



**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION**

**CRITICAL CARE MEDICINE
ANESTHESIOLOGY FELLOWSHIP**
DEPARTMENT OF ANESTHESIOLOGY

**2023-2024
POLICY & PROCEDURE MANUAL**

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Introduction

Explanation of Manual

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

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

Institutional Profile

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

Institutional Responsibilities

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

Departmental Mission Statement

With respect to the Anesthesiology Residency/Fellowship Programs, the missions of the Department are as follows:

1. To provide excellent care to our patient population in the areas of preoperative patient assessment and preparation, surgical anesthesia, perioperative and postoperative pain management, and critical care.
2. To promote patient safety at the departmental and institutional level
3. To provide a strong clinical base employing excellence in clinical education along with clinical experience to anesthesiology fellows.
4. To supplement the clinical teaching with a strong didactic program of lectures, seminars, quality improvement projects, high-fidelity simulations, workshops, case conferences, and visiting professors.
5. To provide a strong research program available to the fellows to complete their education.

6. To ensure that all graduates of the residency are consultant anesthesiologists capable of handling all types of clinical challenges and capable of becoming Board Certified in the specialty.

Program Mission Statement

1. Educate the next diverse generation of Critical Care Physicians who provide equitable and inclusive clinical care for patients, including the most medically complex patients. Educate residents who practice up-to-date evidence-based practice of critical care, and who serve the state of Minnesota and its entire population.
2. Educate fellows who work towards providing compassionate, meticulous, methodical evidence-based management of critically ill patients at their most vulnerable and fragile period of their lives.
3. Educate fellows who work towards balanced pain management for patients with a variety of pain conditions with compassion and accountability. time balanced pain management for patients with a variety of pain conditions with compassion and accountability.
4. Develop innovative educational programs, including a robust quality improvement program, leadership and Diversity, Equity and Inclusion program to allow for the best learning of all residents.

Our mission aligns with the institutional mission of combining scientific and clinical strength to deliver innovative, accountable and compassionate care to patients in the state of Minnesota and surrounding states.

General Program Description

Our program offers two 1-year Critical Care Anesthesiology Fellowship positions to provide the most up-to-date training in the area of adult critical care medicine and develop the clinical skills, confidence, expertise, and collaborative approach needed for the care of complex critically ill patients in a variety of settings.

Departmental Organization Chart



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Appointment and Reappointments

Eligibility Requirements

As per ACGME requirements effective July 1, 2016, applicants for the fellowship must have successfully completed an ACGME accredited residency in anesthesiology or RCPSC/CFPC (Royal College of Physicians and Surgeons of Canada/College of Family Physicians of Canada) accredited training in Canada. In rare cases, an “exceptionally qualified applicant” who has not completed an accredited residency may be considered after assessment by the program director and fellowship selection committee of the applicant’s suitability to enter the program, based on

- prior training and review of the summative evaluations of training in the core specialty
- review and approval of the applicant’s exceptional qualifications by the GMEC or a subcommittee of the GMEC
- satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3
- for an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification

The University of Minnesota Anesthesiology Critical Care Fellowship Program participates in the centralized Anesthesiology Critical Care Fellowship Match, organized by SF Match Fellowship Matching Services. All applicants must apply through SF Match. You can visit sfmatch.org for more information and to register as an applicant.

The following documents need to be submitted to the SF Match Centralized Application Service:

1. Centralized Application Service (CAS) Application for Anesthesiology Critical Care fellowships provided at the [SF Match website](http://sfmatch.org)
2. Three (3) letters of recommendation to SF Match
3. Distribution list of programs
4. Registration payment and fees

The fellowship selection committee will select from among eligible applicants based on their educational preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity.

Non-Discrimination Statement

The Department of Anesthesiology does not discriminate with regard to sex, race, color, creed, religion, national origin, age, marital status, disability, public assistance status, veteran's status or sexual orientation.

Program Specific Visa Policies

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Critical Care Anesthesiology Fellowship sponsors only J-1 visas.

Appointment and Promotions

If the University reduces the size of a residency/fellowship program or closes a program, affected residents/fellows will be notified as soon as possible; and the University will make every effort within budgetary constraints to allow existing residents/fellows to complete their education. In the unlikely event that existing residents/fellows are displaced by a program closure or reduction, the University will make every effort to assist the residents/fellows in locating another residency/fellowship program where they can continue their education.

Requirements for Completion of Training and Graduation

Fellows must complete a curriculum to include at least nine months of clinical experience providing critical care in an intensive care unit, to include:

1. Preoperative evaluation, including respiratory, cardiovascular, and nutritional evaluation
2. Pre-operative and post-operative care of surgical patients
3. Advanced care of injured patients
4. Care of patients requiring abdominal, breast, head and neck, endocrine, transplant, cardiac, thoracic, vascular, and neurosurgical operations
5. Management of complex wounds
6. Minor operative procedures related to critical care medicine, such as venous access, tube thoracostomy, and tracheostomy.
7. In-depth knowledge and skills to manage complex critical care conditions, including acute cerebrovascular, respiratory, cardiovascular diseases, severe sepsis, acute kidney injury, coagulopathy, trauma, multisystem organ failure, critical postsurgical illness.

Policy on Effect of Leave for Satisfying Completion of Program

A trainee can be absent from a program no more than 4 weeks per year. A Trainee who experiences an extended leave illness must extend his or her training program.

