University of Minnesota
Graduate Medical Education

2024-2025

Program Policy & Procedure Manual

Department of Anesthesiology

Pediatric Anesthesiology Fellowship Program

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CONFIRMATION OF RECEIPT OF YOUR PROGRAM POLICY MANUAL

WELCOME TO THE PROGRAM

A. Purpose
    a. 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.
    b. 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.
B. Profile of Our Institution
    a. Information about Graduate Medical Education at the University of Minnesota is available on this webpage.
    b. The webpage includes our Statement of Commitment, Goals for Graduate Medical Education and our Diversity Statement.
C. Statement of Commitment
    a. The University of Minnesota Medical School is committed to graduate medical education, which emphasizes education and training of physicians to meet the healthcare needs of our region, advancement of knowledge, and leadership in the biomedical sciences and in academic medicine.
    b. With this commitment, the University of Minnesota Medical School will provide adequate funding for administration, personnel, educational, clinical resources, and faculty teaching time to be certain that every program under our institutional sponsorship offers the best possible training environment and educational opportunities.
D. Statement of Goals for Graduate Medical Education
    a. Our goal is to provide the highest quality of graduate and post-graduate medical, professional and educational training to prepare physicians for the practice of specialty and/or subspecialty training, or for the pursuit of academic and research medicine.
    b. The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, marital status, disability, public assistance status, veteran status, or sexual orientation.
E. Statement of Diversity and Inclusion
    a. The University of Minnesota Medical School is committed to excellence. Our mission will only be achieved through embracing and nurturing an environment of diversity, inclusiveness, equal opportunity, and respect for the similarities and differences in our community.

b. We strive to create an atmosphere where differences are valued and celebrated, knowing institutional diversity fuels the advancement of knowledge, promotes improved patient care and fosters excellence. We will train a culturally aware workforce qualified to meet the needs of the diverse populations we serve. We especially strive to have our community better reflect the broad range of identities in our state, including race, ethnicity, gender identity, gender expression, sexual orientation, disability, age, national origin, religious practice, and socioeconomic status.
c. Given the dynamic nature of our community, the Medical School Diversity Statement and Policy should be reviewed biennially to ensure it is current and reflective of our priorities.

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

G. Statement of Inclusion of Fellowship Program
   a. The information contained in this Policy Manual pertains to everyone in the department's programs except as otherwise identified.

H. Department Mission Statement
   a. With respect to the Pediatric Anesthesiology Fellowship Program, the missions of the Department are as follows:
      i. To provide excellent care to our pediatric patient population in the areas of preoperative patient assessment and preparation, surgical anesthesia, perioperative and postoperative pain management, and critical care.
      ii. To promote patient safety at the departmental and institutional level.
      iii. To provide a strong clinical base employing excellence in clinical education along with clinical experience to pediatric anesthesiology fellows.
      iv. To supplement the clinical teaching with a strong didactic program of lectures, seminars, quality improvement projects, workshops, case conferences, and visiting professors.
      v. To provide a strong research program available to the fellows to complete their education.
      vi. To ensure that all graduates of the fellowship program are consultant anesthesiologists capable of handling all types of clinical challenges and capable of becoming Board Certified in Pediatric Anesthesiology.

I. Program Mission Statement
   a. Our program offers a one 1-year Pediatric Anesthesiology Fellowship position accredited by ACGME. Our vision is to be a center of excellence in clinical fellowship training and education and a leader among other Midwest programs.
      i. The University of Minnesota Masonic Children's Hospital provides care for pediatric patients undergoing complex cardiac, craniofacial, neonatal,

neurosurgical, orthopedic, and urological procedures. This clinical volume offers fellows an outstanding clinical experience that is tailored to meet their expectations for a rewarding and challenging fellowship year.

ii. The Anesthesiology department is committed to providing a robust clinical and educational experience for fellows in an environment that fosters scientific inquiry, research and support.

iii. The goals of our program are to provide the most up-to-date training in the area of pediatric anesthesiology and develop the clinical skills, confidence, expertise, and collaborative approach needed for the perioperative care of pediatric patients presenting for complex surgical procedures.

iv. During fellowship, we encourage trainees to acquire and develop skills and advanced knowledge in a highly specialized area of anesthesia difficult to learn in-depth during general anesthesia training. The benefit of our institution is that the fellowship will be an important career point leading to further growth and skills in clinical care, education, high quality research and publications, and networking with other departments.

v. The fellow will be under the direct supervision of and work closely with the pediatric anesthesia attendings during the clinical time in the operating room.

vi. The program provides the fellow experience, teaching, and supervision that is consistent with proper patient care.

vii. The fellow will be supervised by the teaching faculty in such a way that the fellow assumes progressively increasing responsibility and independence according to their level of education, judgment, knowledge, technical skills, and experience with a specific clinical problem and regarding all aspects of perioperative care of the pediatric patient:

    1. Preoperative assessment
    2. Development of anesthesia plan
    3. Intraoperative and postoperative management.

viii. In addition, the fellow will interact closely with the residents during their pediatric anesthesiology rotation, providing guidance and supervision.

ix. The fellow is expected to perform both in a supervisory and teaching role as well as gaining autonomy through working with experienced faculty anesthesiologists.

x. There are opportunities for clinical research and academic inquiry during the fellowship.

xi. We strive to promote a positive open learning environment that is stimulating for the fellow.

xii. The fellow is encouraged to express his/her opinion, point of view, and rationale about perioperative anesthetic patient management based on supporting evidence.

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

J. Program Description and Aims
   a. Our ACGME accredited program offers one position in a one-year Pediatric Anesthesiology Fellowship.
   b. The pediatric anesthesiology fellowship provides training in the principles of pediatric anesthesia.
   c. We are a comprehensive pediatric anesthesiology program where fellows become skilled and proficient in the care of newborns, infants, children and adolescents.
   d. The fellowship program will follow the educational objectives of the ACGME Core Curriculum in its academic and clinical activities.
   e. The pediatric anesthesiology fellow will be evaluated using the following core competencies:
      i. Patient care
      ii. Medical knowledge
      iii. Practice-Based learning and improvement
      iv. Interpersonal and communication skills
      v. Professionalism
      vi. Systems-Based practice

K. Departmental Organization

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PROGRAM POLICIES

A. Appointments and Reappointments
   a. Eligibility and Selection Policy
      i. Prior to their program start date, residents and fellows must provide their program with documentation as listed in the Institutional Policies Manual.
   b. Eligibility Requirements
      i. 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.
      ii. Eligibility requirements can be found on the department web site's Application Process page.
         1. The University of Minnesota Pediatric Anesthesiology Fellowship Program participates in the centralized Pediatric Anesthesiology 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.
         2. The following documents need to be submitted to the SF Match Centralized Application Service:
            a. Centralized Application Service (CAS) Application for Pediatric Anesthesiology fellowships provided at the SF Match website
            b. Three (3) letters of recommendation to SF Match
            c. Distribution list of programs
            d. Registration payment and fees
   c. Non-discrimination Policy
      i. 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.

