

MEDICAL SCHOOL
UNIVERSITY OF MINNESOTA

UNIVERSITY OF MINNESOTA

Department of Laboratory Medicine & Pathology
Residency and Fellowship Programs

2012/2013 PROGRAM POLICY MANUAL AND FELLOWSHIP ADDENDA

Department of Laboratory Medicine and Pathology
Graduate Medical Education Training Programs
Program Policy Manual: Policies, Guidelines, and Reference Listings

Introduction

This University of Minnesota (University) Department of Laboratory Medicine and Pathology (Department) Policy Manual outlines the policies, guidelines, and other regulations that apply to all residency, advanced specialty, and post-M.D. fellowship training in the Department of Laboratory Medicine and Pathology. Administrative oversight of these programs is provided by the ALRT (Department of Anesthesiology, Laboratory Medicine and Pathology, Radiology and Therapeutic Radiology) Administrative Center. The mission of the ALRT Administrative Center, as part of the University of Minnesota Medical School, is to provide uniform service delivery to our departments and institutes. These services consist of human resources, payroll, communication, education, grants management, financial reporting, and budget. Our goal is to provide exceptional service while balancing the expectations of multiple constituents. To achieve this goal we will foster a community based on communication, cooperation and expertise by drawing on our individual backgrounds, strengths, and unique histories.

All Medical Residents at the University of Minnesota are registered for classes for both service and research rotations. In addition to the Program policies, the educational goals and objectives for this training program are outlined in this Administrative Program Manual. Medical Residents are subject to, required to be familiar with, and comply with all policies and procedures of the University, the Department, the Training Program, the Association of Committees on Graduate Medical Education (ACGME), and the American Board of Pathology (ABP). All questions related to specific policies, procedures, and benefits in this manual are to be addressed to the resident's or fellow's specific Program Director (listed below). The information contained in this Program Policy Manual pertains to all residents. Please refer to the Fellowship Policy Manual for our Fellowship Program policies.

DEPARTMENT MISSION STATEMENT

The Department of Laboratory Medicine and Pathology in the University of Minnesota Medical School is recognized worldwide as a leader in teaching, research, service, and clinical medicine. Its mission is to explore the basic nature, mechanisms, causes, and courses of human disease; to disseminate knowledge about human disease; and to provide high-quality laboratory services for the diagnosis, management, and prognostic evaluation of patients.

PROGRAM MISSION STATEMENT

The Program's mission is to provide strong basic training in laboratory medicine and pathology and its subspecialties, including cytogenetics, microbiology, clinical chemistry, cytopathology, hematopathology, molecular diagnostics, transfusion medicine/cellular therapy, and basic science & clinical research. The Program's philosophic mission is to develop a sturdy medical knowledge/skill base and professional attributes that allow a resident/fellow to independently and competently practice pathology with a life-long commitment to continued learning and excellence.

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Section 1 Student Services:

(Please refer to Institution Policy Manual at

<http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Academic Health Center (AHC) Portal Access; Child Care; Computer Discount/University Bookstore; Credit Union; Disability Accommodations; Legal Services; Library Services; Medical School Campus Maps; Nursing Mothers Resources; Resident Assistance Program; University Card (UCard); University Events Box Office; University Recreation Sports Center(s))

1. *University Beeper/Pager* - The Department provides each Medical Resident with an individual 80 mile radius digital pager that is to be utilized for both standard and on-call duties. The trainee will utilize the same pager over the course of his/her training. The trainee will obtain the pager from the Residency coordinator and will utilize the same pager over the course of his/her training.
2. *E-mail and Internet Access* - As students at the University, Medical Residents are provided with an e-mail/internet access account. With this account trainees can access the Internet and e-mail from any of their assigned training sites. Trainees with the appropriate computer equipment can also access the Internet from home. If you are using another email service, you must forward your University email account to your preferred email account as required by the Medical School.
3. *Campus and U.S. Mail* - Medical Resident may utilize the campus mail system at no charge. The campus mail drop off box is in Department's Main Office (760 Mayo Building). Medical Resident may receive professionally related campus or U.S. Mail at the Department office. Received mail will be sorted and distributed to the Medical Resident's mailboxes in the Main Residents/Fellows Room on the first floor of the Mayo Building. Trainees should not receive or send personal mail through campus or U.S. Mail system via the Main Departmental Office.
4. *HIPAA and Data Security Training* – HIPAA & Data Security training is mandatory for all University of Minnesota medical students, faculty members, researchers and staff.
5. *Identification*- A nametag with the resident's name and job title must be worn when in patient care areas. Whenever transcribing any patient information, write/dictate legibly and clearly and include your pager number.

Section 2 Benefits:

(Please refer to Institution Policy Manual at

<http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Insurance: Dental Insurance; Health Insurance; Life Insurance; Voluntary Life Insurance; Long-Term Disability; Short-Term Disability; Insurance Coverage Changes; Immunization Services; Exercise Room at UMMC-FV; Bereavement Leave; Family Medical Leave Act (FMLA); Holidays; Medical Leave; Military Leave; Parental Leave; Personal Leave; Professional Leave; Vacation/Sick Leave; Witness/Jury Duty; Effect of Leave for Satisfying Completion of Program; Loan Deferment; Loan Program: Emergency Loan Program through Minnesota Medical Foundation; Minnesota Medical Association Membership; Professional Liability Insurance; Stipends; Veterans Certification for Education Benefits; Workers' Compensation Benefits)

Medical Resident Stipends – Medical Residents, who meet Department and University requirements, are appointed to one-year training positions from July 1 to June 30 of the following year (unless otherwise agreed to in writing). Stipend rates for Medical Residents located at: <http://www.med.umn.edu/gme/residents/stipendinfo/home.html>

The Chief Resident receives \$4,000 (Co-Chief Residents receive \$2,000 each) in addition to their stipend base. Medical Residents are subjected to withholding of federal and state income taxes. At the University of Minnesota, medical Residents have FICA withheld from their paychecks.

During the first five working days of the next month, trainees are required to complete and have their duty hours recorded in the New Innovations Residency Management Suite (RMS). This information **must accurately document the trainee's activities on a daily basis, including vacation days, sick days, family leave, and all other forms of leave.** The website may be accessed at www.new-innov.com Please check with the Residency Coordinator for password information.

Trainees who fail to turn in complete their duty hour information will have \$25.00 deducted from their educational expense allowance for each week a time sheet is late. If a trainee's educational expense allowance is depleted, the penalty will be deducted from any following year allocations.

Educational Expense Allowance – All Medical Residents receive an expense allowance of \$1,000 for their first year (PGY-1), \$700 for their second, third and fourth years (PGY 2-4), and \$500 for fellows. These funds are to be used to pay for professional books, pathology related computer software, photocopying in the Biomedical Library, national or local conferences/society meeting registration fees, national or local organization/society membership dues, and journal/slide club subscriptions.

“Residents (excludes fellows) in their 4th year of study may receive financial support to attend a Board Review Course up to an amount not exceeding \$3000 provided that they have made satisfactory progress in the preceding 3 years of residency training and have had prior meeting’s abstracts drafted into manuscripts that have been either submitted for publication or have already published. All such applications will have to be approved by the Program Director.”