Trainee Responsibilities and Supervision

Clinical Responsibilities

Daily Expectations of the Fellow(s)

1. Arrive by 7am to the ICU to receive signout from the overnight team.
2. Pre-round as appropriate and prepare for formal rounds by obtaining information from the medical record and nursing staff.
3. Lead rounds under staff supervision and formulate plans for patients by collaborating with nursing, consulting teams, pharmacy, and dietitian colleagues.
4. Review and interpret patient vital signs, laboratory data and imaging.
5. Lead care conferences and family meetings under the supervision of staff.
6. Maintain a professional and collaborative relationship with other trainees, consultants, ICU team members, and nursing staff.
7. Utilize Point of Care Ultrasound (POCUS) to evaluate patients and adjust treatment plans.
8. Supervise residents performing procedures as appropriate under the direction of staff.
9. Identify signs of patient deterioration and maintain communication with staff at all times.
10. Prepare a handoff and signout to the oncoming fellow at the end of your rotation.

Call Responsibilities

● CVICU - UMMC

- Take “first call” 3 nights per week while on CVICU service between 5pm and 7am which may include providing assistance over the phone or returning to the hospital.
- Any fellow who comes in overnight will be excused from clinical responsibilities the following day.
- The Anesthesiology and Surgery fellows will overlap in CVICU and SH-ICU and cover weekends by rotation. The fellow who covers the weekends will have 2 days off during the week.

● UMMC Night Float

- The fellows will take 3 night float assignments of 4 weekday nights (Monday to Thursday), and 2 night float assignments of 3 weekend nights (Friday to Sunday) per year.
- The overnight call starts at 7 PM each night and ends at 7 AM the next day.
- Any fellow who is in house overnight will be excused from clinical responsibilities the following day.
- The weekend after the 4 weekdays night float will be excused from clinical obligations.
- After a 3 nights weekend night float, the fellow will receive 2 days off the following week.
- The CCM fellow night float call pool will be split between the Anesthesiology, Surgery, and Pulmonary Critical Care fellows.

Non-clinical and Administrative Responsibilities

Didactics Curriculum Anesthesiology Critical Care Fellowship

The fellowship didactic curriculum will be available via google drive and fellows will receive notification of activities via Google Calendar.

Academic Expectations

1. Attend all fellowship didactics unless on vacation or other excused absence.
2. Attend all departmental educational activities, including Tuesday morning Grand Rounds.
3. Attend monthly Critical Care M&M.
4. Complete a QI project during the year.
5. Orient residents and medical students to the ICU.
6. Teach residents and medical students while on service including the preparation of at least one formal lecture per rotation to include relevant literature.

Trainee Supervision

The program will provide fellow supervision that is consistent with proper patient care, the educational needs of the fellow, and the applicable ACGME Review Committee and Common Anesthesiology Critical Care Fellowship Program Requirements.

LEVELS OF SUPERVISION AS PER ACGME:

- **Direct:** the supervising physician is physically present with the resident or fellow during the key portions of the patient interaction or the supervising physician
- **Indirect:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident or fellow for guidance and is available to provide appropriate direct supervision
- **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.

POLICY STATEMENT

The program will ensure that the fellow is appropriately supervised while providing high quality patient care. Appropriate supervision means that the fellow is supervised by the teaching faculty in such a way that the fellow assumes progressively increasing responsibility according to their level of knowledge, proven ability, and clinical experience. The fellowship program director and teaching faculty will determine the level of responsibility assigned to the fellow. The program director evaluates the fellow's abilities based on specific criteria (number of specific cases performed, directly observed performance by faculty, fellow review and evaluation, recommendations of CCC) and per specific national standards-based criteria when available (such as SOCCA and SCCM guidelines). Faculty supervision assignments will be of sufficient duration to assess the knowledge and skills of the fellow and delegate to him/her the appropriate level of patient care authority and

responsibility. At the end of training, the fellow should have acquired the skills necessary to function as an independent consultant in Anesthesiology Critical Care.

Specifically:

- Each patient will have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for the patient's care. This information will be available to residents, fellows, faculty and patients. Fellows and faculty members will inform patients of the respective roles in each patient's care.
- Exceptions to this policy can only be made after consultation with and approval by the supervising faculty.
- The fellow must contact the supervising faculty for this approval prior to each procedure.

For transfer of care from the OR to an intensive care unit or for end-of-life decisions the fellow must always communicate with the supervising faculty.

- At all times the faculty is fully responsible for all aspects of patient care.
- Under no circumstances should a fellow proceed with any procedure unless they have been well trained in performing that procedure and have received approval by their supervisory faculty or program director.
- The following procedures may be conducted under the faculty's indirect supervision as per our departmental policy: consultation with surgical team or specialty services, arterial line placement, central venous line placement, pulmonary artery line placement, POCUS, postoperative pain control management.
- On-call schedules for teaching faculty will be structured to ensure that supervision is immediately and always readily available to fellows on duty.

FELLOW PROGRESS TO A SUPERVISORY ROLE

All ICU patient care will be done with direct or indirect supervision per departmental policy (please see above). The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to the fellow will be assigned by the program director and faculty members. For specific procedures in which the fellow lacks experience, direct supervision will be provided. Under indirect supervision, the faculty intensivist may assign a supervisory role to the fellow in certain tasks of the perioperative anesthesia care. The goal is to allow the fellow appropriate levels of patient care, authority, and responsibility in decision making for all aspects of perioperative anesthesia care of the patients.