d. Program Specific Visa Policies
    i. 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, this program sponsors only J-1 Visas.
    ii. Individual requests outside of this policy are reviewed by and at the discretion of the Program Director.
    iii. More information on Visa Sponsorship can be found on the UMN-GME Visa Sponsorship Policy and Eligibility and Selection Policy site.
e. Appointment
    i. 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.
    ii. 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.
f. Requirements for Completion of Training and Graduation
    i. Fellows must complete a curriculum to include at least nine months of clinical pediatric anesthesia experience, to include:
        1. Cognitive training and performance. The fellow will develop comprehensive mastery in the following:
            a. Pre-anesthetic assessment and preparation of the pediatric patient
            b. Pharmacology in pediatric patients
            c. Developmental anatomy and physiology pertinent to pediatric anesthesiology
            d. Interpretation of pediatric laboratory results
            e. Assessment and care of the normal pediatric airway
            f. Intraoperative temperature regulation and its maintenance
            g. Perioperative fluid therapy
            h. Implications of common diseases and surgical interventions in infants and children
            i. Postoperative pain care, its assessment and treatment
            j. Evaluation and care of common pediatric postanesthesia care unit issues
            k. Advanced life support for pediatric patients
        2. Develop expertise and significant experience in the following:
            a. Congenital heart disease: evaluation and perioperative care

b. Evaluation and care of the newborn, infant or child with a difficult pediatric airway
c. Methodologies and goals of mechanical ventilator support in pediatric patients
d. Care of those encountering massive fluid and/or blood loss
e. Pharmacological support of the circulation
f. Considerations for anesthesia care during diagnostic/ therapeutic procedures outside the operating room complex

3. Anesthetic care of major pediatric surgical interventions
    a. Newborn emergencies
    b. Solid organ transplantation
    c. Craniotomy
    d. Craniofacial reconstruction
    e. Scoliosis repair
    f. Pediatric cardiac interventional and surgical procedures
    g. Understanding of chronic pain conditions and options for care
    h. Recognition and care of perioperative vital organ dysfunction
    i. Transport of critically ill pediatric patients
    j. Understanding of the psychological impact of serious medical conditions and surgery on pediatric patients and their families
4. Introductory familiarity with the following experiences:
    a. Pediatric critical care and emergency medicine
    b. Anesthetic evaluation and care for uncommon conditions or procedures with uncertain implications (e.g. care of newborns during the exit procedure)
    c. Appropriate consultation for other specialists
5. Psychomotor training and performance
    a. The pediatric anesthesia fellow will be expected to develop comprehensive mastery in the following:
        i. Care of the normal pediatric airway with and without tracheal intubation
        ii. Vascular access for fluid and pharmacological therapy
        iii. Common peripheral nerve blocks and TAP block
        iv. Intraoperative placement of caudal and lumbar epidural nerve blocks with and without catheter
6. The pediatric anesthesia fellow will be expected to develop significant experience in the following:

a. Techniques for the care of pediatric patients with a difficult airway
b. Vascular access for invasive hemodynamic monitoring
c. Nerve blocks for anesthesia care

7. The pediatric anesthesia fellow will be expected to have introductory familiarity with the following:
    a. Airway care for one-lung ventilation
    b. Intraoperative thoracic epidural nerve block with catheter placement
    c. Nerve blocks for chronic pain care
8. Effective training and performance
    a. The pediatric anesthesia fellow will develop expertise in the following:
        i. The psychological response of the pediatric patient about to undergo anesthesia
        ii. The psychological response of the adult(s) caring for the pediatric patient about to undergo anesthesia
        iii. Methods to develop and demonstrate positive relationships among physicians, paraprofessional staff, pediatric patients and others caring for them.

g. Policy on Effect of Leave for Satisfying Completion of Program
    i. 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.

B. Trainee Responsibilities and Supervision
    a. Clinical Responsibilities
        i. Daily Expectations of the Fellow(s)
            1. The fellow is expected to be dressed and ready at 6:15 am daily in the respective OR.
            2. The fellow should complete or assist and supervise the setup of the OR by the resident (or CRNA) and meet the patient in the preoperative area by 6:45 am, introduce him or herself to the patient and family.
            3. Discuss last minute details of the case at 6:30 am with anesthesia staff.
            4. Accompany patient to OR 5-10 min earlier than the scheduled time (once OR room ready/yellow)
            5. Fellow is expected to either:
                a. supervise the resident under Anesthesia staff supervision, or

b. work as a primary provider of the case under Anesthesia staff supervision.

6. Once the case is completed, the fellow will assist with setup and start over if there is a second case.
7. After assigned cases are finished for the day, the fellow and anesthesia staff will have a 1:1 discussion about the case(s) and daily feedback will be provided (see daily faculty-fellow interaction guideline list)
8. The fellow will look up the next day's case details and discuss the case and management with the anesthesia staff and assigned resident as per rotation goals and objectives. The preoperative anesthesia note written by the resident should be reviewed and cosigned by the fellow.
9. The fellow should sign in on EPIC for every patient record he or she is involved
10. The fellow is expected to finish the cases of the day, unless otherwise indicated by pediatric anesthesia faculty.
11. Call schedule includes one weekday on-call every week and one Friday, one Saturday, and one Sunday per month. The post call day is off if the fellow works past 10:00 PM.
12. The fellow is expected to attend all of the educational activities of the Anesthesiology department including Tuesday morning M and M.

b. Call Responsibilities
   i. At-Home Call
      1. 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.
      2. At home call should not be so frequent or taxing to preclude rest or reasonable personal time for the fellow.
      3. 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
   ii. UMCH Call
      1. Call schedule includes one weekday on-call every week and one Friday, one Saturday, and one Sunday per month. The post call day is off if the fellow works past 10:00 PM. Once approved, the call calendar will be posted in the faculty workroom and on QGenda.

c. Non-clinical Responsibilities
    i. Didactics Curriculum Pediatric Anesthesiology Fellowship
        1. The program will demonstrate a judicious balance between didactic presentations and clinical care obligations.
        2. Clinical responsibilities must not prevent the resident from participating in the requisite didactic activities and formal instruction.
        3. The ultimate goal is to produce a consultant pediatric anesthesiologist who relates confidently and appropriately to other specialists in addition to being a competent clinical anesthesiologist.
    ii. Pediatric Anesthesiology Lecture Series
        1. Respiratory Physiology in Infants and Children
        2. Cardiovascular Physiology in Infants and Children
        3. Regulation of Fluids and Electrolytes
        4. Pharmacology of Pediatric Anesthesia
        5. Preoperative Preparation and Equipment
        6. Pediatric Airway Management
        7. Induction, Maintenance, and Recovery
        8. Pain Management
        9. Regional Anesthesia
        10. Neonatology for Anesthesiologists
        11. Anesthesia for General Surgery in the Neonate
        12. Cardiopulmonary Bypass in Infants and Children
        13. Anesthesia for ASD, VSD, and AV Canal
        14. Anesthesia for TOF, Ebstein's Anomaly and Tricuspid Atresia
        15. Anesthesia for Transposition of the Great Arteries
        16. Hypoplastic Left Heart Syndrome and Single Ventricle Physiology
        17. Anesthesia for Cardiac Catheterization and Non-Bypass Procedures
        18. Anesthesia for Neurosurgery
        19. Anesthesia for General Abdominal, Thoracic, Urologic, and Bariatric
        20. Anesthesia for Pediatric Otorhinolaryngologic Surgery
        21. Anesthesia for Organ Transplantation
        22. Anesthesia for Orthopedic Surgery and Blood Conservation
        23. Anesthesia for the Pediatric Trauma and Burn Patient
        24. Anesthesia and Sedation for Pediatric Procedures Outside the Operating Room and Same-Day Surgical Procedures
        25. Genetic Muscle Disorders and Malignant Hyperthermia