Laptop Purchase Request from the LMP Residency and Fellowship Education Allowance (i.e., Book Funds). Security issues – all residents/fellows must to be compliant with their HIPAA/Data Security **PRIOR** to placing an order to purchase a laptop. All orders for laptops must be placed through the Residency Coordinator who works with the AHC. Additionally, all RMS duty hour information must be accurately recorded by the 5th working day of the following month (on a regular basis) in order to qualify and maintain use of a laptop.

Should the resident/fellow bring their computer into the University of Minnesota (UofM office or UMMC campus) or at any affiliated site – it must be locked down. If a computer is stolen because it was not properly secured, the resident will be responsible for paying for the replacement value of the computer. If they take the computer off campus, they need to complete the proper paperwork for taking equipment off campus. They also need to have household insurance at home that would cover the theft of the computer. The computers are to be used at the University of Minnesota (and affiliated sites) and are not intended for personal use as they remain University of Minnesota property.

All computer purchases must be done through the AHC (no purchases of computers through outside vendors). The laptops will also need to be encrypted.

An inventory of all computers must be kept detailed with the serial number recorded in the Coordinators Office and in the GME Managers Office.

If a departing resident wants to purchase their computer upon graduation from the program, they will need to make a request to the administrative center director and if approved, pay the depreciated value of the computer.

Additionally, these funds cannot be used for employment or the purchase of durable goods (i.e., research equipment). The educational expense allowances have been supplemented by the Department, specifically for membership in the United States and Canadian Society of Pathologists (USCAP). Medical Residents in the anatomic only and combined anatomic/clinical pathology programs agree to apply for USCAP membership. Medical Residents in the clinical pathology only program agree to apply for membership in an equivalent clinical pathology organization. Allotments to the Medical Resident's expense allowance are made annually by the Department on July 1. Residual funds in the account on June 30 may be forwarded to the next academic year at the discretion of the A.L.R.T. Center Director. All residual funds are forfeited upon termination or graduation from the Program.

Laboratory Coats and Laundry – Personal standard laboratory coats are provided upon entering residency program. Personal protective equipment, surgical/operating room attire, and other clothing items deemed necessary to carry out daily assigned duties will be supplied, cleaned, and laundered by the Affiliate Hospital to which the trainee is assigned.

Leaves:

Vacation Leave – First year Medical Residents (PGY-1) earn 10 working vacation days per academic year beginning on July 1. In subsequent years, Medical Residents earn 15 working days of vacation per academic year (PGY 2 and above). Unused vacation days do not carry over into the next academic year. Requests for vacation leave must be submitted to the coordinating teaching faculty member (service director) of the rotation they will be assigned to at the time of the vacation at least three months prior to the start of the vacation. A single week (Monday through Sunday) of vacation is permitted during any rotation period, provided the coordinating teaching faculty member receives proper notice. No rotation is exempt from properly requested vacation leave of one week or less; however, coordinating teaching faculty members may decline vacation requests without proper notice. Scheduling more than one week of vacation during an individual rotation is highly discouraged, may be denied, and requires special approval from both the coordinating teaching faculty member and Program Director. To maximize training and minimize disruption to the services, trainees cannot schedule more than three 3 or 4-day "weekends" during the year. Vacation should primarily be taken in one-week blocks. A vacation leave request form must be completed for each period of time off on any rotation at any affiliated hospital (This is in addition to trainee required timecards). Vacation forms must be signed by the coordinating teaching faculty member and returned to the Program Administrator before the vacation leave begins. ***Professional time may be used while attending board review courses (with written prior approval from the teaching faculty member and form returned to the Program Administrator prior to leave).***

Sick Leave – Sick leave for the Medical Resident maybe authorized upon request and shall not exceed 10 working days each academic year. The Program Director should be notified immediately of any period of sick leave lasting or anticipated to last more than four days. Periods of sick leave

lasting over 4 days require a letter from the Medical Resident's personal physician, stating they are fit to return to their duties. The Program Director may authorize a request for sick leave beyond 10 days, provided it is in the best interest of the University, the Program, and the Medical Resident. Sick leave forms must be signed by the coordinating teaching faculty member and returned to the program office as soon as possible after the leave (This is in addition to trainee required timecards).

Family Emergency Leave – Family emergency leave maybe authorized upon request to the Program Director for serious illness in a spouse/significant other, parent, or child. The length of leave will be determined by the Program Director based upon individual circumstances and will not total more than 10 working days in an academic year. In exceptional circumstances, the Program Director may authorize a request for leave beyond 10 days provided it is in the best interest of the University, the Program, and the Medical Resident.

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

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

Maternity Leave – Upon request, a Medical Resident may take up to six weeks of leave (two with pay from the department and short term disability) from the date of delivery, two weeks from the date of adoption, or, in the case of prolonged hospitalization of an infant, two weeks from the date of discharge. An informal leave, for up to two weeks preceding delivery, maybe request from the Program Director. An unpaid leave of absence for a maximum of 4.5 months maybe requested from Program Director. The Medical Resident must notify the Program Director at least three months prior to the expected delivery or adoption date. The Medical Resident is required to complete the necessary short term disability, FMLA and other human resources documents prior to the beginning of their maternity leave. The trainee is responsible for ensuring payment of any individual insurance or other premiums due. Questions regarding how and when to make personal payment of such premiums should be directed to the Program Administrator at least two months prior to the anticipated delivery/adoption date.

Paternity Leave – Upon request, a Medical Resident may take two weeks of leave with pay from the date of delivery, adoption, or, in the case of a prolonged hospitalization of an infant, from the date of discharge. Medical Residents who have completed 1 year of residency may request from the Program Director up to eight additional weeks of unpaid paternity leave, immediately following the paid leave period. The Medical Resident must notify the Program Director at least three months prior to the expected delivery or adoption date. The Medical Resident is required to complete the necessary human resources documents prior to the beginning of their paternity leave. While the Department will pay for any remaining University tuition/registration fees during the unpaid portion of a trainee's paternity leave, the trainee is responsible for ensuring payment of any individual insurance or other premiums due. Questions regarding how and when to make personal payment of such premiums should be directed to the Office of Health Benefits at least two months prior to the anticipated delivery/adoption date.

Professional, Academic and Conference Leave – Time away from hospital duties for academic reasons and conference presentations may be granted in addition to the regular vacation time. Approval of this leave is under the jurisdiction of the Program Director who must ensure that the time is well spent and enhances the educational experience of the Medical Resident. No more than 10 working days of leave per year in this category will be granted in a 12-month period. Requesting both academic leave and vacation leave during a single rotation is strongly discouraged. Academic leave may also be granted for taking the United States Medical Licensing Examinations and American Board of Pathology Examinations. **Vacation leave must be used for locum tenens, job searching and interviewing activities.**

Leave and Completion of Training Program Requirements - Total leave, for any of the above or other reasons, shall not exceed 28 calendar days in a single academic year. In keeping with the American Board of Pathology guidelines, leave for any reason that exceeds the 28-day limit will not apply towards completion of the Program's requirements for graduation. It is the responsibility of the Medical Resident to make arrangements with the Program Director to complete their training requirements in a manner prescribed by the Program Director. The American Board of Pathology requires that residents complete at least 48 weeks of training per year for a total of 192 weeks in 4 years.