EFFECTIVE FELLOW BEHAVIORS

The fellow is expected to follow program policies with an understanding of their limits, scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. The resident supervised by the fellow must know the limits of his/her scope of authority, responsibility, and the circumstances under which varying levels of supervision applied by the fellow and faculty. At any time the fellow may request the physical presence of an attending without refusal.

Monitoring of Well-Being

Program Director is responsible for monitoring fellow 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 fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows will be evaluated and modified.

[UMN Resident and Fellow Health: A Continuum of Needs, Risks, and Benefits](#)

Fellows will participate in the online Wellbeing and Resilience for Physicians course through the Earl E. Bakken Center for Spirituality & Healing.

Fatigue Management

Once a patient care jeopardizing level of fatigue has been identified, the affected fellow and/or identifying peer/staff should contact the Officer of the Day immediately (or, if after hours, the available attending or the senior resident on call) to arrange for an immediate transfer of care to another provider. Cab vouchers for residents too fatigued to drive will be provided by University of Minnesota Medical Center-Fairview and distributed in the following way:

- Monday-Friday daytime hours
Contact Officer of the Day on OR floor or call numbers below
University East Campus - contact the Anesthesia Control Room - (612) 273-2926
University West Campus - (612) 273-4097 or (612) 273-2629
- Evenings and weekends
University East Campus - Anesthesia Control Room - (612) 273-2926
University West Campus - (612) 273-4097 or (612) 273-2629

Conference Attendance Requirements

1. The fellow is expected to attend the SOCCA Annual Meeting (1 day), and the SCCM Annual Meeting (4 days).

Program Curriculum

Clinical Training Sites and Block Schedule

Anesthesiology Critical Care Fellowship Block Schedule

Block	1	2	3	4	5	6	7
Site	1	1	1	2	2	2	1
Rotation	CVICU - Initial	CVICU - Advanced	West - ICU	Tele - ICU	SH ICU - Initial	SH ICU - Advanced	Elective
% Outpatient	0	0	0	0	0	0	0
% Research	0	0	0	0	0	0	20%

Additional Information

Rotation Lengths	CVICU - Initial= 3 months CVICU - Advanced= 3 months West ICU= 1 month SH ICU-Initial= 1 month SH ICU-Advanced= 1 month Tele-ICU= 1 month Elective= 1 month UMMC Night Float= 1 month *see below												
UMMC Night Float Information	The fellow will rotate on four, one week blocks throughout the year to obtain a full month of experience.												
Electives	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">NSICU</td> <td style="width: 50%;">SICU</td> </tr> <tr> <td>MICU</td> <td>ECMO</td> </tr> <tr> <td>POCUS</td> <td>ECHO</td> </tr> <tr> <td>Research</td> <td>Nephrology</td> </tr> <tr> <td>Infectious Disease</td> <td>Radiology</td> </tr> <tr> <td>Palliative Care</td> <td></td> </tr> </table>	NSICU	SICU	MICU	ECMO	POCUS	ECHO	Research	Nephrology	Infectious Disease	Radiology	Palliative Care	
NSICU	SICU												
MICU	ECMO												
POCUS	ECHO												
Research	Nephrology												
Infectious Disease	Radiology												
Palliative Care													

Max # of vacation days per year	15 working days
Sites	1= MHealth University of Minnesota Medical Center 2= MHealth Fairview Southdale Hospital
Abbreviations	ICU= Intensive Care Unit CVICU= Cardiovascular Intensive Care Unit SH ICU= Southdale Hospital ICU
Schedule	The workday will start at 7 AM and end at 5 PM. The Night float will last from 8 PM to 7 AM, Monday through Thursday or Friday through Sunday. The Anesthesiology and Surgery fellows will overlap in CVICU and SH-ICU and cover weekends by rotation. The fellow who covers the weekends will have 2 days off during the week.

University of Minnesota Medical Center

UMMC provides a learning environment in several ICUs including cardiovascular ICU, Surgical ICU, and Neurosurgery ICU. Fellows will have opportunities to work with cardiologists, radiologists, neurologists and various other specialties. The fellows will learn skills sets that include ICU procedures such as line placements, intubations, chest tube placements, bronchoscopy, ECMO management. The exposure to a variety and complex cases means that fellows will become comfortable with taking care of extremely fragile and sick patients. They will also learn how to manage lung, liver and kidney transplant patients both in the OR and in the ICU. While the majority of support and supervision will be done by Critical Care anesthesiologists, the fellows will have ample opportunity to learn different management styles from surgical intensivists, cardiologists, acute care surgeons, and pulmonologists. In addition, fellows will be exposed to and interact with surgical and medical subspecialty physicians

such as nephrologists, gastroenterologists, vascular surgeons, trauma, ENT, thoracic and cardiovascular surgeons. There is ample opportunity to participate in case presentations, supervision of residents and medical students and work alongside advanced nurse practitioners, and Physician assistants.

Fellows will master management of ECMO patients (both VV and VA). The fellows will have didactic presentations from ICU faculty, pharmacy, ECMO physicians, cardiologists, and pulmonologists.