iii. Rotation requirements

1. Anticipated student learning outcomes
    a. The Fellow will be expected to be sufficiently knowledgeable in all clinical aspects of Pediatric Anesthesiology including pre-operative, intra-operative, and post-operative care of pediatric patients.
    b. The Fellow will be expected to be sufficiently knowledgeable in providing anesthesia for both inpatient and outpatient pediatric surgical procedures and for procedures outside of the operating room.
    c. The Fellow will be expected to learn how to provide QC and QA clinical data for practice improvement in Pediatric Anesthesiology.
    d. The fellow will perform or participate in a quality improvement project during the fellowship.
    e. The Fellow will be expected to become competent in pediatric regional anesthesia and in recognition, prevention, and treatment of pain in both medical and surgical pediatric patients.
    f. The Fellow will be expected to gain sufficient knowledge in pediatric critical care to improve patient care in the operative setting.
    g. The Fellow will be expected to develop communication skills such that he or she can communicate clearly with patients, families, physicians and other healthcare professionals to facilitate patient care.
    h. The Fellow will be expected to be able to correlate and integrate clinical data, including laboratory results, to care for both routine and medically challenging pediatric patients.
2. Mastery of the goals and objectives of the program will allow the fellow to obtain the attributes needed to function as an outstanding consultant Pediatric Anesthesiologist.
    a. This includes clinical skills, leadership qualities, and research acumen.

d. Trainee Supervision

i. 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.

1. Policy:
    a. All patient care is supervised by qualified faculty
    b. The Program Director will ensure, direct, and document adequate supervision of the fellow at all times for their appropriate level
    c. There must be sufficient institutional oversight to assure that trainees are appropriately supervised
    d. Levels of Supervision
        i. The staff anesthesiologist must be present in the University of Minnesota Hospital and immediately available throughout all anesthetics
        ii. It is *always* appropriate for a fellow to alert an attending when uncertain how to proceed
        iii. A trainee may request the physical presence of an attending at any time and is never to be refused
        iv. This policy applies to general anesthesia, regional anesthesia for surgical and diagnostic procedures, and monitored anesthesia care (local standby)
        v. <u>Specifically:</u>
            1. 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.
            2. It is the department's general policy that all anesthetics and procedures are supervised by the physical presence (direct supervision) of a faculty member.
            3. The supervising faculty will be clearly identified.
            4. Exceptions to this policy can only be made after consultation with and approval by the supervising faculty.
            5. At all times the faculty is fully responsible for all aspects of patient care.
            6. 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.

7. On-call schedules for teaching faculty will be structured to ensure that supervision is immediately and always readily available to fellows on duty.

vi. Direct supervision: the supervising physician is physically present with the trainee and patient.

vii. Indirect supervision: 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

viii. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.

e. Fellow Progress to a Supervisory Role

i. All anesthetic cases will be done with direct or indirect supervision per departmental policy (please see above).

1. 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.
2. For specific procedures in which the fellow lacks experience, direct supervision will be provided.
3. Under indirect supervision, the faculty anesthesiologist may assign a supervisory role to the fellow in certain tasks of the perioperative anesthesia care.
4. 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 pediatric surgical patients.

f. Effective Fellow Behaviors

i. 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.

ii. 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.

iii. At any time the fellow may request the physical presence of an attending without refusal.

g. Path of escalation for reporting concerns and conflicts of interest
    i. 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)
    ii. 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.
    iii. Anonymous reporting to the institution can occur through a trainee survey or through the Office of Compliance (UReport).
    iv. 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.
h. Monitoring of Fellow Well-Being
    i. The Program Director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction.
    ii. Both the Program Director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows.
    iii. Situations that demand excessive service or that consistently produce undesirable stress on fellows will be evaluated and modified.
    iv. For more information, visit the UMN GME Health Task Force Resources: Monitoring of Wellbeing
    v. Fellows will participate in the online Wellbeing and Resilience for Physicians course through the Earl E. Bakken Center for Spirituality & Healing.
i. Conference Attendance Requirements
    i. Fellows are allowed 5 days to attend educational meetings.
        1. They are expected to attend:
            a. SPA Annual Meeting (2 days).
                i. Travel expenses for the SPA Annual Meeting (2 days) are covered by the department fellow fund.

C. Program Curriculum
a. Program Curriculum/Training Site Information
    i. Clinical Training Sites and Block Schedule
        1. University of Minnesota Masonic Children's Hospital (UMCH)

a. The University of Minnesota Masonic Children's Hospital provides care for pediatric patients undergoing complex cardiac, craniofacial, neonatal, neurosurgical, orthopedic, and urological procedures.
b. This clinical volume offers fellows an outstanding clinical experience that is tailored to meet their expectations for a rewarding and challenging fellowship year.
c. This is the main training site where the fellow will acquire the majority of the training and experience.
d. For the main core rotation, the fellow will act as the primary anesthesia provider or will supervise an anesthesia resident or CRNA under the direct supervision of a faculty anesthesiologist.
e. The attending anesthesiologist will either be present or immediately available for induction of anesthesia, emergence from anesthesia, any procedures and any other critical portions of the anesthetic care of the patient.
f. Over the course of training and as the fellow gains experience, he/she will eventually develop independence and will perform all aspects of the perioperative anesthesia care of the pediatric patient.
g. The progressive increase of autonomy will be based on the development of skills and also patient needs, and will be determined by the attending supervising anesthesiologist.
h. The fellow will be evaluated on a regular basis and will also evaluate the rotation/attending anesthesiologist.
i. The fellow will have all of the standard academic support from this site including office space and support, medical library, access to electronic medical library and books, intra-departmental and cross-departmental conferences and seminars.