Unpaid Leave from Training Program – Personal unpaid leave from the training program may, under exceptional circumstances, be authorized upon request to the Program Director. The granting of personal unpaid leave will be based upon the best interests of the University, the Program, and the Medical Resident. The Medical Resident can continue to be included in health and disability insurance policies but will assume complete responsibility for the total payment of all premiums through the payroll manager. Personal unpaid leave shall not exceed 6 months at a time and 12 months during their 4 year training program. Unpaid leave, for any reason, does not apply towards a Medical Resident's completion of the Program's graduation requirements or eligibility for American Board of Pathology certification. It is the responsibility of the Medical Resident to make appropriate arrangements with the Program Director to complete their training requirements in a manner prescribed by the Program Director. The American Board of Pathology requires that residents complete at least 48 weeks of training per year for a total of 192 weeks in 4 years.

An unpaid leave of absence for serious illness of the resident; serious health condition of a spouse, parent or child/children; shall be granted through ***formal request***. **The chief resident and the Program Administrator should be concurrently notified of the leave request by e-mail as soon as possible.** The length of leave will be determined by the Program Director based upon an individual's particular circumstances and the needs of the department, not to exceed twelve (12) weeks in any 12-month period. Residents taking family medical leave must work with the Program Administrator and Office of Student Health Benefits to secure necessary leave documents.

The Office of Student Health Benefits website is: <http://www.shb.umn.edu>

FAMILY MEDICAL LEAVE ACT (FMLA) - FMLA is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for a serious health condition, for the birth or adoption of a child, and for the care of a child, spouse, and registered same-sex domestic partner provided for by the University, or parent who has a serious health condition. The Act is

intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity. <http://www1.umn.edu/ohr/policies/leaves/fmla.html>

Trainee Research Fund - The Department provides small trainee research awards to cover the cost of supplies and disposables that they need to pursue research interests that they develop during the course of their training. Trainees may apply for funds by submitting a brief written proposal to the Research Advisory Committee, which includes a brief background supporting the project, questions to be answered, methods to be used, supply budget, any necessary IRB forms, and a letter of support from the faculty mentor with whom they will be working. Twice a year, the Research Advisory Committee reviews these proposals/applications and provides feedback to the trainees. Successful applications may receive up to \$2500. The faculty mentor provides the equipment and laboratory space necessary to complete the project. These funds cannot be used for employment, salary, or durable goods. Individual trainees may receive up to two awards during their training program.

Conference Travel – Travel maybe approved for trainees who are presenting a research paper or abstract at a national broad based scientific meeting or who are officially representing the Department at a similar national meeting. All travel requests must be made in writing. Prior approval is required from the Program Director. Due to limited funds, trainees may receive funds for up to three approved conferences, distributed over their entire training program (four years). The provision of funds will be primarily granted to trainees who present a peer review poster or platform presentation at a major national broad based scientific meeting. The total cost to the Program cannot exceed \$1500 per trainee per conference and will come from the Program's Educational Expense Budget. Up to the \$1500 cap, the Program Director may approve up to 5 days per diem at University rates, 4 nights at the meeting hotel, coach air-fare, and basic meeting registration fees. Costs for elective courses and other activities are not covered by the Program. Trainees are encouraged to utilize reduced fare flights, with Saturday overnight stays if overall cost effective, and modest accommodations. University travel authorization forms must be completed in conjunction with the Program Administrator, who is responsible for supervising conference arrangements. Within ten days of returning, a travel expense voucher must be returned to the Coordinator, including all required receipts, itineraries, and other documents. Note: All frequent flyer miles must be tracked by the traveler and reported as requested by the University. State Law states the frequent flyer miles cannot be used for future personal travel, as they belong to the University (see below).

Parking – The Department provides general parking for Medical Residents. While on rotations based away from University of Minnesota Medical Center limited parking on the University campus (maximum 2 hours/day) is provided for the **sole purpose** of attending program related conferences and activities. Medical Residents who inappropriately/fraudulently credit parking to the Department will be held financially responsible for all costs related to their misuse of the credit plan. In addition to being held financially responsible, trainees will also be subject to disciplinary action and possible dismissal from the Program. At the discretion of the Affiliated Institutions, the Minneapolis VA Health Care System, Abbott Northwestern Hospital, and Hennepin County Medical Center may provide trainees with parking facilities.

Section 3: Institution Responsibilities

(Please refer to Institution Policy Manual at <http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on

the following: ACGME Resident Survey Requirements; ACGME Site Visit Preparation Services; Master Affiliation Agreements or Institution Affiliation Agreements; Program Letters of Agreement; Confirmation of Receipt of Program Policy Manuals; Designated Institution Official Designee Policy; Duty Hour Monitoring at the Institution Level Policy and Procedure; Experimentation and Innovation Policy; Funding; GME Competency Teaching Resources and Core Curriculum; Graduate Medical Education Committee (GMEC) Responsibilities; Graduate Medical Education Committee Resident Leadership Council Responsibilities; Institution and Program Requirements; Internal Review Process; International Medical Graduates Policy; New Program Process; Orientation; Visa Sponsorship Policy).

Section 4 Disciplinary and Grievance Procedures:

(Please refer to Institution Policy Manual at

<http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: Discipline/Dismissal/Nonrenewal; Conflict Resolution Process for Student Academic Complaints; University Senate on Sexual Harassment Policy; Sexual Harassment and Discrimination Reporting; Sexual Assault Victim's Rights Policy; Dispute Resolution Policy)

Discipline – All physicians-in-training are subjected to, required to be familiar with, and follow all policies and procedures of the University, the Department, and the Training Program. Physicians-in-training who violate these policies and procedures are subject to disciplinary action and remediation, as deemed appropriate by the Program Director, in accordance with the Discipline/Dismissal Policies of the Medical School. A physician-in-training, who violates policies and procedures or who is placed on probation, is required to meet with the Program Director and develop a remediation plan. If a corrective plan cannot be developed or complied with to the Program Director's satisfaction, the matter will be referred to the Residency and Clinical Fellowship Training Program Advisory Committee (R.A.F.T. Committee) for discussion, action, and possible dismissal of the trainee from the Program.

Grievance Policies and Procedures –

- A. A Medical Resident's concern specific to a rotation should first be addressed with the rotation's Coordinating Faculty Member. If the Medical Resident feels that their concern has not been appropriately addressed or is uncomfortable discussing the issue with the coordinating faculty member, he/she should discuss it with that Institution's Site Director. If the issue warrants further discussion or intervention, the Medical Resident should address their concern to the Chief Resident and/or Program Director. If the issue is still not resolved or warrants further discussion or intervention, the Program Director and/or Co-Chief Residents may then refer the matter to the R.A.F.T. Committee or the Head of the Department for discussion and recommendations.
- B. A Medical Resident's program-wide concern should first be brought to the attention of the Program Director and/or the Co-Chief Residents. If the issue is not resolved or warrants further discussion or intervention, the Program Director and/or Chief Resident may then refer the matter to the R.A.F.T. Committee for discussion and recommendations.
- C. A Medical Resident's rotation or Program concern may also be added to the Chief Resident's Subcommittee Agenda for discussion and recommendations to the Program Director.
- D. As felt necessary, a Medical Resident's concern may also be confidentially discussed with the Medical School's Associate Dean of Faculty and Graduate Affairs.
- E. Medical Residents may also utilize the University of Minnesota Medical School Procedures on Grievance.

