

**UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION**

**2023-2024
POLICY & PROCEDURE MANUAL**

**Department of
Anesthesiology**

**Regional Anesthesia & Acute Pain
Medicine Fellowship Program**

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SECTION 1: PROGRAM INTRODUCTION

Purpose of the Program 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 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 and Goals for Graduate Medical Education.

Institutional Policy Manual

Please refer to the [Institution Policy Manual](#), which 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.

Statement of Diversity and Inclusion

The University of Minnesota Medical School is committed to excellence in fulfilling its mission. We uphold that an environment of inclusiveness, equal opportunity, and respect for the similarities and differences in our community fosters excellence, and that institutional diversity fuels the scholarly advancement of knowledge. An atmosphere where differences are valued leads to the training of a culturally competent healthcare workforce qualified to meet the needs of the varied populations we serve.

The Medical School, as part of the University of Minnesota, shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

The Medical School seeks to attain a diverse learning environment through the recruitment, enrollment, hiring, and retention/graduation of students, faculty, and staff who are underrepresented in medicine and may also be underrepresented in Minnesota.

We strive especially to have our learning community better reflect the demographics of the state by increasing the representation of African-Americans/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong, individuals from rural backgrounds, first generation college students, or those from economically disadvantaged backgrounds.

Statement of Inclusion of Fellowship Program

All fellows in the Department of Anesthesiology including affiliated rotations are subject to these policies.

However, the Regional Anesthesia and Acute Pain Medicine Fellow is appointed as an Instructor or other faculty in the Department of Anesthesiology. All information in this addendum regarding stipend, benefits and duties for regional fellows is superseded by the instructor/faculty stipend and benefits received from the University of Minnesota and University of Minnesota Physicians and the duties for the non-accredited fellowship.

Departmental Mission Statements

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

Our program offers an unaccredited one-year Regional Anesthesia and Acute Pain Fellowship. As a fellow you will work with the Regional Anesthesia and Acute Pain Service (RAPS) staff to master the specialty of regional anesthesia and acute pain management.

The goals of our program are to provide the most up-to-date training in the area of regional anesthesia and acute pain. The fellow will gain experience with the management of acute pain in both the postoperative setting and medical setting. In addition, the fellow will be expected to master all upper extremity, truncal, and lower extremity single-shot and continuous peripheral nerve blocks utilizing ultrasound-guidance as well as peripheral nerve stimulation. Furthermore, the fellow will become skilled at both landmark and ultrasound guided neuraxial techniques.

We strive to promote a positive open learning environment that is stimulating for the fellow. The fellow is encouraged to express his/her opinion, point of view, and rationale about perioperative anesthetic patient management based on supporting evidence.

Feedback is provided continuously in the process of faculty supervision of patient care and mentorship. Our goal is to have our fellows feel supported, encouraged, stimulated and confident in their skills.

Departmental Organization Chart



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General Program Description

Our program offers up to two 1-year Regional Anesthesia and Acute Pain Medicine Fellowship positions to provide the most up-to-date training in the area of regional anesthesia and acute pain. The fellow will gain experience with the management of acute pain in both the postoperative setting and medical setting. In addition, the fellow will be expected to master all upper extremity, truncal, and lower extremity single-shot and continuous peripheral nerve blocks utilizing ultrasound-guidance as well as peripheral nerve stimulation. Furthermore, the fellow will become skilled at both landmark and ultrasound guided neuraxial techniques.

Appointment and Reappointments

Regional Anesthesia and Acute Pain Medicine Fellows receive an appointment as Fellows through the GME office as well as an Instructor appointment through the Department of Anesthesiology and University of Minnesota Physicians.

Eligibility Requirements

To apply for the University of Minnesota Anesthesiology Department's Regional Anesthesia and Acute Pain Medicine Fellowship Program you must:

- Be a fully certified American Board of Anesthesiology (ABA) anesthesiologist or be board-eligible before fellowship training begins
- Obtain a Minnesota Permanent License and DEA license prior to training
- FMG applicants must also be ECFMG certified before submitting their application

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.

The University of Minnesota Regional Anesthesia and Acute Pain Medicine Fellowship Program is not accredited by the ACGME and all applications should be submitted directly to the program. The [Common Application](#) needs to be submitted directly by email to the Fellowship Program Coordinator. After all materials have been received and reviewed you will be notified whether or not you will be invited to an interview.