2. Narayana Health, Bangalore India
    a. An optional two - four week out of country rotation is offered at Narayana Institute of Cardiac Sciences in Bangalore, India.
    b. The Narayana Institute of Cardiac Sciences is a JCI and NABH accredited heart hospital situated in NH Health City Bangalore.
    c. This superspeciality flagship cardiac hospital of Narayana Health is one of the largest in the world and is equipped with 16 dedicated Cardiac Operation Theatres and 6 Digital Cath Labs of which one is a Hybrid, capable of performing both interventional cardiac procedures as well as complex heart surgeries.
    d. Narayana Institute of Cardiac Sciences performs heart surgeries on both adults and children.
    e. This cardiac center has dedicated critical care beds for post-operative care and performs Cath Lab procedures routinely. It also has an 80 bed dedicated pediatric cardiac ICU, the largest in the world.
    f. Narayana Institute of Cardiac Sciences specializes in complex cardiac surgeries and other cardiac procedures such as pulmonary endarterectomy for chronic pulmonary embolism, aneurysm repairs, electrophysiology, endovascular interventions for aneurysms and radio frequency ablations, valve repairs and ROSS procedures, left ventricular remodeling / Dor's procedure, device closure for ASD and VSD and Tetralogy of Fallot.

b. Didactics
    i. The program must demonstrate a judicious balance between didactic presentations and clinical care obligations.
    ii. Clinical responsibilities must not prevent the fellow from participating in the requisite didactic activities and formal instruction.

c. Clinical Education Requirements
    i. Attend all fellowship didactics unless on vacation or other excused absence.
    ii. Attend all departmental educational activities, including Tuesday morning Grand Rounds.
    iii. Attend pediatric fellow lectures.
    iv. Attend and organize quarterly Journal Clubs.
    v. Attend multidisciplinary conferences as directed by PD / APD / pediatric anesthesia faculty.
    vi. Participate in or complete a QI project during the year.

vii. Conduct or be substantially involved in a scholarly project related to pediatric anesthesiology that is suitable for publication.

d. Scholarly Requirements
    i. Quality Improvement Project Requirements
        1. The fellow should be able to demonstrate the knowledge and skills necessary to effectively conduct or lead a QI effort and demonstrate an appreciation for the need to improve quality in health care related to pediatric anesthesiology.
        2. 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/fellows, 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.
        3. Project proposal template
            a. Background Knowledge:
                i. Provide a brief, nonselective summary of current knowledge of the care problem being addressed, and the characteristics of organizations in which it occurs
            b. Local Problem
                i. Describe the nature and severity of the local specific problem or system dysfunction that was addressed
            c. Intended Improvement
                i. Describe the specific aim of the proposed intervention (changes/improvements in care processes and patient outcomes)
                ii. Specify who (champions, supporters) and what (events, observations) triggered the decision to make changes
            d. Study Question
                i. Specify specific AIM statement of the project
                ii. Detail precisely the primary improvement-related question and any secondary questions that the study of the intervention was designed to answer
            e. Implementation
                i. Fellow should follow the Plan Do Study Act (PDSA) cycle approach
                    1. Plan

a. Select the Opportunity for Improvement
b. Study the current situation
c. Define why improvement in this area is necessary
    i. Health risk of the patient
    ii. Inefficient delivery of health care
    iii. Financial
d. Collect and/or review baseline data in the problem area and the current process
e. Analyze the causes and determine factors contributing to the problem
f. Develop a theory for improvement: Aim statement
    i. Specific
    ii. Measurable
    iii. Processes for formulating ideas for change
    iv. Critical thinking about the current system
    v. Develop a theory for improvement: Methods
    vi. Qualitative data: Subjective
    vii. Quantitative: Objective
    viii. Form an effective team
    ix. Identify a QI mentor. Be sure to include members familiar with all the different parts of the process trying to improve.

2. Do
    a. 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.
3. Study
    a. 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?

4. Act
    a. 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.

ii. Scholarly Project

1. Examples of scholarly projects and ways to disseminate the results include
    a. Preparing and presenting grand rounds;
    b. Preparing and presenting a case analysis at a local, regional, national, or international meeting;
    c. A departmental case presentation or journal club;
    d. Conducting a quality improvement or patient safety study that is disseminated within the department or institution, or as a poster at a local, regional, national, or international meeting;
    e. Conducting research that is disseminated at a local, regional, national, or international meeting.

e. Evaluations and Outcomes Assessment

i. Evaluation Process

1. Fellows will receive regular discussion and feedback on a case by case or daily basis from faculty.
2. 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.
    a. 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.

ii. Evaluation Tools
    1. Evaluation tools used may include:
        a. Faculty evaluation of participant
        b. Program director evaluation of participant
        c. 360 degree evaluation of participant
        d. Participant evaluation of rotation
        e. Participant evaluation of faculty/program director
        f. Participant evaluation of program
        g. In-training exams
iii. Other evaluation methods:
    1. Feedback and discussion during grand round presentation
    2. Discuss with QI mentor and team
    3. Feedback from peer review journal comments submission

D. ACGME General Competencies
    a. The ACGME competencies are tied to all Goals and Objectives in the various CNP fellowship training tracks and rotations defined below.
        i. 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.
        ii. 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.
        iii. Practice-Based Learning and Improvement (PBLI) Fellows are expected to develop skills and habits to be able to meet the following goals:
            1. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
            2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
        iv. 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.
        v. Professionalism (Prof) Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
        vi. 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.

E. Clinical Rotations and Block Schedule

Pediatric Anesthesiology Fellowship Rotation Block Schedule Diagram (12 months)

Block	1	2	3	4	5	6	7	8	9	10	11	12
Rotation	General Pediatric	General Pediatric	General Pediatric	General Pediatric	General Pediatric	General Pediatric	Pediatric Cardiac	Pediatric Cardiac	Pediatric Intensive Care	Non-OR Anesthesia	Pain Management	Elective

Blocks:
Each block corresponds to a one-month period. This diagram does not reflect the order of rotation periods.

Rotation Roster:

1. General Pediatric Anesthesiology (6 months)
    - General Surgery
    - ENT
    - Neurosurgery
    - Plastics/Craniofacial
    - Urology
    - Orthopedics
    - Ophthalmology
    - Dentistry
    - Gastroenterology
    - PACU
2. Pediatric Cardiac Anesthesiology (2 months)
3. Pediatric Intensive Care Rotation (1 month)
4. Pain Management (1 month)
5. Non-OR Anesthesia (1 month)
6. Elective (1 month)

Available Electives:

1. Pediatric Cardiac Anesthesiology (additional one month)
2. Research Elective
3. Away Rotation (2-3 weeks at Narayana Health in Bangalore, India)

F. Competency-based Goals & Objectives

a. Pediatric Anesthesiology Rotation - UMCH

i. By the end of the fellowship, the fellow should be able to:

1. Provide compassionate, appropriate and effective medical care for pediatric patients presenting for all types of elective and emergent surgical procedures, including: pediatric general, neuro, urologic, cardiac, ENT, orthopedic, plastic, and craniofacial surgeries. (PC, PROF, ICS, SBP)
2. Communicate effectively to patients and/or families the risks and benefits of the anesthetic involved for procedures. (PC, PROF, ICS)
3. Demonstrate sensitivity to the concerns of patients and families regarding the anesthetic plan and handle them in a caring and respectful manner. (PC, PROF, ICS)
4. Gather essential and accurate information about the patient including relevant preoperative history and physical, laboratory workup, diagnostic tests, consultation services and other medical data. (ICS, PC, SBP, MK)