General Policies and Procedures:

(Please refer to Institution Policy Manual at

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

Training Program Goals and Curriculum – In conjunction with its affiliated hospitals, the Department of Laboratory Medicine and Pathology at the University of Minnesota offers outstanding ACGME-accredited graduate medical education to physicians from around the world. The Program's mission is to provide strong basic training in laboratory medicine and pathology and its subspecialties, including cytogenetics, cytopathology, hematopathology, microbiology, clinical chemistry, molecular diagnostics, autopsy pathology, surgical pathology, transfusion medicine/cellular therapy, and basic science & clinical research. The Program's philosophic goal is to develop a sturdy medical knowledge/skill base and professional attributes that allow a resident/fellow to independently and competently practice pathology with a life-long commitment to continued learning and excellence.

The curriculum consists of a series of required and elective rotations. Each rotation has a written summaries that includes a statement of the rotation goals and objectives, its site and duration, identification of a lead faculty member, identification of the faculty involved in teaching and supervision, an explicit written description of supervisory guidelines for the care of patients and specimens, mechanisms to insure prompt reliable communication with the responsible staff, a detailed overview of daily duties and responsibilities (including graded responsibilities for sequential rotations and on-call duties), required and optional conferences with a description of trainee participation, the manner of faculty supervision, and the evaluation criteria and methods used to evaluate trainees, including expected knowledge for each level of training, skills, and other

trainee attributes required to pass the rotation. Individual rotation summaries and curriculum are located at http://residency.pathology.umn.edu/prospective_residents/rotation_summaries/

Generally candidates enter the program with the expectation that they will complete four years of combined anatomic and clinical pathology. On rare occasions, a resident may be admitted to the program as a three year AP or CP only resident. This is a decision made by the RAFT committee prior to starting the residency. Rarely, a resident who enters as an AP/CP only resident may wish to switch to a straight three year AP or CP only residency. In this case, the resident should submit a letter to the RAFT committee stating his/her reasons for the change. Such a change in the resident's residency is at the discretion of the RAFT committee, and the resident needs to be in good standing in the program to be considered.

Definition of Training Positions - Medical Resident: A Medical Resident is a post-graduate physician-in-training who is in their first four years of general training in laboratory medicine and pathology. Medical Fellow in Focused Area of Pathology: Fellows are post-graduate physicians-in-training who have completed at least three years of general training and are pursuing course of study in a focused area of pathology including research interests. Their training program is comprised of one year of clinical

Training/Graduation Requirements -

Training Position Offers - Outside of the National Residency Match Program, all official offers to applicants for positions in any of the Department's Training Programs must be approved/signed in advance by the Program Director and endorsed by the R.A.F.T. Committee to be considered valid on behalf of the Department and University. Such offers include residency positions outside of the national match program and all positions in any of the Department's advanced specialty/fellowship training programs. Except under special circumstances, the Program does not accept the transfer of advanced standing pathology residents into the core residency program.

Individualized Trainee Schedules - Each trainee meets twice a year with the Program Director to develop and maintain an overall 4 year written training plan, which allows for flexibility of rotation order and ensures compliance with the core Program guidelines. These discussions provide an opportunity to develop an individual program of learning that fosters each trainee's professional growth. Training plans are subject to change by the Program Director at any time. Changes may be made based on rotation/site availability, institutional funding constraints, and other Program needs and obligations.

Trainee Rotation Scheduling - The annual trainee rotation schedule is prepared by the Chief Resident(s) who take into consideration trainees' ranks and four year plans, rotation/site availability, and institutional funding constraints. No trainee is assigned to a rotation for other than meeting their educational goals. The final schedule requires the approval of the Program Director. The Program Director may change the annual schedule without notice, as necessary to meet Program needs and obligations. The annual schedule is prepared in the spring for the following year.

Trainee Requests for Rotations Outside of the Program - In general, trainees are required to complete all of their training within the Program. Under exceptional circumstances, the Program Director can authorize, within the financial limits of the Program, an away rotation at another training program under the following guidelines: First, the experience must be specifically focused on an area of pathology, required to complete a specific aspect of the trainee's individual training program and the desired education experience is not available within the Minnesota Program. Second, the granting of an away rotation must be based upon the best interests of the University, the Program and the trainee. Third, the granting of an away rotation requires the availability of Departmental Program funds to cover the trainee's stipends and benefits. Trainees are required to discuss their request for an away rotation with the Program Director in detail prior to December 31 of the year prior to that in which the rotation would occur to facilitate scheduling. These discussions should preferably occur during the trainee's biannual reviews with the Program Director and subsequently approved by the RAFT Committee. Away rotations set-up without the involvement and permission of the Program Director and RAFT Committee from the beginning will not be funded. Rotation priority is given in the following order until the 12 months are filled: 1) Hennepin County Medical Examiner's Office, 2) non-clinical research electives, 3) cardiac pathology at the Jesse Edwards Registry of Cardiovascular Pathology, and then rotations at other institutions. As the number of months assigned to the first four rotations is not known until the annual schedule is prepared, a trainee cannot be guaranteed that they will be able to take an away rotation. If there are more requests for away rotations than funds and the requests are deemed equally important by the Program Director, priority will be given by resident seniority. If Departmental funds are not available to cover the trainee's request or the Program Director does not grant the request, the trainee can request an unpaid leave of absence to take the desired

rotation, under the guidelines listed above for unpaid leave. Trainee's on unpaid leaves of absence must arrange for and provide their own malpractice insurance to cover the away rotation.

Training/Graduation Requirements – APCP-4 programs include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The remaining 12 months of training may be a continuation of structured anatomic pathology or clinical pathology education. AP/CP programs must include 24 months of anatomic pathology or clinical pathology education. The remaining 12 months of training may be a continuation of structured anatomic pathology and/or clinical pathology education. The education must occur under the director of the program director or designated member of the teaching staff. The program director clearly defines, as part of the program description, the available opportunities whereby residents may accomplish the additional 12 months of pathology education. The program director must approve all such opportunities and will then monitor the progress.

The program director provides a final evaluation for each resident who completes the program. This evaluation includes a review of the resident's performance during the final period of education, and verifies that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation becomes a part of the resident's permanent record.

Residents who plan to seek certification by the American Board of Pathology should communicate with the office of the board regarding the full requirements for certification.

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

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

Conferences –Conferences may be viewed at: <http://residency.pathology.umn.edu/current/>

The following are the REQUIRED CONFERENCES for all residents: Monday morning conference at UofM, Wednesday 07:00 a.m. specialty conference/journal club at UofM, 08:00 a.m. Grand Rounds at UofM, Friday 07:00-09:00 a.m. Lectures at UofM. In addition, residents on Clinical Pathology rotations are required to attend the Tuesday 12:00 p.m. Clinical pathology Conference.

Residents, in any of the LaMP Department programs, are required to fully attend and/or present at all required conferences as directed by the Program Director and Chief Residents. All trainees will be released from their rotation service duties to attend these conferences (protected time). While at the HC Medical Examiner's office, trainees are exempt from the required conferences and should specifically follow the forensic pathology conference schedule, as outlined in their forensic pathology rotation summary.