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 non-accredited Regional Anesthesia and Acute Pain Medicine is no longer on the list of Non-Standard fellowships where ECFMG J1 visas are available. In exceptional circumstances, the department may consider H-1B visas for candidates who have passed the USMLE Step 3 exam, who provide documentation that meets the University of Minnesota requirements, and are eligible for full licensure from the Minnesota Board of Medical Practice.

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 the following rotations:

Duration and rotation schedule

- 3 months Regional Anesthesia and Acute Pain in University Hospital
 - Focus on surgical subspecialties of Cardiac, Thoracic, Oncology, Trauma, Gynecologic Oncology, General Surgery, and Urology
- 3 months Regional Anesthesia and Acute Pain in Riverside Hospital
 - Focus on surgical subspecialties of Orthopedics, Spine, Pediatrics, Obstetrics, and Urology
- 3 months Regional Anesthesia in Ambulatory Surgery Center
 - Focus on managing a busy ambulatory surgery center performing regional anesthesia, and supervising residents and nurse anesthetists
- 1 day per week (45 days) as staff in Ambulatory Center and Riverside Hospital
- 1 week for expected presentation at an academic conference
- 1 month elective with the opportunity for clinical research

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.

SECTION 2: TRAINEE RESPONSIBILITIES AND SUPERVISION

Clinical Responsibilities

The goals of our program are to provide the most up-to-date training in the area of regional anesthesia and acute pain. The fellow will gain experience with the management of acute pain in both the postoperative setting and medical setting. In addition, the fellow will be expected to master all upper extremity, truncal, and lower extremity single-shot and continuous peripheral nerve blocks utilizing ultrasound-guidance as well as peripheral nerve stimulation. Furthermore, the fellow will become skilled at both landmark and ultrasound guided neuraxial techniques.

We strive to promote a positive open learning environment that is stimulating for the fellow. The fellow is encouraged to express his/her opinion, point of view, and rationale about perioperative anesthetic patient management based on supporting evidence.

Feedback is provided continuously in the process of faculty supervision of patient care and mentorship. Our goal is to have our fellows feel supported, encouraged, stimulated and confident in their skills.

Non-clinical and Administrative Responsibilities

Regional Fellows will not normally be expected to perform non-clinical and administrative functions; however, as an Instructor some responsibilities may be assigned by the Department Chair or Division Chief.

Supervision Policy

- A. There must be sufficient institutional oversight to assure that trainees are appropriately supervised. Appropriate supervision means that a trainee is supervised by the teaching faculty in such a way that the trainees assume progressively increasing responsibility according to their level of education, proven ability, and experience. On-call schedules for teaching faculty must be structured to ensure that supervision is readily available to trainees on duty. The level of responsibility accorded to each trainee must be determined by the program director and the teaching faculty.
- B. Policy:
 - a. All patient care is supervised by qualified faculty
 - b. The Program Director will ensure, direct, and document adequate supervision of residents and fellows at all times for their appropriate level
 - c. Residents will be provided with rapid, reliable systems for communication with supervising faculty
 - d. 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
 - e. The supervising physician and/or Program Director must be the ones to determine the level of responsibility given to each resident
 - f. There must be sufficient institutional oversight to assure that trainees are appropriately supervised
 - g. On-call schedules for the teaching attending must be structured to ensure that supervision is readily available to residents on duty
- C. Levels of Supervision
 - a. The staff anesthesiologist must be present in the University of Minnesota Hospital and

- immediately available throughout all anesthetics
- b. It is *always* appropriate for a resident to alert an attending when uncertain how to proceed
 - c. A trainee may request the physical presence of an attending at any time and is never to be refused
 - d. This policy applies to general anesthesia, regional anesthesia for surgical and diagnostic procedures, and monitored anesthesia care (local standby)
 - Direct: the supervising physician is physically present with the trainee and patient
 - Indirect: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision. The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by phone and/or other electronic modalities and is available to provide direct supervision
 - Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered
- D. Path of escalation for reporting concerns and conflicts of interest
- a. Trainees should bring forward concerns of possible violations to their program (including but not limited to the Program Director, Associate Program Director, site director, Chief Resident, mentor, advisor, Vice Chair for Education, DIO, or Department Head)
 - b. If resolution is not achieved, the trainee should bring forward their concern to the Office of Graduate Medical Education (including but not limited to the Associate Dean for GME, Assistant DIO, Organizational Development Manager, or Vice Dean for Education). The trainee may complete a survey through this site.
 - c. Anonymous reporting to the institution can occur through a trainee survey or through the Office of Compliance (UReport).
 - d. Investigation of anonymous reports have been limited by the ability to collect detailed data around violations. Therefore, the DIO encourages confidential reporting to GME (to the DIO or to the Organizational Development Manager) over anonymous reporting to expedite investigation at gme@umn.edu.