5. Provide clinical consultation for both medical and surgical pediatric patients under the direction of pediatric anesthesiology faculty members. (ICS, SBP, PC)
6. Synthesize patient information and formulate an anesthetic management plan for anesthetic induction, maintenance and emergence, perioperative hemodynamic monitoring, and post-operative care. (MK, PC, PBLI)
7. Demonstrate competence in the patient management and peri-operative care of neonates, infants, children, and adolescents. (PC, MK)
8. Demonstrate the ability to manage pharmacologic support of the circulation of the pediatric patients of various ages. (MK, PBLI)
9. Demonstrate the ability to effectively manage both normal peri-operative fluid therapy and massive fluid resuscitation in the setting of acute blood loss. (PC, MK)
10. Recognize, prevent, and treat pain in medical and surgical pediatric patients. (MK, PC, SBP, ICS)
11. Prepare in an orderly and efficient manner all equipment, supplies and medications needed to conduct safe anesthesia. (PC, PROF)
12. Carry out the anesthetic plan for the patient under the direct supervision of the attending pediatric anesthesiologist. (PC, MK, PBLI)
13. Anticipate, prevent, detect and manage common and uncommon perioperative problems in the pediatric population. (MK, PBLI)
14. Perform technical procedures indicated for patient care in an appropriate, safe, and efficient manner, including: insertion of arterial catheters, central venous catheters, epidural catheters, and peripheral nerve catheters. (MK, PC, PBLI)
15. Anticipate and manage pediatric patients with abnormal airways and/or difficult intubation. (PBLI, MK, PC)
16. Safely transport patients to and from the operating room, to and from the intensive care unit (ICU) or post-anesthesia care unit (PACU), with attention to hemodynamic management, sedation, and pain control. (PC, ICS, SBP, MK)
17. Provide post-operative assessment and care for pediatric patients, including critically ill pediatric patients. Perform handoff of care communication that is complete, clear, and timely. (MK, ICS, SBP)
18. Participate in the care of critically ill pediatric patients in the intensive care unit setting. (PC, MK, PROF)
19. Provide safe and effective care in managing the sedation or anesthesia of pediatric patients undergoing procedures or diagnostic testing outside of the operating room. (MK, PBLI, PC)

20. Effectively communicate with the operating room staff including surgeons, nurses, and critical care associates. (PC, PROF, SBP, ICS)
21. Use information technology to optimize patient care. (PC, ICS, SBP)
22. Obtain and maintain certification as a provider of pediatric advanced life support (PALS). (PROF, PC)

ii. Pediatric ICU Rotation - UMCH

1. The pediatric ICU houses critically ill patients requiring either post-operative care following surgical procedures, or critical care for other pediatric patients.
2. The ICU managing team consists of attending pediatric intensivists, pediatric ICU fellows, pediatric residents, and nurse practitioners.
3. Fellows will function as integral members of the PICU team. Responsibilities will include:
    a. Provide postoperative assessment and care for patients who have undergone major surgical procedures.
    b. Follow patients from initial ICU admission to discharge.
    c. The fellow will be the primary provider of care (with supervision by the attending physician) for these patients and will be expected to gather information, present the patient at morning rounds, write the notes, put in orders, insert/remove any lines necessary and coordinate or execute any patient care activities necessary throughout the day.
    d. Fellows should be aware of the protocols that are utilized in the ICU.
    e. The fellows will be present M-F (not on weekends) in the ICU unless they have other scheduled didactic/clinical duties.
    f. Evaluations will be carried out by the supervising attendings and feedback will be provided daily.
    g. By the end of the rotation, the fellow will be expected to:
        i. Provide compassionate, appropriate, and effective medical care for postoperative patients admitted to the PICU. (PC, PROF)
        ii. Communicate and update effectively to patients and families of their condition. (PC, PROF, ICS)
        iii. Convey information and educate the patient and their families regarding interventions. (PC, PROF, ICS)
        iv. Demonstrate sensitivity to patient's and their families' concerns and questions regarding the

patient's progress and handle them in a caring and respectful demeanor. (PC, PROF, ICS)

v. Manage pediatric patients following major surgical procedures, as well as pediatric patients with hypothermia, respiratory failure, acute renal failure, acid-base abnormality, postoperative bleeding/coagulopathy, and cerebrovascular events. (MK, PBLI)

vi. Diagnose and manage pediatric patients with hemodynamic, respiratory and/or metabolic instability. (MK, PBLI, SBP)

vii. Manage post heart, or other solid organ transplant patients, including immunosuppressive regimens. (MK, PBLI, SBP)

viii. Manage common critical care problems, including DVT prophylaxis, stress ulcer prophylaxis, HR and BP control, renal protection, etc. (MK, PBLI)

h. Pediatric Cardiac Rotation

i. The Fellow will act as the primary anesthesia provider under the direct supervision of an Attending Pediatric Cardiac Anesthesiologist.

ii. Over the course of training, and as the fellow gains experience he/she will eventually develop independence and will be performing all aspects of the perioperative anesthesia care of the pediatric cardiothoracic patient. The progressive increase of autonomy will be based on the development of skills and will be determined by the attending supervising pediatric cardiac anesthesiologist.

iii. The fellow will be evaluated on a regular basis and will also evaluate the rotation/attending anesthesiologist.

iv. By the end of the rotation, the fellow should be able to:

1. Provide compassionate, appropriate, and effective medical care for pediatric patients presenting for cardiac surgery. (PC, PROF, ICS)
2. Communicate effectively to families/patients the risks and benefits of the anesthetic involved for their procedure/intervention. (PC, PROF, ICS)

3. Demonstrate sensitivity to patient's and their families' concerns and questions regarding the anesthetic plan and intervention and handle them in a caring and respectful demeanor. (PC, PROF, ICS)
4. Gather essential and accurate information about the patient including relevant preoperative history and physical, laboratory workup, diagnostic tests, consultation services and other medical data. (MK, PBLI, ICS, SBP)
5. Synthesize patient information and formulate an anesthetic management plan for anesthetic induction, maintenance and emergence, perioperative hemodynamic monitoring, and postoperative care of pediatric congenital heart disease patients. (MK, PBLI)
6. Carry out the anesthetic plan for the patient under the direct supervision of the Pediatric Cardiac Attending Anesthesiologist. (MK, PBLI)
7. Prepare in an orderly and efficient manner all equipment, supplies and medications needed to conduct safe anesthesia in pediatric patients with congenital heart disease. (PROF, PC)
8. Form a management plan for initiation, maintenance, and separation from cardiopulmonary bypass. (MK, PBLI)
9. Anticipate, prevent, detect and manage common and uncommon perioperative problems and complications. (MK, PBLI)
10. Perform technical procedures indicated for the pediatric cardiac patient in an appropriate, safe and efficient manner (MK, PBLI, PC, PROF):
    a. Arterial catheter
    b. Central venous catheters
    c. TEE probe insertion
11. Safely transport pediatric cardiac patients from the OR to the ICU or PACU and vice versa with attention given to hemodynamic

management, sedation, and pain control. (PC, MK, PBLI, SBP, ICS)