Residents who do not attend 75% or greater of the required conferences will firstly lose their travel and book funds for one year. Continued inadequate attendance at core conferences will result in the resident being placed on academic probation. It should be noted that placement on probation will be recorded in the resident's permanent file and may have subsequent adverse effects. Persistent poor attendance at required conferences coupled with poor academic performance will result in dismissal from the program."

Note: CP only residents are not required to attend Monday and Wednesday AP conferences.

As assigned by the Chief Resident, senior trainees (PGY- 4s) are required to satisfactorily present a formal 45 minute University Departmental Grand Rounds on a current topic of pathology or a research project they completed. Further, trainees must attend and participate in all rotation specific conferences, as stipulated in the individual rotation summaries and the coordinating teaching faculty members. Trainees are expected to attend all rotation specific conferences, unless on an approved leave. Trainees who do not attend all of the rotation specific conferences will not pass the rotation.

Confidential Trainee Assistance/Counseling Program - Confidential trainee assistance and counseling is provided through Resident Assistance Program (RAP). Please see <http://www.med.umn.edu/gme/residents/rap.html> for additional information.

Environmental Health and Safety Training - All trainees are required to attend annual safety training conducted by University Environmental Health and Safety and the Medical School http://www.dehs.umn.edu/bio_pracprin_blood_bpt.htm These two on-line courses (15 minutes each) includes blood and body fluid precautions, chemical handling and storage, and other safety concerns related to a your safety. Any trainee who does not fully complete this training course and return their certificates of training to the Program Office by July 30 will be relieved of clinical duties and placed on unpaid leave, until they have completed this annual required training.

Medical Student and Peer Teaching - All Medical Residents (Residents and Fellows) participate in medical student teaching laboratories and peer teaching activities. Training as Teachers is available through the Medical School's "Residents as Teachers" program <http://www.med.umn.edu/gme/reseddev.html> As directed by the Chief Resident with the approval of the Program Director, trainees will be assigned to teach two hour medical student pathology laboratories, while on any rotation except for the medical examiner's rotation. A Medical Resident is also required to contribute to peer teaching through presentations at core and rotation conferences and to answer other Medical Residents questions during the course of their duties.

Program Educational Environment - The Program continually strives to ensure a supervised educational environment with a duty schedule that maximizes physician training and optimizes

patient care. It is the Program's goal to provide outstanding training rotations with the following attributes. Trainees, technical staff, and teaching faculty who identify areas for improvement should address their suggestions and concerns to the Program Director in a timely fashion.

Appropriate Faculty Supervision

- ✚ All patient care will be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents and fellows at all times.
 - ✚ Residents/Fellows will be provided with rapid, reliable systems for communication with supervising faculty.
 - ✚ Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
 - ✚ On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty.
 - ✚ The teaching staff must determine the level of responsibility given to each resident/fellow.
 - ✚ Faculty and Residents/Fellows are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.
- Additional information may be found at
<http://www.lifecurriculum.info/programtour/default.aspx?id=1>

ACLS/BLS/PALS CERTIFICATION REQUIREMENTS

BLS – ALL RESIDENTS MUST REMAIN CURRENT ON THEIR BASIC LIFE SUPPORT TRAINING.

Duty Hours Fostering Education and Facilitate Patient Care

- ✚ Duty Hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading and preparation time spent away from the duty site.
- ✚ Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents/Fellows may remain on duty for up to 4 additional hours to participate in didactic activities. PGY-1 residents may not exceed 16 hours.
- ✚ Supervision of Residents: In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
- ✚ Clinical Responsibilities: The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.
- ✚ Minimum Time Off between Scheduled Duty Periods: Intermediate-level residents ,PGY-2 residents, should have 10 hours free of duty and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Support Services/Work Environment Conducive to Educational Goals and Learning Objectives

- ✚ Provision of services to trainees will be made to minimize extraneous work that detracts from the educational goals of the rotations.

- ✚ Trainees will be provided access to appropriate food services and sleeping quarters, as necessary based on their assigned duties.
- ✚ Provision of messenger and transportation services will be made in a manner appropriate to meeting patient care issues and the educational goals of the rotations.
- ✚ Provision of information systems will be made for timely retrieval of laboratory, medical records, and radiologic information.
- ✚ Provision of appropriate security and safety measures will be made on the hospital and institutional grounds, including parking facilities.

On-Call Duty Hours – Medical Residents are required to serve on-call duties, as designated by the Chief Resident, coordinating teaching faculty members, and Program Director. Over the course of a typical month residents are usually off at least 6 days. Therefore, the residents will be allowed to spend one full day out of seven away from the hospital. Specific rotation based call duties are outlined in the individual rotation summaries.

Minimum Time off between Scheduled Duty Periods: residents in the final years of education (PGY 3 and 4 residents) 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 residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Duty Hours – Daily recording of residency and fellowship hours are recorded in the RMS by each resident/fellow on a daily basis. The responsibility of recording duty hours in the system rests with the resident/fellow. Duty hours are reviewed on a monthly basis and corrective actions is taken immediately.

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

- Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- Due to the at-home nature of the call and the limited number of emergencies, rotations with call duties are constructed in the following fashion; trainees are on at-home/pager call every other week from 7:00 a.m. on Monday morning through the following weekend, ending at 7:00 a.m. on the subsequent Monday. Call is taken from home. The on-call resident must be available by pager and able to get to the hospital in a timely manner when on-call. Senior residents will back up the new resident. A staff person is always on-call and available for any questions or problems. On average, residents are called in to the hospital only once or twice per week of call. Over the course of a typical month residents are usually off at least 6 days.

Therefore, the residents will be allowed to spend one full day out of seven away from the hospital.

- The program director and the faculty monitor the demands of call in this program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Laboratory/Pathology/Radiology Services

There are appropriate laboratory, pathology, and radiology services to support the residents in timely and quality patient care. This includes effective laboratory, pathology, and radiologic information systems available to all trainees.

Maintenance of Training Records / Annual Report of Trainee Activities – Trainees are required to maintain on file with the Program their current address, phone number, copy of current medical license/permit and other basic professional demographics. In addition, trainees are required to provide current written training records to the Program when requested in the specified formats (see below) and in a timely fashion (within 2 weeks). In addition to other documents, all trainees must annually complete the following documents:

- ✚ Updated professional formatted *curriculum vitae* with statement of long term practice goals.
- ✚ Requests for 4-year rotation schedule modifications.
- ✚ Trainee year-end summary report.

ACGME Case Logs: All residents are required to log their patient procedures on the ACGME website. The case log information becomes a part of the resident's permanent file and is reviewed by the Program Director twice annually.

Trainee Evaluations – Using electronic evaluation forms, trainees are evaluated on their knowledge, skills and professional growth at the end of each rotation (every one - four months). Electronic/written evaluations are also sent out to the program's affiliated institutions and elective trainee-tailored specialty rotations. The trainees are provided with continuous feedback on their performance during each rotation. In general, only deficiencies are noted in writing and a midpoint written evaluation is only done on a rotation in which a trainee is performing sub optimally. During the last days of each rotation, the coordinating teaching faculty member reviews the evaluation with the trainee. Trainees are evaluated on their performance and attainment of the rotation's goals and objectives, demonstrated ability to provide informative consultation to the clinical service teams, their medical knowledge, their application of this knowledge to efficient/quality patient care, their technical and observational skills, the effectiveness of their teaching skills, and their attendance and participation in conferences. Trainees are also evaluated on their interpersonal skills, professional attitudes, reliability, and ethics with members of the teaching faculty, peers, laboratory staff, and clinicians through 360 evaluations. They are further evaluated on their appropriate use of initiative in fostering quality patient care and use of the medical literature. Their timely completion of assigned interpretive reports is another component of the evaluation. Trainees on probation receive a written mid-rotation evaluation. Trainees acknowledge that their evaluation was discussed with them on their evaluation of the rotation. Trainee evaluations are available to them via the electronic evaluation system at all times. If an evaluation cannot be personally discussed with the trainee due to unavoidable time conflicts at the end of a rotation, a copy of their evaluation is available electronically.