Fairview Southdale Hospital

Southdale has approximately 22 ICU beds which covers both medical and surgical ICU beds. The mixed nature of this ICU provides ample opportunity to see a variety of medical and surgical patients such as neurological, cardiac and general surgical cases. In addition there is a mix of medical patients that allow the fellow to be exposed to complex respiratory disease, cardiac disease, COVID patients, psychiatric and drug overdose patients as well patients with chronic disease and cancer. The fellow works with two faculty who will supervise daily activities, including learning to do ICU procedures such as bronchoscopy, intubations, line placements, chest tubes. Southdale is a referral center like UMMC and receives patients from multiple rural remote locations such as Fairview Range in Hibbing, and Grand Itasca. The patient population is diverse in terms of geographic locations within Minnesota and also because of the Hmong, Somali and Native American populations. In this location, the mix of medical and surgical patients provide a unique blend of case mixes that include acute and chronic lung disease, acute and chronic heart disease, neurological disease (Southdale is a designated stroke center). At Southdale, fellows function as physicians who are working in a semi private practice setting along with faculty. There are no residents currently but we have medical students. The fellow has independence and supervises medical students. Transition to independent practice skills are seamless because the fellow will interact with hospitalists, and specialists who belong to a private practice setting. In addition, fellows will have the opportunity to work alongside anesthesiologists in the OR and gain skills particularly on airway management and sedation. Fellows will be exposed to bedside teaching and POCUS training in the ICU with ICU faculty. End-of-life and palliative care is a challenging aspect of patient care, which is intimately related to most challenging and ethically demanding decisions, planning processes, management of pharmacological agents and most importantly honoring of patient and family wishes and is therefore at the core of the educational program in our fellowship. Fellows will combine their medical knowledge, understanding of appropriate use of consultative services, interpretation of laboratory and imaging studies in an environment where progressive independence is emphasized and supported and the fellow always has the continuity of faculty support appropriate for the fellows' level of development.

Southdale Tele-ICU coverage provides an unique educational experience because fellows will learn alongside faculty how to handle triaging, consulting services to multiple remote rural locations under the M Health Fairview system. In the times of COVID crisis, the fellows would learn how to provide supervision and support to hospitalists and ER physicians who need help in managing COVID patients when there is a bed shortage in the city ICUs. Fellows also learn communications skills, and learn how to address resource issues, bed management, transferring patients and providing support to patients and physicians caring for patients in transit.

Competency-based Goals & Objectives

ACGME COMPETENCIES

(The ACGME competencies are tied to all Goals and Objectives in the various CNP fellowship training tracks and rotations defined below).

Patient Care (PC)- Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge (MK)- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-Based Learning and Improvement (PBLI)- Fellows are expected to develop skills and habits to be able to meet the following goals:

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills (ICS)- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaborations with patients, their families, and health professionals.

Professionalism (Prof)- Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Systems-based Practice (SBP)- Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

GOALS AND OBJECTIVES

- [Cardiovascular ICU Initial Rotation - UMMC](#)
- [Cardiovascular ICU Advanced Rotation - UMMC](#)
- [West ICU Rotation - UMMC](#)
- [Tele ICU Rotation - UMMC](#)
- [Night Float ICU Rotation - UMMC](#)
- [ICU Initial Rotation - Southdale](#)
- [ICU Advanced Rotation - Southdale](#)

Didactics

The program must demonstrate a judicious balance between didactic presentations and clinical care obligations. Clinical responsibilities must not prevent the resident from participating in the requisite didactic activities and formal instruction. The ultimate goal is to produce a consultant anesthesiologist who relates confidently and appropriately to other specialists in addition to being a competent clinical anesthesiologist.

Didactics Curriculum Anesthesiology Critical Care Fellowship

The fellowship didactic curriculum is available via Drive and is updated regularly.

Clinical Education Requirements

Academic Expectations

1. Attend all fellowship didactics unless on vacation or other excused absence.
2. Attend all departmental educational activities, including Tuesday morning Grand Rounds.
3. Attend and organize Journal Clubs
4. Attend multi-disciplinary conferences as directed by PD / APD / ICU faculty.
5. Complete a QI project during the year

Research Requirements

Quality Improvement Project Requirements

The fellow should be able to demonstrate the knowledge and skills necessary to effectively conduct or lead a CQI effort and demonstrate an appreciation for the need to improve quality in health care related to critical care anesthesiology.

The project should be collaborative and interdisciplinary in nature and should aim to build teamwork skills and foster a sense of inquiry and personal responsibility for overall healthcare for our patient population. The fellow should do short (a few months) or long-term projects in groups with other residents, faculty, or other health care providers. The project will be presented at the departmental grand rounds and might be considered for publication in peer reviewed journals.

Project proposal template

- Background Knowledge:
 - ✓ Provide a brief, nonselective summary of current knowledge of the care problem being addressed, and the characteristics of organizations in which it occurs
- Local Problem
 - ✓ Describe the nature and severity of the local specific problem or system dysfunction that was addressed
- Intended Improvement
 - ✓ Describe the specific aim of the proposed intervention (changes/improvements in care processes and patient outcomes)
 - ✓ Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes
- Study Question

- ✓ Specify specific AIM statement of the project
 - Details precisely the primary improvement-related question and any secondary questions that the study of the intervention was designed to answer

Implementation

Fellow should follow the **Plan Do Study Act (PDSA)** cycle approach

- **Plan**
 - Select the Opportunity for Improvement
 - Study the current situation
 - Define why improvement in this area is necessary
 - Health risk of the patient
 - Inefficient delivery of health care
 - Financial
 - Collect and/or review baseline data in the problem area and the current process
 - Analyze the causes and determine factors contributing to the problem
 - Develop a theory for improvement: Aim statement
 - Specific
 - Measurable
 - Processes for formulating ideas for change
 - Critical thinking about the current system
 - Develop a theory for improvement: Methods
 - Qualitative data: Subjective
 - Quantitative: Objective
 - Form an effective team
 - Identify a QI mentor
 - Be sure to include members familiar with all the different parts of the process trying to improve
- **Do**
 - Implement the QI plan and use it as a roadmap for implementing an integrated quality program system-wide. Identify and document problems and unexpected observations that you came across while implementing the plan.
- **Study**
 - Evaluate the QI plan and address the following questions: Did you do what you said you were going to do? Why? Why not? What were the results? How can next year be better? What modifications should be made?
- **Act**
 - On the lessons learned, revise the QI plan for next year, and monitor the plan regularly to determine whether it remains successful over time. Evaluate the QI plan annually.

Evaluation methods

- Feedback and discussion during grand round presentation
- Discuss with QI mentor and team
- Feedback from peer review journal comments submission

Evaluations and Outcomes Assessment

Evaluation Process

Fellows will receive regular discussion and feedback on a case by case or daily basis from faculty. There will be a written evaluation after each rotation completed individually by attending faculty or as a consensus evaluation by the faculty who worked with the fellow during that rotation. This is an assessment of the Fellow's performance during any clinical rotation and will become part of the permanent file and the Program Director will review with the fellow.

Semi-Annual Evaluation

The Clinical Competency Committee will meet twice yearly to discuss fellow performance and complete the Milestone evaluation. Each Fellow will meet with the Program Director or Associate Program Director semi-annually to discuss his or her performance. The purpose of these meetings is to provide feedback to the Fellow, discuss areas of deficiency requiring special attention, and provide counseling on career development.

Evaluation Tools

Evaluation tools used may also include:

- Program director evaluation of participant
- 360 degree evaluation of participant
- Participant evaluation of rotation
- Participant evaluation of faculty/program director
- Participant evaluation of program
- Electronic evaluations
 - Using the MyTips evaluation electronic evaluation app, fellows are evaluated by faculty daily in accordance with the ACGME's core competencies and milestones. The fellows are provided with immediate feedback from MyTips as well as continuous feedback (both written and verbal) on their performance during each rotation and during semi-annual reviews with the Program Director. In general midpoint written evaluations are only done on a rotation in which a trainee is performing sub-optimally. Trainees further acknowledge that their evaluations have been discussed with the Program Director.
 - 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. 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.
 - These evaluations review a trainee's service performance and identify their strengths and weaknesses related to the practice of Anesthesiology. 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, automated emails requesting evaluations of fellows with automated notifications will be sent to faculty members based on epic case logs

- Likewise, fellows are expected to submit their own **anonymous** evaluations of faculty within a timely manner via the MyTips software. These evaluations will be shared with faculty semi-annually after a minimum number is achieved in order to avoid any means of identification of the resident evaluator.

Life Support Certification Requirements

Fellows are required to have current certification in BLS and ACLS.

Annual evaluation of program goals and objectives

The Program Evaluation committee including fellows meets biannually and plays an active role in:

- Planning, developing, implementing and evaluating educational activities of the Program.
- Reviewing and making recommendations for revision of competency-based curriculum goals and objectives.
- Addressing areas of non-compliance with ACGME standards.
- Reviewing the program annually using evaluations of faculty, residents, and others.
- Actively ensuring a continual quality improvement process regarding program outcomes

Program Procedures

Attendance - expectations and reporting instructions

Fellows are expected to report for duty per the rotation specific instructions given above. In case of sickness or unexpected absence, fellows should notify attending staff at the rotation site as soon as possible.

Clinical Work Hours - Requirements and Reporting

Work hours are defined as all clinical and academic activities related to the program; i.e., 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 conferences. Work hours do *not* include reading and preparation time spent away from the work site.

- Max Hours per Week
 - Work hours must not exceed 80 hours per week averaged over a four week period inclusive of all in-house clinical and educational activities, clinical work done from home, call and moonlighting activities
 - In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - To continue to provide care to a single severely ill or unstable patient
 - Humanistic attention to the needs of a patient or family
 - To attend unique educational events

These additional hours of care or education will be counted toward the 80-hour weekly limit.

- Continuous Work Hours
 - Fellows must not exceed 24 hours. Trainees may spend an additional 4 hours to hours to complete transitions in care but no additional patient care responsibilities can be assigned during this time.
- Mandatory Time Free of Duty:
 - Trainees must have a minimum of one day free of work every week (when averaged over four weeks). At home call cannot be assigned during this time.
 - Fellows should have 10 hours and must have eight hours free between work periods.
 - Fellows must be at least 14 hours free of work after 24 hours of in-house work.
- Maximum of In-House On-Call Frequency
 - Fellows must be scheduled for in-house call no more than every third night (when averaged over a four week period).

Call

At-Home Call

- Time spent in the hospital must count toward the 80 hour week limit. At home call is not subject to the every third night limitation however trainees must receive one-in-seven free of work when averaged over a four week period.
- At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident
- Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum will not initiate a new off-work period

Call Responsibilities

UMMC and Southdale ICU call

- Call will be a 24 hour call from 7 am to 7 am during holidays and weekends
- Call during the week will be 12 hour calls from 7 pm to 7 am .
- Post-call will be the next working day and there are no clinical duties for 24 hours.
- In the event of longer workdays in the ICU, the Fellow will have a full 10 hours uninterrupted hours without clinical responsibilities, and resume clinical responsibilities the following day at 07:00 am.
- The call schedule will be completed by the Program director and placed on QGenda.

Reporting Work Hour Violations

In accordance with the [Institution Work Hour Monitoring Policy](#) trainees concerned about continuous work hour violations by their program can contact the Designated Institution Official or send a confidential email to gme@umn.edu.

- Within our program, a work hour violations survey is sent to fellows and a quarterly report is sent to the DIO with any concerning trends.
- Anonymous reporting of work hour violations can occur via a [Qualtrics form](#). Our GME office has access to these reports.

LEAVE POLICIES

Vacation

- Anticipated days away from clinical duties **MUST** be requested in advance.
- Only after the Program Director has signed off on a request and confirmed with the Program Coordinator is it considered approved.
- All fellows are entitled to twenty days (excluding weekends and holidays) free of Departmental duties each academic year. Of these 20 days, 15 are normally used as vacation and five are available for sick leave. Sick leave exceeding beyond these five days **must** be made up either by use of vacation days or additional assignments beyond the normal completion of the program.

Sick

- **All sick days must be reported by the FELLOW.** Email the program director, associate program director and program coordinator to report any unanticipated absences.
- Single sick days require no proof of illness. Sick leave of two days or more may require a physician's statement of legitimate illness

Holidays

Holiday leave is dependent on the requirements of the rotation to which the trainee is assigned. The educational requirements and the 24-hour operational needs of the hospital are taken into consideration when scheduling holiday time off. Fellows are responsible to check with rotation/site directors for requirements reporting on holidays. Fellows are not eligible to receive an annual University of Minnesota issued personal holiday.

Family Medical Leave (FML)

Per federal law, Family Medical Leave (FML) is only available to trainees who have worked at the institution for at least 12 months and who have worked 1,250 hours in the previous 12 months before the leave begins. 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:

1. Your own serious health condition
2. The serious health condition of an immediate family member
3. Caring for a newborn or newly-placed adopted child or foster child
4. 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 (07/01-06/30). The trainee may be eligible for Short Term and Long Term Disability benefits. Department Human Resources staff will determine FMLA eligibility and will provide the trainee with the appropriate paperwork.

Inclement Weather

Fellows who are not able to report to work due to inclement weather and road conditions should check in with attending as soon as possible.

Academic / Educational Leave

Fellows are expected to attend the SOCCA annual meeting (1 day) and the SCCM annual meeting (4 days) and have one presentation presented at one of these meetings.

Bereavement

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.

Parental

The Parental Leave Policy is available at this link: <http://z.umn.edu/gmeimparentalleave>

Jury/Witness 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.

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

Military

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 trainee's 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.

Personal Leave of Absence

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.

Departmental Disaster Plan

Initially fellows are expected to report to their originally assigned hospital/clinic location. In the event the hospital/clinic is affected by the disaster and unable to operate in the usual fashion or if the patient load is skewed by the disaster, some or all of the trainees may need to be reassigned by the DIO after discussion with the Program Director and approval of the DIO with the hospital officials.

Moonlighting - program limitations and reporting requirements

Per ACGME and Departmental policy Anesthesiology Critical Care Fellows are permitted to Moonlight with approval from the program director and GME office.

Impairment

[Resident/Fellow Fitness for Duty Policy](#)

Grievance / Due Process

The following describes the general process for resolving grievances within the residency/fellowship program at the departmental level: Please report any issues or concerns to the Program Director or Vice Chair for Education. At any point, a fellow can also escalate any issues or concerns to the DIO at culican@umn.edu. 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”](#).

- This protocol calls for notice before the action is taken, an opportunity for the resident to appear, and an appeals mechanism.

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 mentors and/or faculty advisors. The quarterly program meetings, and mentor meetings or meetings with the Program Director also provide opportunities for problem resolution. If these usual and customary means of resolving issues do not suffice, the chair 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, and the Program Director. 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 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 PD, site directors and/or faculty members and can also be escalated as indicated.

Discipline/Dismissal for Academic Reasons

A. Grounds

As students, fellows are required to maintain satisfactory academic performance. Academic performance that is below satisfactory is grounds for discipline and/or dismissal. Below satisfactory academic performance is defined as a failed rotation; relevant exam scores below program requirements; and/or marginal or unsatisfactory performance, as evidenced by faculty evaluations, in the areas of clinical diagnosis and judgment, medical knowledge, technical abilities, interpretation of data, patient management, communication skills, interactions with patients and other healthcare professionals, professionalism, and/or motivation and initiative.

To maintain satisfactory academic performance, fellows also must meet all eligibility requirements throughout the training program. Failure or inability to satisfy licensure, registration, fitness/availability for work, visa, immunizations, or other program-specific eligibility requirements are grounds for dismissal or contract non-renewal.

B. Procedures

Before dismissing a fellow for academic reasons, the program must give the trainee:

- Notice of performance deficiencies;
- An opportunity to remedy the deficiencies; and
- Notice of the possibility of dismissal or non-renewal if the deficiencies are not corrected.

Trainees disciplined and/or dismissed for academic reasons may be able to grieve the action through the Conflict Resolution Process for Student Academic Complaints Policy. This grievance process is not intended as a substitute for the academic judgments of the faculty who have evaluated the performance of the trainee, but rather is based on a claimed violation of a rule, policy or established practice of the University or its programs.

Academic Probation

Trainees who demonstrate a pattern of unsatisfactory or marginal academic performance will undergo a probationary period. The purpose of probation is to give the trainees specific notice of performance

deficiencies and an opportunity to correct those deficiencies. The length of the probationary period may vary but it must be specified at the outset and be of sufficient duration to give the trainee a meaningful opportunity to remedy the identified performance problems. Depending on the trainee's performance during probation, the possible outcomes of the probationary period are: removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies cited; non-promotion to the next training level with further probationary training required; contract non-renewal; or dismissal.

Discipline/Dismissal for Non-Academic Reasons

A. Grounds

Grounds for discipline and/or dismissal of a trainee for non-academic reasons include, but are not limited to, the following:

- Failure to comply with the bylaws, policies, rules, or regulations of the University of Minnesota, affiliated hospital, medical staff, department, or with the terms and conditions of this document.
- Commission by the trainee of an offense under federal, state, or local laws or ordinances, which impacts upon the abilities of the trainee to appropriately perform his/her normal duties in the fellowship program.
- Conduct, which violates professional and/or ethical standards; disrupts the operations of the University, its departments, or affiliated hospitals; or disregards the rights or welfare of patients, visitors, or hospital/clinical staff.

B. Procedures

1. Prior to the imposition of any discipline for non-academic reasons, including, but not limited to, written warnings, probation, suspension, or termination from the program, a fellow shall be afforded:

- a) Clear and actual notice by the appropriate University or hospital representative of charges that may result in discipline, including where appropriate, the identification of persons who have made allegations against the trainee and the specific nature of the allegations; and,
- b) An opportunity for the trainee to appear in person to respond to the allegations.

Following the appearance by the trainee, a determination should be made as to whether reasonable grounds exist to validate the proposed discipline. The determination as to whether discipline would be imposed will be made by the respective Medical School department head or his or her designee. A written statement of the discipline and the reasons for imposition, including specific charges, witnesses, and applicable evidence shall be presented to the trainee.

2. After the imposition of any discipline for non-academic reasons, a trainee may avail himself or herself of the following procedure:

- a) If within thirty (30) calendar days following the effective date of the discipline, the trainee requests in writing to the Dean of the Medical School a hearing to challenge the discipline, a prompt hearing shall be scheduled. If the trainee fails to request a hearing within the thirty (30) day time period, his/her rights pursuant to this procedure shall be deemed to be waived.
- b) The hearing panel shall be comprised of three persons not from the residency/fellowship program involved: a chief resident; a designee of the Dean

of the University of Minnesota Medical School; and an individual recommended by the Chair of the Graduate Medical Education Committee. The panel will be named by the Dean of the Medical School or his or her designee and will elect its own chair. The hearing panel shall have the right to adopt, reject or modify the discipline that has been imposed.

c) At the hearing, a fellow shall have the following rights:

- Right to have an advisor appear at the hearing. The advisor may be a faculty member, fellow, attorney, or any other person. The fellow must identify his or her advisor at least five (5) days prior to the hearing;
- Right to hear all adverse evidence, present his/her defense, present written evidence, call and cross-examine witnesses; and,
- Right to examine the individual's fellowship files prior to or at the hearing.

d) The proceedings of the hearing shall be recorded.

e) After the hearing, the panel members shall reach a decision by a simple majority vote based on the record at the hearing.

f) The fellowship program must establish the appropriateness of the discipline by a preponderance of the evidence.

g) The panel shall notify the fellow in writing of its decision and provide the trainee with a statement of the reasons for the decision.

h) Although the discipline will be implemented on the effective date, the stipend of the trainee shall be continued until his or her thirty (30) day period of appeal expires, the hearing panel issues its written decision, or the termination date of the agreement, whichever occurs first.

i) The decision of the panel in these matters is final, subject to the right of the trainee to appeal the determination to the fellow's Student Behavior Review Panel.

3) The University of Minnesota, an affiliated hospital, and the department of the fellow each has a right to impose immediate summary suspension upon a trainee if his or her alleged conduct is reasonably likely to threaten the safety or welfare of patients, visitors or hospital/clinical staff. In those cases, the trainee may avail he or she of the hearing procedures described above.

4) The foregoing procedures shall constitute the sole and exclusive remedy by which a trainee may challenge the imposition of discipline based on non-academic reasons.

PWC PeerConnect

PWC PeerConnect is a joint project between Minnesota Metro Council on Graduate Medical Education and the Physicians Wellness Collaborative and provides a confidential space for you to connect with a supportive colleague who understands what it's like to be a fellow..

1. Download the PWC PeerConnect app and update your contact information and contact preferences.
2. Select who you want to be part of your Peer Support Team. All Peer Support Mentors are recent residency graduates and/or practicing physicians who are passionate about supporting resident's wellbeing.

3. You're ready to use the app! Anytime you want to talk with someone who has walked a similar path, click the "Connect" button and your Peer Support Team will be notified. You will receive a call or text (however you indicated you'd like to be contacted) within 24 hours.

NOTE: The Peer Support Mentors are not therapists, but if you would like additional support, there are extensive resources in the app with therapists and clinicians who specialize in providing care to healthcare workers. You can find more info and filter by location under the Resources tab.

If you have questions or are having any trouble accessing PWC PeerConnect, Please reach out to Amber Kerrigan at kerrigan@metrodoctors.com, Phone: 612-362-3706

Vital Worklife

Vital worklife offers 6 free confidential counseling sessions.

- Call Vital Worklife at 1-877-731-3949
- Identify yourself as a University of Minnesota Fellow
- [More information on Vital Worklife services](#)

State Medical Board Licensure Requirements

Fellows are required to obtain either a Residency/Fellowship Permit or a full Minnesota Medical License from the Minnesota Board of Medical Practice prior to starting the fellowship year.

Medical Records Procedures

Fellows are expected to use Epic to record all cases/procedures.

Pharmacy Procedures

Fellows should follow all pharmacy and drug procedures as required at the site.

Patient Safety Procedures

Fellows should refer to patient safety procedures at each rotation site. Information is available via the UMP Resources intranet.

Needlestick Procedures - Infection Control

Refer to this link for information on needlesticks and infection control:

<https://med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/needle-sticks-blood-borne-pathogen-exposure-management>

Institutional Committees

[Graduate Medical Education Committee](#)

Benefits, Information, and Resources

Paychecks/Payroll

Fellows are paid bi-weekly (every other Wednesday). If you have direct deposit (encouraged) your statement will be accessible on-line only. To access go to www.umn.edu/ohr/hrss. You will need your x.500 number (the beginning of your email address) and your own password.

Insurance

Please see the [Office of Student Health Benefits](#) website with descriptors of the following insurance coverage:

- Health & Dental
- Short and Long Term Disability Coverage
- Professional Liability Insurance
- Life Insurance
- Voluntary Life Insurance
- Insurance Coverage Changes
- [Worker's Compensation](#)

Systems and Communication

University Pagers

Pagers are provided for each fellow. Please obtain initial pager from the Anesthesiology Fellowship Coordinator and confirm it is working.

ID Badges

You are required to wear both a University and University of Minnesota Medical Center badge at all times. Wearing of the University ID badge is a *condition of employment*, so DON'T BE CAUGHT WITHOUT IT due to possible consequences of noncompliance--termination.

E-mail Accounts

E-mail accounts and Internet access are available for each fellow. Computers are available for the fellows to use in the Fellow Room, Anesthesiology Library (B508 Mayo) and throughout the medical center facility.

Social Media Policy

Fellows must adhere to the following:

1. Follow all relevant University policies. Policies include, but are not limited to, maintaining client/patient privacy, professionalism, conduct, ethics, sexual harassment, eCommunication standards, social networking site guidelines, copyright, intellectual property, branding, computer, e-mail and Internet use.

2. Understand that unprofessional behavior within social media is treated in the same manner as unprofessional behavioral in other settings. Any individual posting depictions including, but not limited to, intoxication, drug use, bullying, violent or discriminatory language or behaviors is subject to disciplinary review and processes.
3. Ensure confidentiality and privacy measures are employed in all situations using social media:
 - Client/patient privacy measures taken on social media must be the same as those taken in any public forum.
 - Social media discussions regarding specific client/patient care, research subjects, volunteers or cadavers are prohibited, even if all identifying information is excluded as it is always possible that someone could recognize the individual based upon the context, time stamp or location data.
 - Under no circumstances may photos or videos of clients/patients, research subjects, volunteers or cadavers, including those depicting any body parts (including microscopic) of these individuals, be posted to social media unless specific written permission to do so has been obtained. Failure to obtain permission is a HIPAA violation and subject to sanctions (see University of Minnesota policy on Protected Health Information).
 - Maintain the confidentiality of students, residents, fellows, faculty and staff by not disclosing their professional relationship with the University unless they have given explicit permission to do so.
4. Client/patient contact
 - Do not provide medical or health care advice about individual cases using social media. Individuals with health inquiries must be directed to an appropriate health care setting.
5. Clinical settings
 - Understand and adhere to existing policies or guidelines in each of the clinical settings in which you participate.
6. Students, residents and fellows are strongly encouraged to report inappropriate uses of social media and privacy violations by peers/colleagues and anyone in their learning and/or work environment to their school/program per the established process within the school or training program.

Violations will be handled through the Student Conduct Code and disciplinary measures outlined by the student's, resident's or fellow's program and school.

Stipends

Anesthesiology Critical Care fellows are paid at the Step 5 level. Stipends levels are set by the GMEC and can be found [HERE](#).

[Employee Assistance Program \(EAP\)](#)

The Employee Assistance Program (EAP) provides confidential professional consultation and referral services to address any personal or work concern that may be affecting your wellbeing. You can receive up to eight sessions per issue at no cost.

Laundry Services

Fellows should use scrubs available in locker rooms on outside East or West OR.

Parking

Fellows will be provided with parking cards for access to University lots. Parking will be paid by the department and access will be provided to the East River Road Garage or the Hospital/Patient Ramp.

Book/educational funds

Fellows will be allocated \$2000 for book/travel expenses. Additional funds for attendance at conferences may be available at the discretion of the Program Director and Department Chair.

Confirmation of Receipt of your Program Policy Manual

Please use the link or QR code below to confirm the receipt of the program policy manual:

<https://forms.gle/UrHbwWPeBdGmdAmu5>

