA are available to consult directly with fellows or supervisors/administrators. Reporting of discrimination or harassment may be done through UReport anonymous online reporting system. Residents & fellows may also review the program faculty yearly through an anonymous evaluation which is then reviewed by the Program Director(s). Any concerns are then addressed with the program director, site directors and/or faculty members and can also be escalated as indicated.

Disciplinary & Corrective Action Policy

After reviewing trainee performance at the CCC Meeting the faculty may recommend that the resident/fellow continue in program, continue in program with promotion to next level of training, graduate from program, continue in program on remediation (with special mentoring and monitoring), continue in program with probation, or be dismissed from the program.

Remediation and probation may also be used at any time during the year when a resident/fellow is having difficulty.

Fellow Complaint and Grievance Guidelines

The SCIM Fellowship follows the UMN GME Office Disciplinary/Grievance procedures, available at: http://z.umn.edu/gmeim.

In general, if a fellow has a concern, complaint or grievance about a program faculty member or other aspect of the program, the fellow should bring that concern directly to the program director or other member of the program leadership team (Assoc. Program Director or Program Administrator, see Department Organization section) and they can help to find an acceptable solution. If the grievance involves the program director, if the fellow feels uncomfortable bringing the concern to the director, or the fellow is dissatisfied with the director's response, the fellow can contact Dr. Brionn Tonkin, Residency Program Director (tonki018@umn.edu) or Dr. Erin Holker, Interim Department Head in the Department of Rehabilitation Medicine (holke001@umn.edu).

Retaliation of any form against a fellow, who brings forward, in good faith, a concern about the program, will not be tolerated by the fellowship program. Fellows should bring any concerns about retaliation to their fellowship program director, associate program director, learning and development manager, administrator, residency program director, department chair, or Dr. Susan Culican, Designated Institutional Officer of Graduate Medical Education, as appropriate.

The Institution Policy Manual has many support services for house staff dispute resolution that fellows must familiarize themselves with, including a confidential email address to report concerns to the Medical School's Associate Vice Dean for GME.

If a fellow has concerns that the program is in violation of ACGME program requirements, especially if a fellow is not satisfied with response by the fellowship program or GME office, he or she can report a concern or make a formal complaint about the program directly to the ACGME.

Fellow Feedback and Conflict Management Guidelines

Fellow Feedback
Fellow feedback is valued as information that can improve the program. Attending faculty, the program director and the program administrator are all available for verbal feedback as needed. Verbal feedback is also part of the semi-annual evaluation. Written feedback of the program is required annually and feedback of the attending faculty and rotation each rotation. These evaluations are found in RMS.

ACGME Resident Survey
Fellows are required to complete the ACGME Resident Survey annually. Fellows will be contacted when it comes time to complete the survey. Please note that ACGME refers to both residents and fellows as 'residents'.

Quarterly Reviews and the Curriculum Competency Committee (CCC)
The program director meets with fellows regularly to review the fellow's performance and develop goals and educational plans. Any fellow performance issues will be documented and forwarded to the CCC which meets monthly and will make recommendations for fellow remediation, probation, suspension or termination to the Program Director based on the fellow's documented performance.

Spinal Cord Injury and Disorders Program Directory

Name	Title	Email Address
Amanda DeRasmi TBD	SCIM Program Director Program administrator	mill9724@umn.edu Email: scimfellow@umn.edu
Authement, Amy	Gillette Site Director	Email: AmyAAuthement@gillettechildrens.com
Jackson, Steven	Regions Site Director	Email: steven.d.jackson@healthpartners.com
Spendley, James	Courage Kenney Site Director	Email: James.Spendley@allina.com
Thomas, Katrina	VAMC Site Director	Email: katrina.thomas@va.gov

Facilities Information

Courage Kenny Rehabilitation Associates-Minneapolis
Abbott Northwestern Hospital
800 East 28th Street, Suite 1750
Minneapolis, MN 55407

Gillette – Locations vary

HealthPartners/Regions
640 Jackson St.
St. Paul, MN 55101

Spinal Cord Injury and Disorder Center
Veterans Affairs Medical Center
1 Veterans Drive
Minneapolis, MN 55417

University of Minnesota, Department of Rehabilitation Medicine
500 Boynton Health Service Bridge
420 Delaware St. SE, MMC 297
Minneapolis, MN 55455

Program Policy Manual

Confirmation of Receipt

Confirmation of Receipt of your Program Policy Manual for your Academic Year

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

_____
Fellow Name (please print)

_____
Fellow Signature

_____
Date

_____
administrator Initials

_____
Date