These evaluations review a trainee's service performance and identify their strengths and weaknesses related to the practice of pathology. Such regular faculty evaluation of the trainees

provides guidance and direction for continued professional and personal development. Towards the goal of facilitating regular and timely faculty evaluations with written documentation:

- A. The Program Administrator's office will send electronic evaluation forms to the coordinating teaching faculty members via the electronic evaluation system.
- B. The coordinating teaching faculty members will complete the electronic evaluation form prior to meeting with the trainee.
- C. The coordinating teaching faculty member discusses the evaluation at the end of the rotation. An electronic version of the evaluation will be sent to the residents/fellows electronically for their review.
- D. Coordinating teaching faculty members are then responsible for electronically submitting the form to the system.
- E. The electronic evaluation system will send three reminders on the faculty member who has not completed an evaluation. If the evaluation has not been completed following the reminders, the Program Administrator will inform the Program Director of the unreturned evaluation.

The Program Director individually meets with each trainee at six month intervals to review their progress, written rotation evaluations to date, and plans for the subsequent academic year. The Director and other faculty members meet more frequently with any trainee receiving a borderline or negative evaluation. The trainee also has the opportunity to raise concerns regarding their training and areas of less than optimal proficiency. A copy of the review is remains a part of the residents permanent record.

The Director also meets with each trainee individually to review his or her annual progress in June and discuss with them their eligibility for promotion to the next post-graduate level of training. Depending on the trainee and their individual needs and goals, other members of the teaching faculty may participate in this annual review. Trainees, who are on probation or having training difficulties, meet with the Program Director plus two members of the R.A.F.T. Committee. The trainee also has the opportunity to raise concerns regarding their training and areas of less than optimal proficiency.

A permanent individual training file is maintained in the Program Director's Office on each trainee. This file contains their application to the Program, human resource/contract/payroll documents, written evaluations, resume, vacation/leave forms, and copies of all Program correspondence. This file is maintained in paper form over the length of the residency and scanned into the ImageNow System for archival purposes. In order to preserve the integrity of the training files, a trainee or authorized faculty member can review their training file by making an appointment with the Program Director or Program Administrator in the Director's absence.

At the end of a trainee's program, the Program Director meets with the graduating trainee to discuss their overall program performance, especially focusing on their final year of training. The Director issues each graduating trainee an overall written summary that indicates that the trainee has the skills necessary to practice competently and independently in the area of laboratory medicine and pathology and demonstrates professional and personal attributes dedicated to the life long learning associated with the practice of medicine. A copy of this final evaluation is maintained in the trainee's permanent file.

Instructions on the use or any questions on the electronic evaluation system may be directed to the Program Administrator.

Trainee Letter of Intent for Subsequent Academic Year - All current trainees must annually complete a contract and sign a letter of intent, which outlines their plans for the next academic year. This document must be returned to the Program Administrator in December of each year.

Reappointment and Advancement of Trainees – Provided the trainee is continually making successful academic progress towards the independent practice of laboratory medicine and pathology, the Department will provide four years of combined anatomic & clinical (AP/CP) and three years of anatomic or clinical pathology only (AP only/CP only) residency training.

The Program Director and/or his faculty designees evaluate a trainee's annual progress and eligibility for promotion at the end of each academic year. For each level of post-graduate training, a trainee is expected to have mastered the medical knowledge, skills, and professional attributes related to the rotations to which they were assigned during that post-graduate year. The coordinating teaching faculty member's written evaluations of the trainee are collectively reviewed for evidence of academic and professional development towards the competent and independent practice of Laboratory Medicine and Pathology and are a major component of this annual evaluation. The decision to advance a trainee is substantially based upon their increasing medical knowledge base; command of knowledge application to patient care; clinical, technical, and professional skills; judgment; interpersonal skills with patients, peers, technical staff, and teaching faculty; and patterns of behavior, if they are outside the usual and customary standards of the profession. Timely compliance with program goals, objectives, policies, regulations, and Program instructions/requests are used as markers for appropriate professional conduct. Physicians-in-training who are deficient or have not shown appropriate improvement in any one of the above areas will not be promoted and placed on academic probation. A physician-in-training that receives an unsatisfactory rotation evaluation is automatically placed on probation for one year and not advanced to the next post-graduate level. A trainee, who receives another unsatisfactory rotation evaluation, while on probation, will be dismissed from the Program. Trainees who fail to remediate at the prescribed level during the probationary period are dismissed from the Program.

Medical Residents who do not meet all requirements for their level of training, who have non-academic behavioral violations, or who are ineligible for continued appointment will not be offered a subsequent annual contract. Trainee contract renewals are done in accordance with Medical School Policies on the Promotion of Residents and Fellows.

Annual ASCP In-Service Examination - All trainees are required to complete the annual ASCP In-Service Examination. While not required, trainees in their post-graduate year may take the examination at their request. The examination will be administered under the conditions set forth by the ASCP. The collective results of this examination will be utilized to evaluate and improve the educational effectiveness of the Program. The individual performance of the trainees will be reviewed during their annual review with the Program Director in order to help the trainee improve the overall quality of their training. However, the results of this examination will not be used in the determination of whether or not a trainee will be promoted to the next post-graduate level. The Department will cover the costs associated with this examination.

Graduation Requirements and Documents - In order to ensure uniform basic training, combined anatomic & clinical (AP/CP) and anatomic or clinical pathology only (AP only/CP only) trainees must successfully complete the corresponding two-year core rotation series in anatomic and/or

clinical pathology. In addition to the rotation requirements, all combined anatomic & clinical and anatomic only trainees must successfully complete the ACGME requirements of required procedures (www.acgme.org) by the time of graduation. Trainees are also required to satisfactorily present a formal 45 minute Departmental Grand Rounds on a current topic of pathology or a research project they completed.

Anatomic or Clinical Pathology Only- Three Year Training:

Completion of the corresponding above two year anatomic or clinical pathology core requirements, a year of approved pathology research or advanced rotations, and an advanced specialty/ fellowship program in a corresponding sub-discipline of pathology.

Hematopathology, Molecular Genetic, Cytopathology, Selective Pathology and Transfusion

Medicine Specialty Programs: In addition to general Program requirements and duties, trainees in these programs must satisfactorily complete the prescribed rotations and duties, as stipulated in their trainee appointment document.

A graduation certificate and summary letter is awarded to trainees who successfully complete all of the above Program requirements, have shown satisfactory progress towards the competent independent practice of Laboratory Medicine and Pathology, and demonstrate professional and personal attributes dedicated to the life long learning process associated with the practice of medicine.