12. Perform patients' handoff of care that is complete, clear, and timely. (PC, PROF, ICS)
13. Manage pediatric patients with mechanical assist devices, including ECMO, Berlin heart or other ventricular assist devices. (MK, PBLI)
14. Effectively communicate with the operating room staff including perfusionists, surgeons, nurses, and critical care associates. (PC, PROF, SBP, ICS)
15. Use information technology to optimize patient care. (MK, PC)
16. By the end of the rotation, the fellow should be able to:
    a. Understand pediatric congenital cardiac physiology. (MK, PBLI)
    b. Understand pediatric critical care pharmacology: inotropes and vasoactive agents, basic antibiotic therapy, common sedatives and analgesics, drug pharmacokinetics and monitoring of side effects. (MK, PBLI)
    c. Understand the pathophysiology of cyanotic and non-cyanotic pediatric congenital heart lesions and interpret cardiac catheterization and echocardiographic data. (MK, PBLI)
    d. Appreciate the natural history, medical management and surgical repair of pediatric congenital heart lesions. (MK, PBLI)
    e. Demonstrate safe placement and use of invasive lines: arterial and central venous catheters and insertion of the TEE probe. (PC, MK, PBLI)
    f. Understand the indications, utility, interpretation, and complications of the various transthoracic intracardiac lines (left and right atrial

lines, pulmonary arterial lines). (MK, PBLI)

g. Be familiar with the principles of cardiopulmonary bypass in children. (MK)
h. Appreciate and know the different anesthesia techniques for the different types of congenital heart surgery. (MK)
i. Understand the various cannulation and perfusion techniques that are used in congenital cardiac repairs (deep hypothermic cardiac arrest, regional low-flow perfusion, bicaval cannulation, temperature adjusted cardiopulmonary bypass flows) (MK)
j. Learn various strategies to ensure adequate myocardial protection (MK, PBLI)
k. Recognize the anatomy for the most common congenital heart defect and understand the surgical repair/palliation (MK, PBLI):
    i. Atrial septal defect
    ii. Ventricular septal defect
    iii. Patent ductus arteriosus
    iv. Complete A-V canal defect
    v. Tetralogy of Fallot
    vi. Hypoplastic left heart syndrome
    vii. Single Ventricle other than above
l. Understand the management of arterial blood gases. (MK, PBLI)
m. Know the strategies for altering systemic and pulmonary vascular resistances to manipulate shunt blood flow. (MK, PBLI)
n. Know the indications for and antibiotic choice for subacute bacterial endocarditis prophylaxis. (MK, PBLI)

o. Become familiar with intraoperative TEE in pediatric congenital heart disease. (MK, PBLI)
p. Become familiar with the anesthetic management of pediatric cardiac catheterization procedures including hybrid procedures. (MK, PBLI)
q. Understand the principles of the postoperative management of pediatric cardiac surgery patients. (MK)
r. Understand and implement the current ACC/AHA guidelines for acute resuscitation of pediatric patients using the PALS algorithm. (MK)
s. Understand the psychosocial impact of congenital heart disease on patients and their families. (PROF, PC, ICS)

iii. Research Rotation

1. This is an elective one-month rotation participating in a research project.
2. By the end of this month, the fellows should have developed an understanding of research methodology and principles and will be expected to publish in peer-reviewed journals or present their work at local, regional or national professional meetings.
    a. The fellow will be apprenticed to an experienced mentor who has the time and experience to work with the fellow.
    b. The rotation will be performed at the University of Minnesota Masonic Children's Hospital.
3. The fellow will be evaluated by the mentor and will also evaluate the rotation/attending anesthesiologist.

iv. Competencies

1. By the end of the fellowship, the fellow should be able to:
    a. Research and appraise the medical literature and/or scientific evidence relevant to the anesthetic and perioperative care of pediatric patients.
    b. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies relevant to patient management.

c. Identify areas for self-improvement by analyzing practice experience and perform practice-based improvement experience.
d. Conduct performance improvement based on regular feedback and self- evaluation.
e. Improve patient care by increasing coordination of services and participate in interdisciplinary teams, especially for complex problems.
f. Attend and contribute to pediatric anesthesia related conferences and educational activities.
g. Display characteristics of continuing education by attending educational activities, reading pertinent journals and implementing techniques and knowledge.
h. Facilitate the learning of residents, medical students and other healthcare professionals.

v. Interpersonal and communication skills

1. The fellow must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
2. By the end of the fellowship, the fellow should be able to:
    a. Communicate effectively with patients and families to maximize their understanding of the management plan including risks, benefits and alternatives.
    b. Communicates and works effectively and respectfully with all of the teams involved in the care of the patient – preoperative staff, intraoperative nursing, perfusion, anesthesia techs, surgical and anesthesia care providers, laboratory staff, and the postoperative ICU and PACU team.

vi. Professionalism

1. The fellow must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.
    a. Demonstrate compassion, respect and integrity when interacting with patients, families and all of the teams and persons involved in the care of patients.
    b. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.
    c. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care,

confidentiality of patient information, informed consent and business practices.

d. Comply with all policies regarding documentation in accordance with departmental and/or hospital policy.
e. Display a commitment to excellence and on-going professional development.
f. Be punctual for conferences, didactic lectures, and all patient care interactions.

vii. Systems based practice

1. The fellow 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.
2. By the end of the fellowship, the fellow should be able to:
    a. Advocate for quality patient care.
    b. Practice cost-effective and safe anesthesia care that does not compromise quality of care.
    c. Understand how the anesthetic plan can impact patient outcomes.
    d. Understand the economic ramifications of the anesthetic plan and utilization of resources.
    e. Understand the safety issues pertaining to pediatric surgery patients.
    f. Participate in multidisciplinary teams to assess, coordinate and improve the care of the pediatric surgery patient.
    g. Have a broad understanding of different medical systems and methods of controlling health care costs especially pertaining to pediatric surgery patients.
    h. Understand the impact of personal professional practice, health care teams and health care organization on the community and society.

viii. 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 pediatric fellow lectures.
4. Attend and organize quarterly Journal Clubs.
5. Attend multidisciplinary conferences as directed by PD / APD / pediatric anesthesia faculty.
6. Complete/participate in a QI project during the year.

G. Life Support Certification Requirements
    a. Fellows are required to have current certification in ACLS, BLS & PALS.
H. Annual evaluation of program goals and objectives
    a. The Program Evaluation committee (PEC) including fellows meets annually and plays an active role in:
        i. Planning, developing, implementing and evaluating educational activities of the Program.
        ii. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives.
        iii. Addressing areas of non-compliance with ACGME standards.
        iv. Reviewing the program annually using evaluations of faculty, residents, and others.
        v. Actively ensuring a continual quality improvement process regarding program outcomes
I. Semi-Annual Evaluation
    a. The Clinical Competency Committee (CCC) will meet twice yearly to discuss fellow performance and complete the Milestone evaluation.
    b. Each Fellow will meet with the Program Director or Associate Program Director semi-annually to discuss his or her performance.
    c. 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.