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 ASRA and ASA 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 Regional Anesthesia and Acute Pain Anesthesiology.

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.
- It is the department's general policy that all anesthetics and procedures are supervised by an accredited faculty member.
- 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. Fellows are provided with rapid, reliable systems for communication with supervising faculty. On-call schedules for attending faculty are structured to ensure that supervision is readily available to residents and fellows on duty and pager/phone numbers are readily available.
- 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 has 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: Peripheral nerve blocks, fascial plane blocks, and epidurals.
- The attending faculty must determine the level of responsibility given to each fellow, according to their level of training and experience. A fellow may request the physical presence of an attending at any time and is never to be refused.
- On-call schedules for teaching faculty will be structured to ensure that supervision is immediately and always readily available to fellows on duty.
- Refer to the [Institution Policy Manual](#). The program director will ensure, direct, and document adequate supervision of residents and fellows at all times.

Fellow Progress to a Supervisory Role

All anesthetic cases 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 anesthesiologist 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 acute pain 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

The Program Director is responsible for monitoring fellows 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 the fellow. Situations that demand excessive service or that consistently produce undesirable stress on a fellow must be evaluated and modified. If a fellow feels fatigued, stressed, or unable to provide safe patient care, immediately notify the Program Director or faculty member.

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

Conference Attendance Requirements

Fellows are expected to attend the Tuesday morning departmental Grand Rounds and MMM Conferences. Attendance can be in person in the Mayo B-580 conference room/ West Bank Wilf 1&2 or remotely.

The fellow is expected to attend the American Society of Regional Anesthesia and Pain Medicine Conference. Travel expenses for the ASRA Annual Meeting are covered by the department fellow fund. If the fellow does not choose to attend the aforementioned meetings, then they have 5 days to use on alternate meetings. At the discretion of the Program Director and Department Chair, fellows may be given additional time off and funding to attend an additional academic conference if they have a presentation accepted for the meeting.

Section 3: Program Curriculum

General Competencies

The fellows are expected to master the specialty of regional anesthesia and acute pain management. The fellow will gain experience with the management of acute pain in both the postoperative setting and medical setting. In addition, the fellow will be expected to master all upper extremity, truncal, and lower extremity single-shot and continuous peripheral nerve blocks utilizing ultrasound-guidance as well as peripheral nerve stimulation. Furthermore, the fellow will become skilled at both landmark and ultrasound guided neuraxial techniques.

- **Patient Care (PC)**- Trainees 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)**- Trainees 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)**- Trainees 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)** - Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism (Prof)** - Trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- **Systems-based Practice (SBP)**- Trainees 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

Please see [Regional Anesthesia Goals and Objectives](#) for specific fellowship and rotation goals and objectives.

Clinical Rotations and Block Schedule

| Block | 1 | 2 | 3 | 4 |
|---------------|------------|-----------------|---------------------------|------------|
| Site | Site 1 | Site 2 | Site 1 | Site 2 |
| Rotation name | UMMC ERAPS | Riverside WRAPS | Ambulatory Surgery Center | UMMC ERAPS |

Sites:

Site 1- M Health Fairview University of Minnesota Medical Center East Bank (UMMC)

Site 2- M Health Fairview University of Minnesota Medical Center West Bank (UMMC)

Site 3- M Health Fairview University of Minnesota Medical Center Ambulatory Surgery Center

Blocks:

Each block corresponds to a 3 month period. This diagram does not reflect the order of rotation periods.

Rotation Roster:

3 months Regional Anesthesia and Acute Pain in UMMC ERAPS

3 months Regional Anesthesia and Acute Pain In Riverside WRAPS

3 months Regional Anesthesia in Ambulatory Surgery Center of the Clinics and Surgery Center

1 day per week (45 days) as staff in Ambulatory Center and Riverside Hospital

- 3 months Regional Anesthesia and Acute Pain in UMMC ERAPS
 - Focus on surgical subspecialties of Cardiac, Thoracic, Oncology, Trauma, Gynecologic Oncology, General Surgery, and Urology
- 3 months Regional Anesthesia and Acute Pain in Riverside WRAPS
 - Focus on surgical subspecialties of Orthopedics, Spine, Pediatrics, Obstetrics, and Urology
- 3 months Regional Anesthesia in Ambulatory Surgery Center of the Clinics and Surgery Center
 - Focus on managing a busy ambulatory surgery center performing regional anesthesia, and supervising residents and nurse anesthetists
- 1 day per week (45 days) as staff in Ambulatory Center and Riverside Hospital
- 1 week for expected presentation at an academic conference
- 1 month elective with the opportunity for clinical research

Didactics

The Core lecture series will focus on both Regional Anesthesia Techniques as well as Acute Pain Management. There will be 30 scheduled lectures per year given by one of the Regional Anesthesia Pain Service staff at a time and place agreed upon with the fellows.

Regional Rotation Lecture Series

- Lecture 1: Local Anesthetics
 - dose differences based on site/route of administration
 - dose differences for continuous infusion based on site
 - dose consideration on medical conditions
 - anesthetic potency
 - onset of action
 - duration of action
 - motor vs sensory block
 - adjuvants for neuraxial and peripheral
- Lecture 1b: Liposomal Bupivacaine
 - dose
 - Safety
 - Storage
 - Compatibility
- Lecture 2: LAST
 - test dose
 - incremental doses
 - total dose
 - ultrasound observation
 - aspiration before injection
 - patient factors
 - neuro and cv signs/symptoms
 - LA treatment: airway, seizures, cv collapse, intralipids
- Lecture 3: Ultrasound Physics
 - reflection and image generation
 - angle of incidence
 - acoustic properties of tissues
 - reflection at acoustic interfaces
 - resolution
 - effect of frequency
 - effect of depth
 - appearance of vessels, bone, tendons, nerves, fascia
 - appearance of pleura
 - Artifacts
- Lecture 4: Stimulator Physics
 - Electrophysiology
 - effect of polarity
 - effect of frequency
 - effect of distance
 - intra vs extra neural
 - differential nerve sensitivity
 - effect of injection of local/saline
- Lecture 5: Epidurals
 - sites of placement

- when to choose thoracic vs lumbar vs caudal
- cv and pulmonary effects
- factors affecting block height
- clinical effects between thoracic, lumbar, and caudal
- test dosing
- techniques to determine block height
- total spinal
- Subdural complications
- Lecture 6: Spinals
 - CV collapse and pulmonary effects
 - Factors affecting block height
 - High spinal
 - Brady cardia
 - Cauda equina syndrome: Mechanism, incidence, diagnosis, and treatment
 - Transient neurologic syndrome
- Lecture 7: Neuraxial Complications: for each go over risk factors, incidence, symptoms, workup, treatment, clinical course
 - PDPH
 - Epidural hematoma
 - Hypotension
 - Cord damage
 - Intravascular injection
 - Epidural Abscess
- Lecture 8: Anticoagulation in Neuraxial and Regional
 - guidelines for placement and removal
- Lecture 9: CSE and Continuous Spinal
 - When to do CSE
 - When to do Spinal
 - Dosing
- Lecture 10: Neuraxial Opioids
 - Mechanism of action
 - Indications epidural
 - Indications intrathecal
 - Contraindications
 - Side effects/complications
 - Treatment of side effects
 - Monitoring
 - Dose, onset, duration, motor vs sensory block
- Lecture 11: IV regional Anesthesia
 - why exsanguinate
 - cuff occlusion pressure
 - advantage and disadvantage single/double cuff
 - deflation and techniques
 - selection of local anesthetic
 - drug dosing

- special complications; LAST, phlebitis, compartment syndrome, tourniquet injury
- Lidocaine infusions
- Lecture 12: Interscalene and Supraclavicular
 - stimulator technique
 - ultrasound technique
 - Landmarks
 - Indications
 - complications and management
 - ptx, phrenic, horner's, recurrent laryngeal, ptx vertebral artery, dural sleeve, total spinal
 - Dosing
- Lecture 13: Infraclavicular and Axillary
 - stimulator technique
 - ultrasound technique
 - Indications
 - Landmarks
 - complications and management
 - ptx, intravascular
 - Dosing
- Lecture 14: TAP
 - Indications
 - Landmarks
 - ultrasound technique
 - complications and management
 - bowel perforation
 - Dosing
- Lecture 15: PVC and intercostal
 - Indications
 - Landmarks
 - ultrasound technique
 - complications and management
 - nerve root, epidural spread, intrathecal, ptx
 - Dosing
- Lecture 16: Rectus and Iliioinguinal Iliohypogastric
 - Indications
 - ultrasound technique
 - complications and management
 - Dosing
- Lecture 17: Femoral, Saphenous, Adductor
 - Indications
 - Landmarks
 - ultrasound and stim technique
 - complications and management
 - Falls
 - Dosing
- Lecture 18: Fascia Iliaca, Lat Femoral Cutaneous, Obturator

- Indications
- Landmarks
- ultrasound and stim technique
- complications and management
- Dosing
- Lecture 19: Popliteal, Tibial selective
 - Indications
 - Landmarks
 - ultrasound technique
 - complications and management
 - Dosing
- Lecture 20: Sciatic, Lumbar Plexus
 - Indications
 - Landmarks
 - ultrasound technique
 - complications and management
 - epidural spread, kidney injury, retroperitoneal hematoma
 - Dosing
- Lecture 21: Peripheral Nerve Complications
 - mechanism of nerve injury: compression, stretch, ischemia, transection
 - Incidence
 - risk factors
 - Symptoms
 - workup
 - clinical course/treatment
 - Intravascular
 - Hematoma
 - Infection
- Lecture 22: US machine and probe manipulation
 - probe selection
 - depth adjustment
 - frequency filtering
 - gain adjustment
 - color Doppler
 - needle guidance
 - appearance of needle tip
 - in plane advancement
 - detect needles not in plane
 - in plane entry point
 - out of plane approach pros and cons,
 - appearance of needle out of plane
- Lecture 23: Trouble Shoot Neuraxial
- Lecture 24: Trouble shoot blocks
- Lecture 25: Pediatric Regional Anesthesia
- Lecture 26: Adjuvants

- adjuvants to neuraxial
- Adjuvants to peripheral injections
- Adjuvants to peripheral catheters
- Adjuvants to caudals
- Lecture 27: Multimodal Analgesia
- Lecture 28: IV opioids

Regional Anesthesia and Acute Pain Journal Club

This is a quarterly event with the fellow organizing the articles to be discussed and the residents to present the articles.

Regional Anesthesia Simulation and Workshop Sessions

The fellow will participate in or lead 4 simulation or workshop sessions in the area of regional anesthesia and acute pain.

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 / faculty.

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.

Research Requirements

Fellows will have the opportunity to work on a QI project and/or additional clinical research with the approval and direction of the Program Director.

Section 4: Evaluations and Outcomes Assessment

Evaluation Process

Fellows are expected to receive direct feedback on a case-by-case or daily basis. Fellows will receive a monthly evaluation by the Program Director. This is an assessment of the Fellow's performance during any clinical rotation.

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

Life Support Certification Requirements

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

Annual evaluation of program goals and objectives

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

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

Section 5: 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 mechanism

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 call and moonlighting activities.
- Continuous Work Hours
 - Fellows must not exceed 24 hours. Trainees may spend an additional 4 hours to hours to complete transitions in care. Trainees must have at least 14 hours free after 24 hours of in-house duty.

Work Hour Expectations

- Work hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible. Program must obtain permission from the Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.
- 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. There must be at least 14 hours free of work after 24 hours of in-house work.

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

Recording and Reporting Work Hours

Fellows must record work hours in New Innovations Residency Management Suite (RMS). Login and password information is provided to all fellows as part of the on-boarding process. In accordance with the Residency Management Suite (RMS) updating and approving assignments and hours in the work hours policy, trainees are required to accurately record their work hours on a daily basis in RMS.

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 gmedhv@umn.edu.

Leave Policies - program procedures for requesting and document

- **Vacation**
 - Regional Anesthesia and Acute Pain Medicine Fellows will receive vacation as explained during the Instructor Benefit Orientation and the faculty manual. Vacation should be approved by the Program Director in advance.
- **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.

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.

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.

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.

Other types of Leave

Parental Leave

- The Parental Leave Policy is available at this zlink: <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

Moonlighting is permitted with the approval of the Program Director and Department Chair. Moonlighting is not a requirement of the training program. The 45 staffing day requirement of the Fellowship/Instructor appointment is not considered moonlighting.

Impairment

It is the responsibility of any Department member, fellow or employee to report any suspicious activity concerned with substance abuse to the Department Head. Suspicious activity might consist of a sudden change in habits, a change in personality or suspicions about drug counts and handling.

The Department Head will, in consultation with appropriate experts, determine whether any Department member, fellow, or employee is suffering from substance abuse.

Any Department member, fellow or employee judged to be suffering from substance abuse shall be placed on an immediate leave of absence and be required, at their own expense, to enroll in an approved treatment and follow-up program.

Return must be approved by the Department Head and follow the Department's Guidelines for re-entry.

Grievance / Due Process

The following describes the general process for resolving grievances within the residency/fellowship program at the departmental level. 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

- a. 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.
- b. 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. B. Procedures

- a. Before dismissing a fellow for academic reasons, the program must give the trainee:
 - i. Notice of performance deficiencies;
 - ii. An opportunity to remedy the deficiencies; and
 - iii. Notice of the possibility of dismissal or non-renewal if the deficiencies are not corrected.
- b. 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

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

- i. 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.
- ii. 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.
- iii. 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

- a. 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:
 - i. 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,
 - ii. An opportunity for the trainee to appear in person to respond to the allegations.
- b. 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.
 - i. After the imposition of any discipline for non-academic reasons, a trainee may avail himself or herself of the following procedure:
 1. 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.
 2. 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.
 3. At the hearing, a fellow shall have the following rights:
 - a. 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;

- b. Right to hear all adverse evidence, present his/her defense, present written evidence, call and cross-examine witnesses; and,
 - c. 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.
4. 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.
 5. 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.

State Medical Board Licensure Requirements

Regional Anesthesia and Acute Pain Medicine Fellows are required to obtain full licensure from the Minnesota Board of Medical Practice prior to the start date of their appointment.

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](#)

Section 6: Benefits, Information, and Resources

Paychecks/Payroll

The University of Minnesota pays employees biweekly. Each pay period starts on a Monday and ends on a Sunday. Employees are paid every other Wednesday, 10 days after the end of the pay period. Signing up for direct deposit of paychecks is highly recommended.

Insurance

Insurance benefits are as explained during the Instructor Benefits Orientation and available in the faculty employment manual. Contact Sammey Tubesing- flat0122@umn.edu for information regarding Instructor Health, Dental, Short/Long Term Disability Coverage, Professional Liability Insurance, Life Insurance, Voluntary Life Insurance, Insurance Coverage Changes, and Works Compensation.

Systems and Communication

- Pagers
 - Pagers are provided for each fellow. Pagers for call and code pagers are also provided. Please obtain an initial pager from the Anesthesiology Fellowship Coordinator and confirm it is working. Thereafter, damaged or lost pagers can be reported at the front desk of the UMMC (directly in front of the Main Entrance on the 2nd floor). The fee for lost or damaged pagers (currently \$70) will come out of any remaining educational funds or withheld from bi-weekly stipend if none are available.
- 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.
- Email
 - Email accounts and Internet access are available for each fellow. Computers are available for the fellows to use in the Anesthesiology Library, B508 Mayo and throughout the medical center facility.
- Internet Access
 - Internet access for personal computers can be obtained by logging in with your x.500/password to the secure campus Wi-Fi or Eduroam.

- Department Web Site
 - The Anesthesiology department web site is: www.anesthesiology.umn.edu.
- Social Networking Policy
 - While it is recognized that social networking websites and applications are an effective and timely means of communication, fellows must be aware of the importance of maintaining the confidentiality of all patient information and identifiers as well as not compromising the image of their profession and the institutions connected with them.
- Campus Mail
 - Campus mail is available for fellows in the resident library, B508 Mayo.
 - Individual physical mailboxes are provided in the resident library. Mail is distributed on a daily basis. *Please note that fellows are responsible for checking their mailboxes weekly.* Mailboxes should not be used as a storage area.

Department mail address:
 Department of Anesthesiology
 University of Minnesota
 420 Delaware Street S.E.
 MMC Box 294
 Minneapolis, MN 55455

Stipends

Fellows are paid as Instructors at the rate described in the contract and offer letter.

[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.

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 resident.

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](#)

Parking

Regional Fellows will park in the Patient Visitor Ramp. Ramp access will be added to your ID badge when it is issued.

Lockers

Lockers and scrubs will be available at each of the sites.

Departmental funding for travel/book funds

Each fellow will receive \$2500 for educational expenses such as conference travel, books and fees. Funding for additional conference attendance where the fellow has an accepted presentation may be available at the discretion of the Program Director and Department Chair.

Confirmation of Receipt

Regional Anesthesia and Acute Pain Medicine Fellowship Policy Manual

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

<https://forms.gle/UrHbwWPeBdGmdAmu5>