Acceptance of a Training Position at Another Institution - Trainees who accept a position in a different training program, which disrupts their post-graduate training in the University of Minnesota Department of Laboratory Medicine and Pathology Program, release the Department from any obligation to provide four years of combined anatomic & clinical (AP/CP) or three years of anatomic or clinical pathology only (AP only/CP only) post-graduate medical training. Trainee's who leave the Department to train at another institution are solely responsible for making their own arrangements to complete any remaining graduate medical education at the other or another institution.

General Requirements – See www.acgme.org for number of required procedures to be completed during training. Additionally, trainees enrolled in the Anatomic or the Anatomic and Clinical Pathology Training Programs are required to complete 50 autopsies in order to graduate from the Program and be certified eligible by the program for the American Board of Pathology examinations. To maximize a trainee's exposure to forensic pathology and facilitate timely completion of assigned forensic cases, trainees will be relieved of clinical duties on their subsequent rotation for one-half day, during each of the two weeks immediately following the medical examiner's rotation, if forensic cases are still pending.

Specific Requirements: An individual trainee's autopsy experience must meet the following guidelines, as one of several criteria required to graduate from the Program. Residents can only claim autopsies in which they are fully involved in all aspects of the post-mortem examination, including but not limited to review of the medical record, summation of the circumstances of death, external examination of the body, evisceration, dissection of the organs, preparation of the written autopsy report, preparation of the preliminary anatomic diagnosis, review of microscopic findings, review of all ancillary testing, and determination of the cause and manner of death. The above level of involvement is expected for both solo and shared autopsies. In order to consider an autopsy educationally effective, it needs to be completed within 30 days of the patient's death.

Therefore, trainees can only count those autopsies that are completed within this time frame toward their graduation requirement.

See The American Board of Pathology for additional requirements:

http://www.nlada.org/Defender/forensics/for_lib/Documents/1109214143.88/index.html

Minnesota Board of Medical Practice - All trainees are required to obtain and maintain a valid medical training permit or unrestricted license from the Minnesota Board of Medical Practice. Failing to obtain or maintain a current permit or unrestricted license is grounds to preclude successful completion of and be dismissed from the Program.

Hospital and Program Related Committees - Trainees are expected to participate in the institutional programs and medical staff activities of the University of Minnesota Medical School. Towards this goal, trainees should seek appointment to appropriate institutional committees and councils that affect the training program, such as the Graduate Medical Education Committee. In addition, trainees should attend the quality assurance/control, management, and research and development meetings associated with their rotations.

Eligibility for Registration at the University of Minnesota – Medical Residents must continually maintain their eligibility for registration with the University of Minnesota Registrar's Office. All trainees enrolled in the Department of Laboratory Medicine and Pathology Training Programs must be registered with the University of Minnesota Registrar's Office at all times. Similar to maintaining records and meeting compliance guidelines for medical licensing and certification, trainees must take the responsibility to ensure their continual eligibility for registration with the University Registrar's Office. Failing to maintain continuous registration eligibility with the University Registrar's Office will be interpreted as unsatisfactory professional development and cause for immediate action by the Program Director. Trainees who are ineligible for registration will be immediately notified, relieved of their clinical service duties, and given non-clinical administrative program duties for five business days or until their record hold is released.

Non-University of Minnesota Trainee Request for Rotation(s) - All requests from any non-University of Minnesota resident, fellow, trainee or program for a rotation on one of the Program's designated services must be submitted to the Director of Residency and Clinical Fellowship Training for review and subsequent Department Head approval. Additional requirements are identified at <http://www.med.umn.edu/gme/visresfellowinfo/home.html> Final approval from the Program Director, RAFT Committee and Department Head is required for non-University trainees.

Professional Activities Outside of the Training Program (Moonlighting) – Advanced Medical Residents (PGY-3 and above) may accept locum tenens and participate in other forms of "moonlighting" only with prospective written permission of the Program Director and must be in compliance with the Medical School's policy on moonlighting:
http://www.med.umn.edu/gme/prod/groups/med/@pub/@med/@gme/documents/content/med_content_316856.pdf

A Medical Resident must use vacation time for professional activities that are not part of the Program. A corresponding vacation leave form must be completed. Professional activities, outside of the Program, will not be allowed which conflict with scheduled or unscheduled Program expectations or one's service performance. Junior Medical Residents (PGY-2 and below) are not

allowed to participate in locum tenens or other forms of "moonlighting." University professional liability coverage does not extend to locum tenens or any other forms of "moonlighting." A Medical Resident who, without prior written permission from the Program Director, engages in professional/medical activities outside of the Program will be dismissed from the Program. Medical Residents on J-1 visas are not permitted to accept or engage in any employment outside of the Program. A Medical Resident is strongly encouraged to contact the Minnesota Board of Medical Practice before engaging in any medically related activities, which are outside those prescribed by the Program. PGY-1 residents are not allowed to moonlight. All moonlighting must count towards the 80 hours.

Visas – If applicable, a trainee is responsible for obtaining prior to matriculation and maintaining during training a valid J-1 visa. The Department will not consider requests to sponsor H-1B visas. A Medical Resident who requires a visa and does not possess or maintain a valid J-1 visa at matriculation and throughout their training will be terminated.

United States Medical Licensing Examination Requirements – New physicians-in-training (PGY-1) are required to provide documentation that they have passed both Part I and Part II of the United States Medical Licensing Examination (USMLE). Examination results must be valid and not expired for certification purposes both at matriculation and throughout the training program. Applicants who have not passed Part I and II of the USMLE at matriculation are not eligible for admittance into the training program and will forfeit their offer for or be dismissed from their position. Trainees are required to pass Part III of the USMLE before the end of their second post-graduate year of training (PGY-2) (see USMLE policy detailed at <http://www.med.umn.edu/gme/residents/instpolicyman/genpolprocusmle/home.html>). Trainees who do not take or fail to pass all three parts of the USMLE by the end of their second post-graduate year of training will be dismissed. More advanced physicians-in-training (PGY-2 and above) are required to have passed all three parts of the USMLE prior to starting the Program.

Residency and Clinical Fellowship Training Program Advisory Committee (R.A.F.T) - The R.A.F.T. committee meets monthly for the purpose of reviewing and approving the overall structure and function of the Department's residency, advanced specialty, and fellowship training programs. The Committee is chaired by the Residency Program Director (who also serves to represent his or her respective institution on the Committee) and includes equal faculty representation from both anatomic and clinical pathology. The Committee members include faculty members from Abbott-Northwestern Hospital, Hennepin County Medical Center, Minneapolis VA Health Care System, and University of Minnesota Medical Center. The committee members are selected by the Department Head. The Committee has an active agenda and keeps detailed minutes of its meetings. The Committee regularly discusses and is responsible for overseeing and evaluating the program on a monthly basis as well as hosting annual meetings to review the program evaluations from residents and implement subsequent program improvements (minutes on file).

Chief Resident's Advisory Subcommittee and Duties - The Chief Resident's Advisory Subcommittee is composed of four trainees who are annually elected by their peers to assist and advise the Chief Resident. Trainees who accept a position on the Committee are compensated for their work through the addition of \$150.00 to their individual book funds. The Committee is primarily charged with confidentially summarizing the annual written program, rotation, faculty, and training environment surveys completed by their peers. The Committee then presents their findings to the R.A.F.T. Committee. The Committee members also assist the Chief in coordinating trainee activities and conferences. The members are also expected to assist the Chiefs and

Program Director when called upon for other reasons. The Committee is expected to meet at least every other month. If a member is unable to fulfill their duties, a replacement will be appointed by the Chief Resident and Program Director for the remainder of the year.

Evaluation of Program by Trainees - The Program Director meets with the trainees as a group four times a year to discuss issues that they may have or anticipate with their training and/or the overall Program. These meetings are held in place of the core Friday morning conferences. The trainees first meet with the Chief Resident from 7:15 - 8:00 a.m. and then with the Program Director from 8:00 - 9:00 a.m. If possible, trainees should give the Chief Resident agenda items prior to the meeting. In order to facilitate improvements in the quality of our training programs, the Program also requires that each trainee regularly complete several confidential surveys on the Program, its teaching faculty, and its individual rotations. The Program assures trainees of an educational environment in which they may raise and resolve issues without fear of intimidation or retaliation.

Rotations and Teaching Faculty Evaluation - Trainees are required to regularly complete electronic evaluations of their individual rotations and teaching faculty experiences, which reflect upon the rotation's effectiveness in meeting the written curriculum guidelines and facilitating their attainment of the educational goals and objectives. The electronic evaluation system ensures that all trainees participate in the evaluation process and their anonymity. The Program Director provides summary feedback to the R.A.F.T. Committee.

Training Program Survey- An electronic survey is sent out annually to all residents. The results of said survey are collected and reviewed by the RAFT Committee. Improvements/enhancements are then documented and implemented. This information is housed in the Residency Program Administrators Office.

Faculty Member Evaluation of Program - The R.A.F.T. Committee Members review the program as a whole annually along with each of the program rotations, in terms of their written curriculum and ability to facilitate trainee attainment of the goals and objectives. The findings will be reviewed by the complete R.A.F.T. Committee, which will make recommendations for rotation improvement. The Rotation Directors will then provide a brief written response to the Committee, summarizing changes that they have implemented in light of the review and trainee feedback. The performance and quality of the teaching staff are also a part of these faculty evaluations.

Program Reduction or Closure Plan - In the event that the Program would undergo either a size reduction or close, the Program will notify the trainees as soon as possible. While it is unlikely that existing trainees will be displaced by Program closure or Program size reductions, the Medical School will make every effort to assist the trainees in locating another training program where they can continue their education if this occurs.

MONITORING OF RESIDENT WELL BEING

The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents will be evaluated and modified. Residents who identify excessive stress or fatigue in themselves or others need to

contact a faculty member or the program director. Faculty members will work toward an immediate solution when necessary while the program director and faculty work toward a preventive strategy. The program has an established procedure for identifying a substitute should a resident not be able to perform his/her duties during the course of a duty period. The details of this plan are discussed during orientation each year.

Residents and Fellows work closely with faculty and staff at all times and therefore if fatigue does occur, faculty and staff will be able to closely monitor. Should a resident or fellow become fatigued they can alert any faculty or staff member. While call rooms are not typically used by LMP residents and fellows they could be used to rest as well as the residents room. The program follows the institutional guidelines and policy regarding fatigue including transportation home.

<http://www.med.umn.edu/gme/instpolicyman/genpolproccabvouch/home.html>

Program Administration:

(Please refer to Institution Policy Manual at

<http://www.med.umn.edu/gme/residents/instpolicyman/home.html> for Medical School Policies on the following: GME Administration Contact List, GME Administration by Job Duty; GME Organization Chart)

Central Graduate Medical Education Program Administration:**Department Head**

Leo T. Furcht, M.D. 612-625-0932

A.L.R.T. Administrative Center Administrative Director

Linda Kenny 612-625-0441

Designated Institution**Official (DIO)**

Dr. John Andrews 612-626-4009

A.L.R.T. Center GME Manager

Sally Sawyer 612-625-3518

GME Program Director

John Crosson, M.D. 612-624-8133

GME Program Administrator

Gina Deveney 612-624-8133

GME Associate Program Director

Michelle Dolan, M.D. 612-273-5934

GME Assistant to the LMP Residency & Fellowship Program Administrator

Gail Rosenbaum 612-625-7622

Residency and Clinical Fellowship Training Programs (R.A.F.T.) Advisory Committee:

- ✚ Stuart Cameron, M.D., Hennepin County Medical Center
- ✚ John Crosson, M.D., Anatomic and Clinical Pathology Program Director
- ✚ H. Parry Dilworth, M.D., Abbott Northwestern Hospital, Anatomic and Clinical Pathology
- ✚ Patricia Ferrieri, M.D. University of Minnesota Medical Center, Clinical Pathology
- ✚ Evin Gulbahce, M.D., Minneapolis, VA Health Care System, Anatomic and Clinical Pathology
- ✚ J. Carlos Manivel, M.D. University of Minnesota Medical Center, Surgical Pathology
- ✚ Michelle Dolan, M.D., University of Minnesota Medical Center, Clinical Pathology, Associate Program Director
- ✚ Hannah Krigman, M.D., University of Minnesota Medical Center, Surgical Pathology
- ✚ Jon Ritter, M.D., University of Minnesota Medical Center, Surgical Pathology
- ✚ Robyn Reed, M.D., Ph.D., University of Minnesota Medical Center, Surgical Pathology
- ✚ Tony Killeen, M.D., University of Minnesota Medical Center, Surgical Pathology
- ✚ Deborah Powell, M.D. University of Minnesota Medical Center, Anatomic and Clinical Pathology
- ✚ Co-Chief Residents, University of Minnesota Medical Center, Clinical Pathology

Program Directors

- ✚ John Crosson, M.D., Anatomic & Clinical Pathology Residency Program
- ✚ J. Jeffrey McCullough, M.D., Blood Banking/Transfusion Medicine Fellowship Program
- ✚ Michelle Dolan, M.D., Molecular Genetic Pathology Fellowship Program
- ✚ Steve Schmechel, M.D., Cytopathology Fellowship Program Director
- ✚ Robert McKenna, M.D., Hematopathology Fellowship Program
- ✚ J. Carlos Manivel, M.D., Selective (Surgical) Pathology Fellowship Program
- ✚ Betsy Hirsch, Ph.D., Clinical Cytogenetics Fellowship Program
- ✚ John Eckfeldt, M.D., Clinical Chemistry Fellowship Program

Chief Resident's Advisory Sub-Committee Members

Members names on file in Program Administrator's Office

Affiliated Institutional Faculty Site Directors

- ✚ Brad Linzie, M.D., Hennepin County Medical Center
- ✚ Parry Dilworth, M.D., Abbott Northwestern Hospital
- ✚ Evin Gulbahce, M.D., Minneapolis VA Health Care System
- ✚ Andrew Baker, M.D., Hennepin County Medical Examiner

Rotation and Specialty Program Directors

Rotation / Specialty Program Directors and their Associated Administrative, Clerical, and Technical Coordinators are designated within each individual rotation summary. Please see the individual rotation/specialty program summaries in this manual.

Confirmation of Receipt of your Program Policy Manual for Academic Year 2012-2013

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

Resident Name (Please Print) _____

Resident/Fellow Signature _____

Date: _____

Administrator's Initials: _____

Date: _____