PROGRAM PROCEDURES

A. Attendance
    a. 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.
B. Clinical and Educational Work Hours
    a. 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.
        i. Max Hours per Week
            1. Work hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities
        ii. Continuous Work Hours
            1. 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.
C. Work Hours Policy
    a. The purpose of this policy is to outline ACGME work hour requirements and the responsibilities of the fellows, the program, and the sponsoring institution.
    b. Policy Statement: all programs are required to adhere to and monitor compliance of their trainees with the ACGME duty hour standards as outlined in the revised ACGME Common Program Requirements. Programs must also follow the program-specific guidelines as outlined by their individual Review Committees (RCs). The sponsoring institution monitors program's adherence to the duty hour requirements through regular review of work hour violations in RMS, the Internal Review process as well as annual review of program manuals to ensure the proper policies are in place. Concerns about continuous work hour violations not adequately addressed by their program can be reported to the Designated Institutional Official at gme@umn.edu. Anonymous reporting of work hour violations can occur via a Qualtrics form. Trainees may also report violations directly to the ACGME.
    c. Principles:
        i. The program must be committed to, and be responsible for promoting patient safety, fellow well-being, and to providing a supportive educational environment
        ii. The learning objectives of the program must not be compromised by excessive reliance on fellows to fulfill service obligations

iii. Didactic and clinical education must have priority in the allotment of fellows' time and energy
iv. Work hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients
v. Responsibilities of Program:
1. Programs must ensure that appropriate levels of supervision are provided to each trainee based on their level of training. Programs must enhance their current supervision policies to include the new ACGME requirements.

D. Work Hours (formerly known as Duty Hours)
a. Work hours are defined as all clinical and academic activities related to the program, including 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.
b. Work hours do *not* include reading and preparation time spent away from the work site.
c. Providing trainees with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and trainees' well-being.
d. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents/fellows to fulfill service obligations.
e. Didactic and clinical education must have priority in the allotment of trainees' time and energies.
f. Work hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patients.

E. Maximum hours per week
a. Work hours must not exceed 80 hours per week, when averaged over a four week period and inclusive of call and moonlighting activities; this will be taken very seriously.
b. Fellows who are at risk of violating work hour rules have an obligation to inform program leadership so that coverage can be arranged to avoid violation.
c. In the event that there is a pattern of persistent violations, corrective action will be taken by the Program Director and Chair.
i. In rare instances in which the fellow feels the violation relates to patient safety, unusual patient condition, or specific fellow interest, the work hour violation will be tolerated only to a strictly limited extent and must be documented accordingly
ii. Fellows no longer need to record their own duty hours as the GME will ask the Program Director/Program Coordinator to attest to any duty hours violations quarterly

iii. Please notify the Program Director or Program Coordinator of any impending or possible violations so they can be resolved immediately

F. Work Hour Exceptions
   a. Work hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible.
   b. Programs must obtain permission from the Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.

G. Mandatory Time Free of Duty
   a. Trainees must have a minimum of one day free of duty every week, when averaged over four weeks. At home call cannot be assigned during this time.
   b. 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.

H. Institutional Leave Policies
   a. Administrative Leave of Absence
   b. Bereavement Leave: Policy details can be found at http://policy.umn.edu/hr/fmla.
   c. Earned Sick and Safe Time (ESST)
   d. Family Medical Leave (FMLA)
      i. 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.
      ii. 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.
      iii. Trainees must consult with their program to determine if they are eligible.
      iv. With the proper medical documentation and supervisor approval, FML 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
      v. Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (ex: 07/31-07/30). 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.
   e. Medical & Caregiver Leave
   f. Holiday Leave
      i. Holiday leave is dependent on the requirements of the rotation to which the trainee is assigned.

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

g. Military, Court Appearance, or Civic Duty Leave
   i. http://policy.umn.edu/hr/milcourtcivicleave
h. Parental Leave
   i. Please contact the Program Coordinator and Program Director when scheduling Parental Leave.
   ii. Compliance with the GME Leave of Absence is also required.
i. Personal Leave
   i. Please contact the Program Director and Program Coordinator regarding scheduling a Personal Leave of Absence or a Professional Leave of Absence
   ii. See http://policy.umn.edu/ for required compliance details
j. Professional Leave
k. Vacation Leave
   i. Anticipated days away from clinical duties MUST be requested in advance.
   ii. Only after the Program Director has signed off on a request and confirmed with the Program Coordinator is it considered approved.
   iii. 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.
l. Other Program Leave Time
   i. Academic / Educational Leave
      1. Fellows are expected to attend conferences
   ii. Sick Days
      1. All sick days must be reported by the FELLOW. Email the program director, associate program director and program coordinator to report any unanticipated absences.
      2. Single sick days require no proof of illness. Sick leave of two days or more may require a physician's statement of legitimate illness

iii. Departmental Disaster Plan

1. 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.

I. Moonlighting

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

J. Impairment/Fitness for Duty Policy

K. Inclement Weather

L. Grievance/Due Process

a. 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".

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

ii. 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.

1. The quarterly program meetings, and mentor meetings or meetings with the Program Director also provide opportunities for problem resolution.

a. 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.

b. 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.

2. 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.

3. 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.
4. 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.
5. 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.
    a. Staff members of the EOAA are available to consult directly with fellows or supervisors/administrators.
6. Reporting of discrimination or harassment may be done through UReport anonymous online reporting system.
7. Residents & fellows may also review the program faculty yearly through an anonymous evaluation which is then reviewed by the Program Director(s).
8. Any concerns are then addressed with the PD, site directors and/or faculty members and can also be escalated as indicated.

iii. **Disciplinary & Corrective Action Policy**

1. Discipline/Dismissal for Academic Reasons
    a. Grounds
        i. 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.

ii. 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

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

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

ii. 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.

2. Academic Probation

a. Trainees who demonstrate a pattern of unsatisfactory or marginal academic performance will undergo a probationary period.

i. The purpose of probation is to give the trainees specific notice of performance deficiencies and an opportunity to correct those deficiencies.

ii. 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.

iii. Depending on the trainee's performance during probation, the possible outcomes of the probationary period are:

1. Removal from probation with a return to good academic standing;

2. Continued probation with new or remaining deficiencies cited;
3. Non-promotion to the next training level with further probationary training required; contract non-renewal; or dismissal.

3. Discipline/Dismissal for Non-Academic Reasons
    a. Grounds
        i. Grounds for discipline and/or dismissal of a trainee for non-academic reasons include, but are not limited to, the following:
            1. 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.
            2. 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.
            3. 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.
        ii. 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.

2. 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.
3. 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.

4. 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.

5. 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.
6. 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.

M. State Medical Board Licensure Requirements
N. Needlestick Procedures - Infection Control
    a. All needle sticks must be reported via this GME site/form within the first 24 hours.
    b. Blood borne pathogens are serious business; please treat them as such for your own safety.
    c. Please encourage peer residents/fellows to report any incidents using the same site/form.
O. Patient Safety Procedures
    a. Fellows should refer to patient safety procedures at each rotation site.
    b. Information is available via the UMP Resources intranet.
P. Institutional Committees
    a. Graduate Medical Education Committee
Q. Social Networking Policy
    a. 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.
    b. Please be aware of the Social Networking and Media Policy; fellows who violate University policies may be subject to adverse academic actions that could include a letter of reprimand, probation or dismissal from the program.

BENEFITS, INFORMATION AND RESOURCES

A. Insurance
    a. Please see the Office of Student Health Benefits website with descriptors of the following insurance coverage:
        i. Health & Dental
            1. New academic year rates update on website end of April
        ii. Short and Long Term Disability Coverage
        iii. Professional Liability Insurance/Medical Malpractice Insurance
            1. Please visit this site for Professional Liability Insurance information, including policy numbers and coverage details.
        iv. Life Insurance
        v. Voluntary Life Insurance
        vi. Insurance Coverage Changes
        vii. Worker's Compensation

B. Systems and Communication
    a. Email Accounts
        i. Email accounts are available for each fellow. Fellows are required to maintain a University of Minnesota email account which *must be checked* on a 24-hour basis (except in rare instances – travel, etc.), as this is the Department's preferred method of communication.
        ii. Due to HIPAA laws ALL transfers of possible restricted patient information must take place on an @umn.edu account that is encrypted. Fellows should not forward their @umn.edu account to other unsecure mail services for this same reason.
    b. Internet Access
        i. Computers are available for the fellows to use in the Anesthesiology Fellow Lounge and throughout the medical center facility.
        ii. Internet access for personal computers can be obtained by logging in with your x.500/password to the secure campus Wi-Fi or by plugging directly into a physical jack, logging in with your x.500 at this link, clicking on the register new address button, and then entering your hardware MAC address.
    c. Pagers
        i. Personal pagers are provided for each fellow.
        ii. Pagers for call and code pagers are also provided on certain rotations.
        iii. You will receive your personal pager in your orientation from the Program Coordinator. Thereafter, damaged or lost pagers can be reported at the front desk of the UMMC East Campus (directly in front of the Main Entrance on the 2nd floor). The fee for lost or damaged pagers (currently $65, subject to change at any time) will come out of any remaining educational funds, or withheld from bi-weekly stipend, if educational funds are not available.

d. Campus Mail
    i. Individual mailboxes are available for fellows in the Fellow Lounge.
    ii. Mail is distributed on a daily basis.
    iii. Please note that fellows are responsible for checking their mailboxes weekly.
    iv. 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

C. Stipends
a. Stipends paid to residents and fellows in Anesthesiology will be dependent on the range of remuneration negotiated between the Association of Teaching Hospitals and the University of Minnesota.
b. For the current stipend rates, please see the Stipend/Pay section here.
c. Pediatric Anesthesiology fellows are paid at the Step 5 level.

D. Employee Assistance Program (EAP)
a. 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.

E. Medical Records Procedures
a. Fellows are expected to use Epic to record all cases/procedures.

F. Medical Records
a. Fellows use the ACGME Case Logs to log all procedures conducted during their training. Complete, accurate and up to date record keeping is not only an essential part of their professional duties, but also for comprehensive patient care. In recognition of this case logs are reviewed regularly by the coordinator and Program Director for the above as well as progress towards completion of the minimum clinical experience level required by the ACGME.
b. Comprehensive, timely and legible medical records are an element of their rotational and quarterly evaluations and are reviewed by the coordinator and Program Director and at regular Clinical Competency Meetings.
c. A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of fellows, quality assurance activities, and provide a resource for scholarly activity.

G. Pharmacy Procedures
a. Fellows should follow all pharmacy and drug procedures as required at the site.

H. Payroll Information
    a. Fellows are paid bi-weekly (every other Wednesday. If you have direct deposit (encouraged) your statement will be accessible on-line only.
        i. 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.

I. Laundry Services
    a. Fellows should use scrubs available in locker rooms on the outside East or West OR.

J. Parking
    a. 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.

K. Professional Education Fund Policy ("Book Fund")
    a. Fellows will receive an allocation of $2,000 per year to be used for educational materials and education-related travel expenses. Unspent funds will carry forward each year and be available for use.
    b. Fellows may be required to make purchases from their Education Funds for things such as a missing/lost pager. If Education funds are not available, fellows should understand they will be invoiced for these fees and will need to cover the expense out of pocket.
    c. All purchases must show a clear benefit to supporting the educational growth of the resident/fellow, and therefore be in the interest of the University of Minnesota.
    d. All purchases/fees must be made/submitted 1 month prior to leaving the University (by 5/31 if graduating on schedule), to ensure appropriate accounting and use of funds; any remaining funds will revert back to the department.
    e. Please note that this fund can be temporarily suspended or permanently lost for becoming non-compliant with department requirements, regulations and/or policies (for example noncompliance with completion of training, completion of mandatory surveys, etc).
    f. Examples of allowable* Education Fund expenses:
        i. Books and published materials
        ii. Equipment (electronic equipment purchases are the property of the University of Minnesota and must stay at the University once the trainee leaves).
        iii. Conference registration and attendance (requires pre-approval; details below).

g. Examples of unallowable* Education Fund expenses:
    i. Apparel (exceptions: stethoscope holder)
    ii. Gift cards
    iii. Professional licenses
h. Check with your Program Coordinator or ALRT accountant on allowability of items not listed above.

L. ID Badges
a. 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 do not be caught without it due to possible consequences of noncompliance-termination. Additional ID badges may be assigned by hospital sites. ID policies at those hospitals are also to be followed.

M. Fatigue
a. Once a patient care jeopardizing level of fatigue has been identified, the affected resident/fellow and/or identifying peer/staff should contact the Anesthesiologist in Charge immediately (or, if after hours, the available attending) to arrange for an immediate transfer of care to another provider. Cab vouchers for fellows too fatigued to drive will be provided by University of Minnesota Medical Center-Fairview and distributed in the following way:
    i. **Monday-Friday Daytime Hours**
    Contact the Anesthesiologist in Charge on the 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
    ii. **Evenings and Weekends**
    University East Campus - Anesthesia Control Room - (612) 273-2926
    University West Campus - (612) 273-4097 or (612) 273-2629

N. PWC PeerConnect
a. 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.
b. Download the PWC PeerConnect app and update your contact information and contact preferences.
c. 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 fellow's wellbeing.
d. 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.

e. 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.
f. 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

O. Vital Worklife
   a. Vital worklife offers 6 free confidential counseling sessions.
      i. Call Vital Worklife at 1-877-731-3949
      ii. Identify yourself as a University of Minnesota Fellow
      iii. More information on Vital Worklife services

P. State Medical Board Licensure Requirements
   a. 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.

Confirmation of Receipt of your Program Policy Manual

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

Fill out the form online:

https://forms.gle/UrHbwWPeBdGmdAmu5

OR

Scan the QR code below: