

University of  
Minnesota  
Graduate  
Medical  
Education

# 2019-2020 Program Policy & Procedure Manual

Department of Otolaryngology  
Otolaryngology Residency  
Neurotology Fellowship  
Pediatric Otolaryngology Fellowship  
Facial Plastic and Reconstructive Surgery Fellowship

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

# UNIVERSITY OF MINNESOTA OTOLARYNGOLOGY RESIDENCY/FELLOWSHIP MANUAL

## Introduction/Explanation of Manual

---

This manual is intended to acquaint otolaryngology residents and fellows with the programs and policies that are unique to this department. Information is included about policies, procedures, services, and administration. We hope you will use this information to enrich your academic experience here.

The information contained in this manual pertains to all clinical residents and fellows in the Department of Otolaryngology, except for those in the Facial Plastics and Reconstructive Surgery fellowship. Fellows in Facial Plastics and Reconstructive Surgery are hired as faculty instructors: see Institution Manual to determine which Graduate Medical Education policies apply to instructors, and see Fellowship Addendum, included in this manual, for more information.

## Department of Otolaryngology Mission Statement

---

The Department of Otolaryngology is committed to the overall objectives of the University of Minnesota and its Medical School in maintaining the highest standards of academic excellence in programs of undergraduate and graduate medical education, in the application of necessary clinical services to patients, continuing medical education for physicians, and basic and applied research to clinical problems.

# Table of Contents

Introduction	i
Department Mission Statement	i

## **SECTION I. STUDENT SERVICES 1**

Campus Mail and Mailboxes, U of MN	1
E-Mail and Internet Access	1
Fax Transmission	2
Financial Aid	2
Pagers/Paging System	2
Telephone Access, Univ	3
Tuition and Fees	3
Web Page, Otolaryngology Dept	3

## **SECTION II. BENEFITS 4**

Insurance	4
Laundry Service	4
Leave Policy	4
Effect of Leave on Completion	5
How to Request Leave	6
Educational Leave	7
Professional Leave for Interviews	7
Military Leave	8
Sick Leave	8
Terminal Vacation	8
Unauthorized Leave	8
Vacation	9
Request for Leave Form(link)	6
Loan Deferment	9
Residency Deferment/Forbearance	9
Student Deferment	9
Meal Tickets/Food Services	10
Parking at the University	10
Stipend/Paychecks	11
Travel or Purchase Reimbursement	11
Travel/Purchase Request Form	12
Travel Policies	12

## **SECTION III. DISCIPLINARY AND GRIEVANCE PROCEDURES 13**

Harassment	13
Special Issues Committee (non-academic)	13

## **SECTION IV. GENERAL POLICIES AND PROCEDURES 14**

ACLS/BLS Certification	14
Audiovisual Equipment, Univ	14

## **SECTION IV. GENERAL POLICIES**

## **AND PROCEDURES (continued)**

Authorship Guidelines, ENT Dept	14
Awards	15
Charts/Dictation/Patient Paperwork	15
Photographic Documentation	16
Chief Resident Responsibilities	16
Computer and Software, Univ	16
Confs, Courses, Scholarly Activity	16
Dispute Resolution	17
Duty Hours	17
Recording Duty Hours	18
Evaluation System	19
Graduation Banquet	19
Graphics/Photocopies/Photography	20
Guidelines for Professional Interaction	20
Keys/Access to Locked Spaces, Univ	20
Licensure/Residency Permit	20
Medical Blogging and HIPAA	21
Medicare Regulations: Teaching Settings	22
Monitoring of Resident Well-Being	22
Moodle / Web Boards	22
Moonlighting (written permission required)	22
Office Equipment, Supplies at Univ	23
On-Call Schedules	23
Research Rotation	26
Regions & VA	24
UMMC & HCMC	24
Masonic	24
Home Call	24
On-Call Room Assignments UMMC	24
Operating Room Rules & Precautions	24
Patient Examination, Opposite Gender	24
Personal Emergency	24
Personal Library	25
Rotation Schedule	25
Rounds	25
Security/Safety	26
Supervision	26
Supervisory Lines, ENT Residency	27
Supervision, Neurotology Fellowship	28
Supervision, Pediatric ENT Fellowship	29
Teaching Medical Students	30
Visa Policy	30
White Coats	30

## **SECTION V. ADMINISTRATION 32**

Otolaryngology Administrative Contacts	32
Otolaryngology Faculty	33
Otolaryngology Residents and Fellows	34
Local and National Organizations	35

## **SECTION VI. ADDENDUM 36**

Facial Plastic Reconstructive Surgery	
---------------------------------------	--

# 2018/2019 OTOLARYNGOLOGY RESIDENCY AND FELLOWSHIP PROGRAMS POLICY MANUAL

Description from AAFPRS  
Descriptions Handbook at  
<https://www.aafprs.org/education/fellowships/>

Content Manager:

*Sacha Brueggemann*  
*Phone: 612-625-7692*  
*Fax: 612-625-2101*  
*Email: brueg015@umn.edu*  
*Mailing address:*  
*Otolaryngology, MMC 396*  
*420 Delaware St SE*  
*Minneapolis*

## SECTION I. STUDENT SERVICES

### CAMPUS MAIL/U.S. MAIL/MAILBOXES AT THE UNIVERSITY

Department mailing address is:

University of Minnesota Medical School  
Otolaryngology, Mayo Mail Code 396 (or MMC 396)  
420 Delaware Street SE  
Minneapolis, MN 55455

The University's campus mail system is free. There are boxes for outgoing U.S. and campus mail located along the back wall of Room 8-240 Phillips-Wangensteen Building (PWB) with faculty and staff mailboxes.

Every resident has a mailbox identified with their name in the Residents' Room, 8-339 PWB.

The fellows have mailboxes with the faculty in Room 8-240 PWB.

Mail is received Monday through Friday and distributed once a day. Residents and fellows are responsible for checking the mailbox regularly. Because of space limitations, it is recommended that bulky items such as journals and packages be sent to your home address.

### E-MAIL AND INTERNET ACCESS

University-assigned e-mail accounts are the Department of Otolaryngology's and the University's official means of communication with all students and employees. As part of the onboarding process, the Graduate Medical Education Office will provide you with your University of Minnesota e-mail address and instructions for initiating your account. You are responsible for all information sent to you via your University-assigned e-mail account.

To protect patient privacy, you should not forward your University e-mail to a private e-mail account. We have confirmed that you are protected when transmitting information about University patients ONLY when you are using your "@umn.edu" e-mail address. Fairview, the University of Minnesota Physicians (UMP), and all of our affiliated hospitals are very sensitive to the issue of HIPAA information being transmitted through e-mail. Fairview and UMP are cataloging violations. These violations can be forwarded to the state licensing board and physician disciplinary boards, and can be subject to fines of up to \$5,000 per incident. Please make every effort to avoid violations.

Technical assistance is available through:

Office of Information Technology (OIT)

Website: <http://www.oit.umn.edu/help/>

Phone: 612-301-4357

Email: [help@umn.edu](mailto:help@umn.edu)

Your e-mail account password and Internet ID are the ones used for many other functions on the Internet and campus, such as Human Resources Self-Service and your U-card.

To check your e-mail from any computer that has an internet connection type this into the web browser:

[mail.umn.edu](http://mail.umn.edu)

(Workaround at the VA: start at gmail.com and sign in with your full username, for example: user1234@umn.edu)

If you'd like to bookmark a page from which you can access your e-mail, use:

[www.myu.umn.edu](http://www.myu.umn.edu)

You can also use the "myu" link above to change your password and manage other features of your e-mail account. Select "My Info" and then "Internet Account Options."

Computers in the Residents' Room at the University, 8-339 PWB, provide internet access. Student Computer Facilities are available in a number of locations on the University campus. Check Office of Information Technology web site or call them for locations.

#### FAX TRANSMISSION

Fax equipment is available in Otolaryngology Departments at all of the affiliated hospitals. Please do not give out the following numbers, which are for fax transmission only:

ENT Department, Phillips-Wangensteen Bldg	612-625-2101
M Health Clinic & Surgery Center	612-676-4047
University of MN Lion's Research Building	612-626-9871
Hennepin County Medical Center	612-630-8230
Children's Minnesota ENT and FPRS	612-874-0985
Regions Hospital	651-254-3568
Veterans' Affairs Medical Center	612-727-5966

#### FINANCIAL AID

The Medical School Financial Aid Office is available to assist you with information about budgeting, terms and conditions of student loans, debt management, loan repayment options, etc.

Contact 612-625-4998.

## PAGERS/PAGING SYSTEM

Each resident and University-based (Neurotology) fellow is assigned a 4-digit page code ID number through University of Minnesota Medical Center, which is retained until graduation. Alphanumeric pagers are available through your program coordinator.

Pager should be worn at all times throughout the day and when you are on call. When you are signed in the system allows you to indicate several options to inform callers of your availability.

Defective pagers should be traded in at the information desk in the main lobby of the University hospital (East bank) for a replacement.

The resident is responsible for the cost of the pager (currently \$100) if it is lost or damaged beyond repair.

At the end of the residency, pager should be turned in to the program coordinator.

## TELEPHONE ACCESS AT THE UNIVERSITY

Residents and fellows on rotation at the University have access to the telephone in the Residents Room (8-339 PWB). This phone should be used for all campus and local calls. Do not use this line for long distance phone calls. Some other guidelines are:

To call on campus (624/5/6 telephone numbers), dial the last five digits of the number.

To call off campus, dial 8 and then the phone number.

To call the VA, dial 8-467 and then the extension number.

The phone at the receptionist's desk in 8-240 PWB is restricted to her use to provide service for faculty and staff. Do not use this phone even if the receptionist is not present.

Telephones located in private offices are limited to the use of occupant.

## TUITION AND FEES

The Medical School currently waives tuition and fees for residents and fellows registered in Medical School.

## WEB PAGE, DEPARTMENT OF OTOLARYNGOLOGY

Department of Otolaryngology home page is located at [www.ent.umn.edu](http://www.ent.umn.edu).

## SECTION II. BENEFITS

### INSURANCE

Contacts for insurance information and forms are:

Office of Student Health Benefits (OSHB)

Website: <http://www.shb.umn.edu/>  
(Choose "Residents/Fellows")  
Phone: 612-624-0627  
E-mail: [umshbo@umn.edu](mailto:umshbo@umn.edu)

Surgery Administrative Center Contacts:

Kathleen Olakunle, Visa/Visiting Scholar Coordinator  
Residents Insurance Assistance  
Notary Public  
Phone: 612-625-5982  
Fax: 612-625-1717  
E-mail: [olaku001@umn.edu](mailto:olaku001@umn.edu)  
Office: 13-168 PWB

Kirk Skogen  
Payroll Manager  
Phone: 612-625-3954  
Fax: 612-625-8080  
E-mail: [k-skog@umn.edu](mailto:k-skog@umn.edu)  
Office Address: 13-107 PWB

*Otolaryngology residents and fellows receive insurance coverage through the University of Minnesota Medical School as described in the Institution Policy Manual available through the Graduate Medical Education website, <http://z.umn.edu/gmeim>.*

### LAUNDRY SERVICE

At all of the participating institutions, scrubs are the property of the institution and are laundered by the institution. Additionally, laundering of white coats is available at no cost to the resident or fellows through the ENT clinics at the M Health Clinic and the Veterans Affairs Medical Center.

### LEAVE POLICY

See Institution Policy Manual <http://z.umn.edu/gmeim> for Institutional Resident/Fellow Leave Policy including Bereavement Leave, Family Medical Leave Act (FMLA), Holidays, Medical Leave, Military Leave, Parental Leave, Personal Leave, Professional Leave, Vacation and Sick Leave, Witness/Jury Duty.

### Effect of Leave on Completion of Program

The Department of Otolaryngology follows American Board of Otolaryngology (ABOto) policy regarding the effect of leave on completion of the Residency Training Program. ABOto policy states:

“Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a circumstance occurs in which a resident absence exceeds the six weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.”

### How to Request Leave

Fellows: Request leave from the Fellowship Program Director.

### PGY2-5 Residents

#### Vacation/ Time Away Requests

Residents receive a total 15 vacation days each academic year (July 1 to June 30). A maximum of 5 days should be taken every quarter; Requests are asked to be approved by your site Chief (at time of leave) and the Leave Request Form submitted 60 days before the requested 1st day of time away. A residents seniority can be used to make a final decision. Anything requested after 59 days' notice will be granted to the 1st requester and resident seniority will not be used.

Although we are your home site and manage your time away from the program; you are required to know and adhere to affiliate sites policies for time away.

HCMC: ( 6 weeks minimum notice) Please submit the [Leave Request Form](#) to your UMMC program coordinator and they will send you the link for the HCMC time off request form.

Regions: 60 days preferred

VA: 60-90 days preferred

Childrens: preferred to limit vacation days during this rotation due to the level of coverage.

#### Reference:

Q1 - July, August, and September

Q2 - October, November, and December

Q3 - January, February, and March

Q4 - April, May, and June

Weekends and site holidays are not counted against your vacation balance, but need to be listed on the calendar for call schedule purposes. The program coordinator will add an \* in front of these days so when you search the calendar for you annual time away it will be easy to identify from your total time away count. Residents are responsible for accurately logging vacation, professional and education time in

RMS, which is the “source of truth” for your vacation balance. Do not log weekends or [UMN Holidays](#) as vacation in RMS.

### Resident Process to make a request

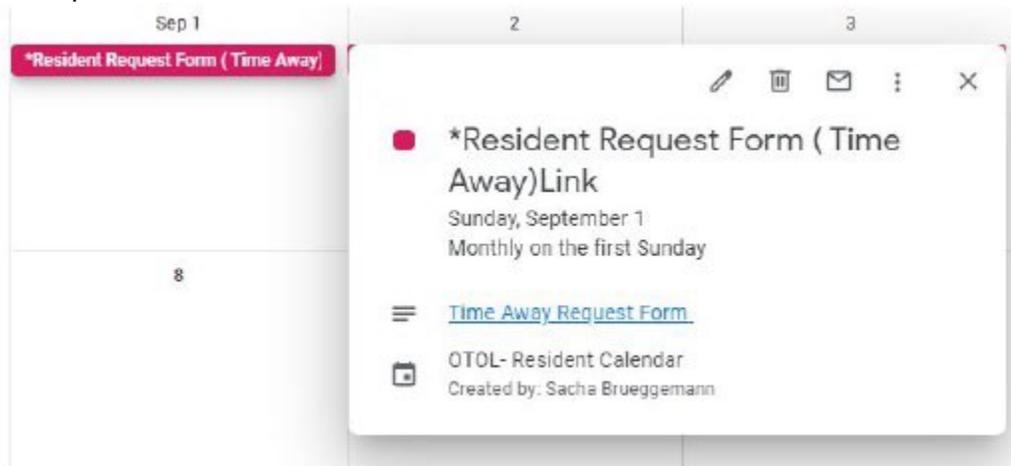
PGY1 Residents: Contact Sacha Brueggemann at [brueg015@umn.edu](mailto:brueg015@umn.edu) for leave from HCMC, UMN, Regions, or VA rotations.

#### PGY 2-5 Residents

Prior to requesting time off, residents are expected to review the [Resident Calendar](#) to ensure there will be alternate coverage. Residents are responsible for arranging call coverage during their time away.

There is a link to the “Resident Request Form “ on the 1st Sunday of each month for easy access

Example:



#### Resident Leave Form

Residents are required to submit all requests for time off via the [Time Away Request Form / Resident Request for Leave](#) after you have gained permission from the Chief that will be onsite **during** your leave request:

Your request will be forwarded to Rotation Director for any of the following;

- If three residents are already listed out on the calendar.
- If more than one resident is out from your site.
- If your request is for time off less than two months in advance.
- If your request is for Academic Leave to attend conferences or training courses.

Final approval will be sent to you via email by the program coordinator with the site chief, coordinator, and director cc'd . We will make every attempt to have a final decision back to you within a reasonable timeframe. Do not make any non- refundable monetary commitments to this time away until after you have received final written approval. The program will not reimburse for any time off that is not approved in writing.

NOTE: All time away requests are subject to final approval by the Resident Program Director that role has the authority to grant or decline all approvals at their discretion.

### Educational Leave

1. Educational leave may be used for professional presentations (paper or poster).
2. Either the Head of the Department of Otolaryngology at the University of Minnesota or the Otolaryngology Residency Program Director has the right to override approval for educational leave given at the site level in order to enforce the provisions listed in number 5, below.
3. Reimbursement is available for travel expenses incurred in order to make a professional presentation. Please See "Travel Reimbursement" on pages 11-13 for limitations and procedures.
4. After a resident has made one professional presentation (paper or poster) at a national meeting, that resident is eligible to use educational leave to attend one course per year. No reimbursement is available; the resident will pay course and travel expenses. A written explanation from faculty is necessary to describe the value of the educational experience to the program before the travel is authorized. The attendee will be scheduled to present for 45 minutes on the topic of the meeting.

A request for leave to take additional courses may be approved on an individual basis by the Program Director.

A maximum of one week per year is allowed.

5. Unless they are presenting at a conference, no more than one resident per clinical service should attend a meeting.

The order of priority to determine which resident(s) will be allowed to attend is:

- a. presenting a research paper
  - b. presenting a clinical paper
  - c. presenting a poster
  - d. seniority in service
  - e. first come, first served
6. Educational leave will cover:
    - the day before
    - the day(s) of the course or presentation
    - the day after

If additional time is taken vacation must be used.

### Professional Leave for Employment/Fellowship Interviews

Residents who plan to participate in a large number of fellowship interviews should save some vacation time for this purpose.

A maximum of seven individual days of leave during the course of the five-year residency may be used for employment or fellowship interviews. Time used above seven days must be taken from vacation time.

#### Military Leave

Military Leave is available for a total of 15 days per year.

#### Sick Leave

Sick Leave is available for a total of 15 days per year. In case of emergency or illness, notify the Chief Resident on your clinical rotation, or research advisor during block time.

#### Terminal Vacation

Terminal vacation (the last week of June) is an option for Chief Residents only, and is only available to those Chief Residents who will enter the military service or begin a fellowship July 1st. Not all Chief Residents can take vacation the terminal week. Arrangements must be made three months in advance. Total vacation (including terminal leave) must not exceed three weeks per year.

#### Unauthorized Leave

Assigned rotations and educational activities are mandatory. Unexcused or unsupportable absences or unauthorized leave from mandatory clinical or educational activities constitute unprofessional conduct under the Discipline for Non-Academic Reasons policy (see Section 7 of Residency/Fellowship Agreement). The resident/fellow may be subjected to disciplinary actions in the form of verbal and/or written warnings, probation, suspension, or termination.

## Vacation

1. Vacation time should be taken in one-week (7-day) blocks beginning on Monday and ending on Sunday.

However, a single day of vacation for personal reasons (i.e., to attend a wedding) may be approved; a Leave Request Form must be submitted.

2. PGY 1, PGY2, PGY3, PGY4 and PGY5 residents receive three weeks per year, including Saturdays and Sundays. PGY3 residents: at least one of your three weeks must be taken during research block time.

3. An effort should be made to distribute vacation across all rotations: CH, UMMC, HCMC, RH, VA and the laboratory, to avoid placing a burden on any one location.

An effort should also be made to distribute vacation time throughout the year, Please take at least one week the first half of the year. Only Chief Residents are eligible to take vacation during the last two weeks of June. (See "Terminal Vacation" above.)

4. Residents are required to take the Otolaryngology Training Exam in the spring each year. The test is usually administered the first Saturday in March. The date can be found in the Resident Google Calendar. Keep this in mind when planning vacation.

The Resident/Fellow Graduation Banquet is held in mid-June. All residents and fellows are strongly encouraged to attend.

5. If there is no conflict with other requests, the Chief of Clinical Service will approve your request

## LOAN DEFERMENT

### Residency Deferment or Forbearance

See Institution Policy Manual, <http://z.umn.edu/gmeim>, for more information on loan deferment and forbearance.

Residents: Give residency deferment or forbearance forms to your program coordinator, That role will ask your Program Director to certify your status as a resident.

Fellows: Fellowship Program Director can certify your status in the clinical fellowship program.

### Student Deferment

The Department of Otolaryngology cannot certify your student status. You may request certification of your student status directly from the University using form available at [www.onestop.umn.edu](http://www.onestop.umn.edu) (under "Grades and Transcripts" choose "Verify Your Enrollment Status").

## MEAL TICKETS/FOOD SERVICE

Residents/Fellows on duty must have access to adequate and appropriate food services 24 hours a day at all institutions.

Although Otolaryngology residents take call from home, University of Minnesota Medical Center (Fairview), Hennepin County Medical Center (HCMC), and Regions Hospital provide meal credits for on-call residents; the Veterans Affairs Medical Center does not.

## PARKING AT THE UNIVERSITY

For residents and fellows on University rotation, parking is provided. (The department currently has resident/fellow contracts in Oak Street Ramps and East River Road Garage.) At the end of the rotation, ramp control card should be passed on to the resident or fellow who follows. (If a card is lost, contact your program coordinator)

For residents and fellows who have scheduled rotations at the University and/or who are on-call at M Health, after-hours and weekend parking is available in the M Health Patient Parking Ramp.

M Health after-hours and weekend parking is available during the Non-Peak Hours: Monday through Friday with entry between 3:30 pm - 5:30 am with exit by 9:00 am. Weekends - all day/evening with exit by 9:00 am Mondays.

To obtain after-hours/weekend parking at the M Health Patient parking ramp on Delaware Street, residents/fellows must go in person to the M Health Parking Office located in B-340 Mayo. Office hours are Monday through Friday, 7:30 am to 4:00 pm. The resident/fellow must bring the following to the M Health Parking Office:

- M Health ID Badge
- \$25.00 deposit (refundable)
- Rotation Schedule, or
- On-call Schedule

The resident/fellow will be required to complete a "Request for Additional Special Parking" form.

Approval will be given immediately. M Health parking personnel will appropriately key the resident/fellow parking card to allow for after-hours/weekend parking based on their rotation/on-call schedule.

If there is a change in the rotation or on-call schedule, the resident/fellow must bring a new schedule to M Health to key their card for access to the UMMC Patient parking ramp.

Residents/fellows still parked in the ramp during Peak Hours will be charged the validated daily rate.

## STIPEND/PAYCHECKS

See Institution Policy Manual, <http://z.umn.edu/gmeim>, Stipends, for 2018-2019 pay dates.

Residents' paychecks are mailed to their homes. If a different arrangement is needed, please contact Kirk Skogen, 612-625-3954 or [k-skog@umn.edu](mailto:k-skog@umn.edu). Direct deposit of paychecks is available. You may view current and past pay statements through the University portal at <https://www.myu.umn.edu/> (login as you would to University e-mail account).

Base stipend rates for 2019-2020 are:

PGY1	55,762
PGY2	57,478
PGY3	59,456
PGY4	61,580
PGY5	63,949
PGY6	66,194
PGY7	68,311

<https://www.med.umn.edu/residents-fellows/current-residents-fellows/stipends-benefits>

Residents in this Department hold Medical Resident appointments which are renewed annually. Fellows hold Medical Fellow appointments.

Residents and fellows progress to the next postgraduate and stipend level at the beginning of each academic year. Academic year runs June 25<sup>th</sup> thru June 24<sup>th</sup> for otolaryngology residents. The academic year for fellows is July 1<sup>st</sup> thru June 30<sup>th</sup>.

## TRAVEL OR PURCHASE REIMBURSEMENT

You will need to obtain approval before the Department of Otolaryngology will assume responsibility for paying a bill or invoice.

Travel: submitting a request in the [Request For Travel](#) google sheet located in the OTOL-Residency shared drive.

Book funds: Expenditures must be adequately documented to ensure compliance with internal and external reviewers/audit.

You must seek reimbursement in Chrome River for all reimbursement requests.  
Chrome River Job Aids: <https://controller.umn.edu/training/index.html#collapseChrome>

Please contact your department administrator with any questions.

### Travel Policies

Residents can submit a request for travel in advance after approval is granted the program will cover resident/fellow expenses for travel to a meeting to make a professional presentation (a paper or a poster). Expenses are covered for only 3 nights: day before, day of, and day after presentation. The following guidelines apply.

1. International meetings are not covered.
2. Resident/fellow is expected to keep expenses as low as reasonably possible (see examples below). If in doubt, discuss your plans with the Administrator or Department Head. All reimbursements should be requested within 30 days of purchase. Request reimbursement by completing the chrome river software <https://travel.umn.edu/cr-jobaids/GettingStartedChromeRiverJA.pdf>

Please review these sections of the university travel policy: Transportation, Air Transportation, Ground Transportation, Lodging, Meals and Incidentals, Spouse/ Guest travel <https://policy.umn.edu/finance/travel>

Chrome River Job Aids: <https://controller.umn.edu/training/index.html#collapseChrome>



### SECTION III. DISCIPLINARY AND GRIEVANCE PROCEDURES

(Please refer to the Institution Policy Manual located on the GME website at <http://z.umn.edu/gmeim> for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual or Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.)

#### Harassment

The Department of Otolaryngology strongly supports the University's position on issues related to harassment.

#### Special Issues Committee (Non-Academic)

This faculty committee considers serious non-academic infractions or charges made against a Department of Otolaryngology resident or fellow. The committee is charged to:

- Consider the issues in a fair and timely manner,
- Maintain and preserve confidentiality, and
- Hear all aspects of the infractions or charges made.

Membership is composed of the heads of the affiliated Departments of Otolaryngology (or designee) with a University faculty member selected by the head. The resident or fellow involved may select his/her advisor, or another faculty member, as a member with voting status.

After careful deliberation, the final decision and recommendation of the committee is made in a written report to the Program Director.

## SECTION IV. GENERAL POLICIES AND PROCEDURES

(Please refer to the Institution Policy Manual located on the GME website at <http://z.umn.edu/gmeim> for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual or Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.)

### ACLS/BLS CERTIFICATION REQUIREMENT, ENT RESIDENTS

Incoming Otolaryngology residents are required to obtain ACLS/BLS certification.

### AUDIOVISUAL EQUIPMENT AT THE UNIVERSITY

The Department maintains audiovisual equipment in the Otolaryngology Conference Room, 8-335 Phillips-Wangensteen Building, for your conference presentations. Please notify Teri Wolner, 612-625-9996, when any of this equipment needs repair.

### AUTHORSHIP GUIDELINES, DEPARTMENT OF OTOLARYNGOLOGY

Revised 4/12/08

Research and the publication of its results is the lifeblood of a major University. However, as research studies become more multidisciplinary, and the number of authors contributing to a publication has increased, credit and responsibility issues for authors have become controversial. Authorship disputes and misconduct in scientific research have damaged the reputation of individuals and institutions, and have fostered distrust by the public. In an attempt to address authorship issues before they arise, the department of Otolaryngology has prepared this guide for authorship credit based upon policies set forth by the University of Minnesota and the International Committee of Medical Journal Editors (ICMJE).

What are the criteria for authorship on a scientific publication?

Authorship credit should be based on (from ICMJE):

- 1) Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data.
- 2) Drafting the article or revising it critically for important intellectual content.
- 3) Final approval of the version to be published.

**All authors should meet all 3 conditions.** Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

Investigators should discuss these criteria with potential co-authors at the initiation of a study so that all individuals can discuss their role in the project and whether they will be able to meet the criteria for authorship. If they cannot meet the 3 conditions, then it should be made clear that their name will appear in the *Acknowledgements* section of the paper.

If an individual does not make a significant intellectual contribution to the work, and they are not involved in the writing and critique of the work, then he/she should not be an author. The acceptance of “honorary” authorship by an individual is not ethical and could be detrimental if the work turns out to be fraudulent, as each author must take public responsibility for his/her work.

Author order is another important aspect of authorship, and the first or primary author is the major contributor and that person who has written the manuscript and met the three conditions of authorship. Students must be primary authors on their theses or dissertations. The last or senior author may be reserved for the principal investigator of the grant or laboratory and who has met the three conditions of authorship. The corresponding author, who may also be the primary or senior author, guides the manuscript through the editorial and publication process, and is the person who readers correspond with regarding questions or concerns. In addition, it is suggested that each author’s contribution to the research be described in the publication in order to clarify the credit and role of each author on the final publication.

## AWARDS

Each year, residents are eligible to receive awards that include a financial gift. These awards honor academic activities and achievements, i.e., a professional presentation, a journal article or other achievement. Professional activities are recorded to become the basis for selecting recipients. The teaching award is based on written feedback from medical students.

The awards are:

*Albert Hohmann Award* - to encourage excellence in resident research

*Paparella Clinical Otological Research Award* - to the resident who has done the best research in otology

*Melvin Sigel Outstanding Resident Teaching Award* - for excellence in teaching medical students

*Joseph Carter Award for Clinical Excellence* - Given to a chief resident for outstanding clinical and surgical care

Residents also have the opportunity to select outstanding faculty, peers, and support staff to receive these awards:

*Frank M. Lassman Teacher of the Year* – awarded to a faculty for excellence in teaching residents

*Joseph Carter Award for Humanism* - awarded to the senior resident who best exemplifies high moral character and concern for patients and colleagues, and best promotes working relationships in the residency and with other services

*Staff/Support Person of the Year* – awarded to an ancillary staff member for excellence in supporting residents

## Charts/Dictation/Patient Paperwork/Photographic Documentation

Charts must be kept current and it is important to remember that the Utilization and Review Committee may review them at any time. Residents/fellows are responsible for providing the following for all patients:

Work-ups

Progress notes  
Orders  
Summaries

Check with the staff person to be sure you have ordered appropriate studies.

Whether considering the medical, patient care, or legal perspectives, photographic documentation of all pre- and post-operative plastic, reconstructive, traumatic, and other unusual cases is advised. Photographic assistance, cameras, and film are available at all hospitals to record this information as part of the chart work.

As the result of referrals, we see many interesting cases. A prompt, courteous letter together with a follow-up to the referring doctor is important in establishing a good working relationship. This helps us to continue to receive significant and challenging cases. Usually the resident/fellow is responsible for this, but a few of the staff prefer to do their own. Check with the Chief Resident or staff physician to learn what is preferred.

#### CHIEF RESIDENT RESPONSIBILITIES

The PGY5 (chief) resident has many responsibilities. Some guidelines for these duties are listed below.

Oversee residents' participation in the entire otolaryngology service. Be aware of all patients on- and off-service, to assure they are being closely and responsibly followed;  
Make proper distribution of the workload to assure all residents are free to attend the Monday evening and other required conferences;  
Review all relevant lab tests, audiograms, and X-rays in addition to being informed on pertinent medical problems of all patients on the service. Supervise also the post-operative care of those patients under the direction of the attending surgeon;  
Remember the patients are primarily those of the attending surgeon. They should be treated with dignity and respect at all times, and not just as "teaching opportunities;"  
Conduct in the operating room should reflect concern for the total welfare of the patient.  
Conservation and good judgment always determine the limits of operative involvement for each patient.

#### COMPUTER AND SOFTWARE AT THE UNIVERSITY

Personal computers with ethernet connections to the Internet, LaserJet printers, a scanner, and software have been purchased for the exclusive use of Department of Otolaryngology residents/fellows. These are located in the Residents' Room, eighth floor, Phillips-Wangensteen Building.

Student Computer Facilities are also available in a number of locations on the University campus. Check University's Information Technology web site (<https://it.umn.edu/computer-labs-learning-spaces-testing>) for locations.

#### CONFERENCES, COURSES, SCHOLARLY OPPORTUNITIES

Department conference schedules are available from our website at [www.ent.umn.edu](http://www.ent.umn.edu). Hover over "Residents" tab near upper right of page and then choose "Conference Schedules."

The Department and University offer many opportunities for scholarly activity. For example, Prof. Ondrey teaches seminars in performing translational research. The biomedical library offers short courses in research and is available for assistance in literature searching. Public Health offers an online course in Biostatistics in spring, summer and fall terms. All medical records are online and data extraction and mining programs and services are available.

## DISPUTE RESOLUTION

Disputes or conflicts that the resident/fellow has with any portion of the program should first be discussed with the program director. If the program director is unable to satisfactorily settle the issue, the department chair should become involved. Additionally, the Medical School has a Dispute Resolution Policy which provides for confidential and protected reporting and help resolving issues. The policy is available at:

[www.med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/dispute-resolution-resources](http://www.med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/dispute-resolution-resources)

### Duty Hours

It is imperative that residents comply with ACGME duty hour requirements.

To ensure that Otolaryngology Residents are able to comply with ACGME requirements, residents on University of Minnesota East Bank rotations or Regions/HealthPartners rotations who are post-call must go home by 2:00 p.m. This is mandatory.

### ACGME Resident Duty Hours Requirements

#### Maximum Hours of Work per Week

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

#### In-House Call

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

#### One Day In Seven Free

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### 24 Hour Maximum

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

## Moonlighting

PGY-1 residents are not permitted to moonlight.

Resident must obtain a medical license and private malpractice insurance in order to moonlight. Minnesota Board of Medical Practice prohibits use of the “Residency Permit” held by most of our residents/fellows for practice of medicine outside of the program for which it is issued.

**Written permission from the Program Director is required to moonlight:** policy and form are available in the Institution Policy Manual located on the GME website at <http://z.umn.edu/gmeim>

## Recording Duty Hours

Otolaryngology residents and fellows are required to record all duty hours using the online New Innovations Residency Management Suite (RMS). Hours entered into RMS will be used by the Program Director to monitor resident duty hours as required by ACGME; they will also be used by the affiliated hospitals to bill Medicare for the cost of resident training, and to reimburse the Department of Otolaryngology for the cost of resident salaries and benefits.

Web address for RMS is <https://www.new-innov.com/login/>. Institution login is “MMCGME.” If you’ve forgotten your user name or password, contact your program coordinator.

It is imperative that residents/fellows keep duty hour logs up-to-date. On the fifth working day of each month, the affiliated hospitals will begin using data entered for the previous month to bill Medicare and to reimburse the residency/fellowship programs for residents’ and fellows’ salaries and benefits. The programs depend upon this reimbursement to fund the residency and fellowships.

“DH-May See New Patients” – use this assignment to record almost all duty hours

**INCLUDE:** All clinical and academic activities related to the residency/fellowship program. Inpatient and outpatient clinical care, transfer of patient care, administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents’/fellows’ participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours. For conferences that require travel, if attendance at the conference is required by the program, or if the resident/fellow is a representative for the program (e.g., he/she is presenting a paper or poster), the hours should be included as clinical and educational work hours. (Travel time and non-conference hours while away do not meet the definition of “clinical and educational work hours” in the ACGME requirements.) Time residents and fellows devote to military commitments counts toward the 80-hour limit only if that time is spent providing patient care.

**DON'T INCLUDE:** Reading done in preparation for the following day’s cases, studying, and research done from home.

#### “DH-No New Patients”

If you've been on duty for 24 continuous hours, and have an appropriate reason to remain on site for a few more hours (see “24 hour maximum” above), use this assignment to avoid triggering a violation in the database.

#### “Home Call - Called In”

Use this assignment to record hours worked when on primary call to avoid triggering “short break” violations in the database.

For call from home, record time devoted to clinical work done from home and time spent in the hospital after being called in to provide patient care. Types of work from home that must be counted include using an electronic health record and taking calls.

#### “Leave of Absence”

This would only be used if you were gone more than the six week maximum allowed by American Board of Otolaryngology in a single year of training, and were going to need to extend your training beyond five years. You should be able to log vacations as “time away-short.”

### EVALUATION SYSTEM

Otolaryngology residents and fellows use the online evaluation system in New Innovations Residency Management Suite (RMS) <https://www.new-innov.com/login/> to evaluate faculty and rotations and to review evaluations submitted about the resident/fellow. Institution login is “MMCGME.” If you’ve forgotten your user name or password, contact Faith Courchane (612-625-7692 or [courc002@umn.edu](mailto:courc002@umn.edu)).

Chief Residents use E\*Value at [www.e-value.net](http://www.e-value.net) to submit evaluations about medical students. If you don’t know or have forgotten your user name and password, enter your e-mail address at the bottom of the opening screen, and E\*Value will e-mail them to you.

Please contact Faith Courchane if you have difficulty accessing or using the evaluation systems (612-625-7692 or [courc002@umn.edu](mailto:courc002@umn.edu)).

### GRADUATION BANQUET

The resident/fellow graduation banquet is held in June. Residents and fellows are guests of the department and are strongly encouraged to attend. Graduating residents and fellows may invite up to three immediate family members as guests of the department. All residents and fellows may invite family members at their own expense. Graduating residents and fellows are honored, awards are presented, and outstanding service to the department is recognized at this annual event.

## GRAPHICS/PHOTOCOPIES/PHOTOGRAPHY

When costs are related to a joint resident/fellow-faculty project and the faculty member approves the expense, it is the responsibility of the faculty member to pay the cost of photocopies, graphics, and photographic work. Each time work is to be charged, residents are required to obtain a department budget number from Teri Wolner, 612-625-9996.

## Guidelines for Professional Interaction

In the course of your duties, you will be asked to consult on a patient with another service. Keep in mind that otolaryngology is not a primary care specialty and it often functions as a consultant service. While you may disagree with certain issues regarding the patient's management, it is important to remember who is the patient's primary physician. If a major disagreement occurs, it should be referred to your staff.

In resolving a dispute, always present your opinions objectively as suggestions or recommendations. Avoid personal comments, derogatory remarks, or demands. Follow this same policy with any written remarks you make.

## KEYS/ACCESS TO LOCKED SPACES AT THE UNIVERSITY

On weekends, if you need a key to the ENT Clinic at the University call Hospital Security, 612-626-4005.

For security reasons, some areas of the eighth floor are kept locked. These include conference rooms, storage areas, and unoccupied faculty/staff offices. If you need access to these areas, the receptionist in 8-240 PWB (612-625-3200) will assist you.

## Licensure/Residency Permit

See also Institution Policy Manual, <http://z.umn.edu/gmeim>, Licensure/Residency Permit.

Residents and neurotology fellows are required to obtain and maintain a valid residency permit or medical license from the Minnesota Board of Medical Practice to participate in the training program. (Contact Faith Courchane, 612-625-7692.)

The Residency Permit is not a Medical License.

Pediatric Otolaryngology fellows are required to obtain a medical license from the Minnesota Board of Medical Practice.

Information on licensing can be obtained from:

Minnesota Board of Medical Practice  
University Park Plaza  
2829 University Avenue S.E., Suite 500  
Minneapolis, MN 55414-3246  
Phone: 612-617-2130  
Fax: 612-617-2166

Web site: <https://mn.gov/boards/medical-practice/>

## MEDICAL BLOGGING AND HIPAA

Residents/fellows are strongly cautioned that blogging, posting information on the web, or broadcasting e-mail messages that include medical information which could allow a patient or family member to identify themselves could open the resident to the possibility of fines and jail time.

Beyond HIPAA regulations and privacy laws, please use common sense to keep in mind that specific mention of individuals and hospitals can be hurtful. Remember that all electronic communications can be easily transmitted beyond their target audience. Do not write critically of others; imagine what it would be like for others to write critically of you in public forums.

Information including name of the doctor, hospital, or characteristics of the patient (age, diagnosis, personal details) should be removed. A post stating that a certain patient event occurred “last night” or “last week” may be a violation of HIPAA, while the term “recently” may be vague enough. Non-anonymous bloggers may wish to avoid presenting cases at all unless they’re radically altered or very generalized.

At a minimum, the following information must be removed:

- Names
- All geographic subdivisions smaller than a State including street address, city, county, precinct, zip code, and their equivalent geocodes
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

The section of [HIPAA](#) that appears to apply to medical bloggers is as follows:

Wrongful Disclosure of Individually Identifiable Health Information

SEC. 1177.

(a) OFFENSE.--A person who knowingly and in violation of this part--

(1) uses or causes to be used a unique health identifier;

(2) obtains individually identifiable health information relating to an individual; or

(3) discloses individually identifiable health information to another person, shall be punished as provided in subsection (b).

(b) PENALTIES.--A person described in subsection (a) shall--

(1) be fined not more than \$50,000, imprisoned not more than 1 year, or both;

(2) if the offense is committed under false pretenses, be fined not more than \$100,000, imprisoned not more than 5 years, or both; and

(3) if the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, be fined not more than \$250,000, imprisoned not more than 10 years, or both.

## MEDICARE Regulations: SUPERVISING PHYSICIANS IN TEACHING SETTINGS

This department abides by the provisions of the Medicare Manual, Publication 100-04, Chapter 12, Teaching Physician Services. This means that a clinical faculty member must be present to supervise residents/fellows during the key part of any operating procedure.

## MONITORING OF RESIDENT/FELLOW WELL-BEING

The program director and the teaching faculty will monitor resident/fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows.

The educational goals of the program and learning objectives of residents/fellows must not be compromised by excessive reliance on residents/fellows to fulfill institutional service obligations. The program director and faculty will arrange for appropriate backup support when patient care responsibilities are especially difficult and prolonged, and will make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.

## MOODLE /WEB BOARDS/CANVAS

Moodle is a free and open-source course management system used by instructors at the University to present material to students. Otolaryngology faculty have created a number of online web boards, including an ENT reading room, available to ENT residents and fellows. Contact Faith Courchane, [courc002@umn.edu](mailto:courc002@umn.edu) for sign-in “key.”

The University is currently transitioning from Moodle to the “Canvas” course management system.

## MOONLIGHTING

Residents/fellows are expected to comply with the Medical School's Moonlighting Policy (Institution Policy Manual, <http://z.umn.edu/gmeim>).

**Written permission from the Program Director is required to moonlight:** policy and form are available in the Institution Policy Manual located on the GME website at <http://z.umn.edu/gmeim>

## OFFICE EQUIPMENT AND SUPPLIES AT THE UNIVERSITY

Some staff members work in public areas and we appreciate that you respect the privacy of their workspace. Rather than use equipment on an individual's desk, please contact Teri Wolner, 612-625-9996, to arrange for what you need.

Office supplies are available from the storage closet in the hall outside 8-240 Phillips-Wangensteen Building.

## ON CALL SCHEDULES, RESIDENCY PROGRAM

Our call schedules are designed to comply with the duty hour requirements of the Accreditation Council for Graduate Medical Education (ACGME). It is imperative that residents abide by these regulations.

Since the residency program must be able to prove compliance with these regulations, residents must also record all of their duty hours using the online duty hours reporting feature of New Innovations Residency Management Suite (RMS) at <https://www.new-innov.com/login/>. (If you have trouble accessing or using RMS, contact Faith Courchane, 612-625-7692 or [courc002@umn.edu](mailto:courc002@umn.edu).) This is mandatory.

See more information under “Duty Hours.”

### Residents on Research Rotation

Residents on research time will be on call at least every two weeks. This call will occur Monday through Thursday.

### Regions Hospital and the Veterans’ Affairs Medical Center

Residents at Regions Hospital and the Minneapolis VA Health Care System (VA) will take call from home. Regions and the VA will have a joint call schedule. The chiefs will alternate as permanent back up and the junior residents will cover both hospitals. If a Chief Resident is not available to provide back up, the Chief Resident must notify both Dr. Caicedo and Dr. Schmidt.

Regions residents who are post-call must go home by 2:00 p.m. This is mandatory.

### **University of Minnesota Medical Center and Hennepin County Medical Center**

Residents at University of Minnesota Medical Center (UMMC) and Hennepin County Medical Center (HCMC) will take call from home after 9:00 p.m. The resident on night call will remain in the hospital until at the earliest 9:00 p.m. or until all patient care issues are resolved. Should there be a seriously ill patient in the hospital, and it is felt that the resident needs to stay in the hospital, that decision will be made between the resident and the involved faculty. Hopefully this will not occur frequently. Residents not on call are encouraged to leave the hospital as soon as their tasks for that day are completed. They should not feel obligated to stay in the hospital once the work has been completed.

Residents on UMMC-East Bank rotations who are post-call must go home by 2:00 p.m. This is mandatory.

### University of Minnesota Masonic Children’s Hospital

Expectations regarding new patient consults seen at Masonic when on call: First call your chief resident, discuss the case with them, and make sure you have not missed something in your workup of the patient. Second, call the pediatric ENT staff. This goes for every new consult whether an inpatient or in the emergency department.

In addition, during call coverage, the chief resident is expected at all Operating Room cases at Masonic.

## **Resident Responsibilities While on Home Call**

1. It is expected that the resident will reach the hospital within 20 to 30 minutes from the time they are called.
2. It is expected that if the weather is extremely bad, as during a winter snowstorm, the resident will stay in the hospital.
3. Residents on call on the weekend (Saturday or Sunday) should be present in the hospital from 8:00 a.m. to 11:00 a.m. for completion of rounds. If there are no apparent issues or problems requiring their presence in the hospital, they may leave at 11:00 a.m. and begin taking call from home.
4. It is expected that a resident on call who is called by the emergency room or any physician from the hospital and asked to come in to see a patient will come in. The decision about whether it is necessary to come in will be made jointly by the requesting physician and the resident. If there is doubt, the resident should come in rather than defer the case until morning. Junior residents who are called in should notify the Chief Resident of the reason for coming in if appropriate and if they have any specific questions. A thorough and complete consultation note should be placed on the chart.
5. If a patient is seen and will need to have operative intervention the responsible staff should be notified and must come in to see the patient. The only exception to this is in an extreme emergency such as a carotid blowout or airway obstruction, where carotid control or tracheostomy has to be performed on an emergency basis. Most tracheostomies and most bleeding problems can be temporarily controlled until arrangements have been made to take the patient to the operating room and the responsible faculty has arrived at the hospital.
6. Chief Residents at all hospitals will take back-up call. They should be aware, however, that if, for example, the resident on-call is called to the University, and a serious problem occurs at HCMC, the Chief Resident will be expected to go to HCMC to resolve the urgent problem, rather than wait for the case to be completed at the University.

## **On-Call Room Assignments, UMMC**

To request a call room at UMMC-Fairview:

Before 2:00PM - call 612-626-6330 and leave:

1. name (including spelling)
2. program
3. status (Resident or Fellow)
4. pager number

After 2:00PM - request in person in C496 Mayo Building (Resident Exercise Room)

Operating Room Rules and Precautions

See also Institution Policy Manual, <http://z.umn.edu/gmeim>, Blood Borne Diseases Policy

In the Operating Room and on the floor, residents/fellows are expected to observe the established rules concerning the universal precautions for dealing with body fluids. Please cooperate with nurses in observing these rules which are formulated for everyone's protection.

If disagreements occur, whether involving other residents/fellows, anesthesiologists, or the O.R. nurses, it is best to resolve these issues following surgery. Handle the discussion in a location outside the operating room.

#### Patient Examination - Opposite Gender

The following rules apply when conducting a patient examination:

1. If there is any question about what is appropriate, always have a nurse present in the room.
2. At no time should the door be closed when only a patient and physician are present.
3. Routine examination of the head and neck by male or female residents may be conducted without the presence of nursing staff in the room.
4. Examinations other than head and neck where the patient is the opposite gender (i.e., male resident/female patient or female resident/male patient) require a nurse in the room.

#### Personal Emergency

See also Institution Policy Manual, <http://z.umn.edu/gmeim>, Resident Assistance Program (RAP).

If an emergency (whether financial, medical, or personal) should arise, residents/fellows are encouraged to discuss the situation with the faculty Chief at their hospital, with their Program Director, or with Department Head Dr. Bevan Yueh. They will determine whether special arrangements can be made to assist in these situations.

#### Personal Library

It is important to begin to establish a personal library of both ordinary and unusual cases. Photographs or slides should document these. Other information such as lecture materials, charts and graphs will accumulate. These will be useful to you throughout your career if you organize them in an orderly way.

Begin to develop a library of standard texts and atlases, as well. These are expensive purchases, so discussions with faculty and other students will help you decide on the best choices. Two sources of excellent and inexpensive monographs are the American Academy of Otolaryngology-Head and Neck Surgery and AFIP.

Knowledge of current literature is essential, and it is wise to establish now a lifelong habit of reading the relevant journals. If you have not already done so, subscribe to several good ENT journals. Examples include:

Archives of Otolaryngology-Head and Neck Surgery,  
Laryngoscope,  
Head and Neck Surgery,  
Annals of Otolaryngology.

Make good use of the library facilities and the internet to familiarize yourself with other source materials.

#### Rotation Schedule

The Resident Rotation Schedule is determined by the Program Director with the advice of faculty, residents, and staff. It is developed by staff and the Chief Residents for the coming year, and is announced in May. Schedule changes require consent of the Program Director.

Although schedules may vary from one individual to another, the goal is a balanced schedule. Residents spend 48 months on clinical ENT rotations and 6 months on research rotation. First-year residents do one month each of Anesthesiology, Neurosurgery, General Surgery/Trauma, and Surgical Intensive Care, plus two months of Plastic Surgery. The resident's clinical needs and proficiencies, as measured by semi-annual meetings of the Resident Review Committee, determine the hospitals at which they spend their clinical rotations.

## Rounds

While making rounds, residents/fellows are responsible to know all pertinent history concerning the patient, including past surgery and current indications for surgery. Faculty questions concerning a patient should be answered with referenced citations.

## SECURITY/SAFETY

Appropriate security and personal safety measures must be provided to residents/fellows at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

The University of Minnesota Police Department provides a free Campus Escort Service. Available 24 hours a day, seven days a week, the Escort Service can be reached at 612-624-WALK (4-WALK from any campus phone). An escort will be dispatched to your location and will accompany you anywhere within the campus vicinity.

In addition, the University offers the Motorist Assistance Program, a FREE program designed to help Twin Cities Parking and Transportation Services customers who are legally parked in any University parking facility. This includes University meters, surface lots, ramps, garages, loading zones, and vendor stalls. This program does not include Fairview-University Hospital parking facilities. After calling 612-626-PARK (7275), individuals will receive assistance with unlocking vehicles when the keys are locked inside, changing flat tires, jumpstarting vehicles, and can be given referrals upon request to a service station when the problem is beyond the scope of our staff. Hours of Operation are Monday through Friday from 7 a.m. to 10 p.m. Service is not available on weekends or official University holidays.

## SUPERVISION

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care.

a) This information must be available to residents/fellows, faculty members, other members of the health care team, and patients.

b) Residents/fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care

provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

### Levels of Supervision

To promote oversight of resident/fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

a) Direct Supervision – the supervising physician is physically present with the resident and patient.

b) Indirect Supervision:

(1) With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

(2) With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

(3) Oversight – The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

a) The program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.

b) Faculty members functioning as supervising physicians must delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available. Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate to the resident the appropriate level of patient care authority and responsibility.

#### Supervisory Lines of Responsibility for Care of Patients, Otolaryngology Residency

**University of Minnesota Medical Center (UMMC)/Hennepin County Medical Center** - At UMMC, Dr. Janus is Program Director for Otolaryngology Residency Training. At HCMC, Dr. Odland is Local Program Director for Otolaryngology Residency Training.

Residents on UMMC, HCMC, and lab rotations have a combined resident call schedule. Junior residents (PGY-2, 3 and 4) rotate call, covering both hospitals. Chief residents (PGY5) provide back-up call. If activity at the two hospitals cannot be handled by the on-call resident the appropriate chief resident and staff will be called.

UMMC and HCMC each have a chief resident call schedule and a staff call schedule. The PGY2 resident calls the Chief Resident first. The junior resident may call the faculty directly. Faculty on call must be available at all times. Faculty must come in for all serious cases, or when the patient is taken to the operating room.

#### Minneapolis VA Health Care System (VA)/Regions Hospital (RH)

At the V.A., Dr. Caciado is the Local Program Director for Otolaryngology Residency Training. At Regions Hospital, Dr. Schmidt is the Local Program Director for Otolaryngology Residency Training.

Residents on VA and RH rotations have a combined resident call schedule. Junior residents (PGY-2, 3, and 4) rotate call, covering both hospitals. Chief residents (PGY5) provide back-up call. If the on-call resident cannot handle activity at the two hospitals the appropriate chief resident and staff will be called. Faculty are available for back-up call and must come in when a seriously ill patient is seen or admitted, and whenever any patient is taken to the operating room.

#### SUPERVISION, NEUROLOGY FELLOWSHIP

In the clinic, most cases are first seen by residents or fellows who are supervising medical students. Residents and fellows present their history and physical, analysis of data, differential diagnosis and plan. Then all patients are seen by the faculty. Faculty assist in the process, duplicate critical portions and remain responsible for the patient's care.

In the hospital the residents round on a daily basis and often see patients multiple times per day dependent upon the health of the patient. Fellows are expected to respond to problems that might arise in the hospital. If any concern exists, the faculty are available to discuss the case and see patients. Faculty are required to see their patients at least every other day while they are in the hospital. They are expected to round with the residents and approve their notes.

A great responsibility is expected in the operating room. At the beginning of the year, faculty are present and perform a large portion of the case. Faculty supervise every procedure. The degree of supervision is dependent upon the fellow and the faculty. In the operating room the faculty must be present prior to induction of anesthesia and the resident doctors are expected to prepare the case for surgery. Fellows are expected to guide the junior residents through early portions of the case and to perform later parts of the operation. Graded responsibility means that each individual fellow has the full attention of the faculty until they are certain that the fellow can perform the procedure without difficulty. As the year progresses and the faculty watch the fellow develop skills they may elect to give the fellow greater freedom and responsibility. This will occur over a period of time and during the second year it is expected that the fellows will be able to operate more independently.

The fellowship is a small program. Doctors Adams, Huang and Levine meet on a regular basis and discuss issues concerning the Fellowship. Faculty will always be available and Drs. Adams, Huang and Levine carry cellular telephones and pagers. University of Minnesota provides electronic messaging which is also available. Faculty readily distribute their home telephone numbers and cellular numbers to the fellows and residents. Residents and fellows are informed of call changes and Drs. Adams, Huang and Dr. Levine are always available. The fellows always know how to reach faculty because of clear communication before they leave the hospital. Residents and fellows are able to reach faculty 24-7-365. There is always a faculty neurotologist available.

#### Supervisory Lines of Responsibility for Care of Patients, Neurotology Fellowship

All patient care is supervised by qualified faculty. Fellows are provided with rapid, reliable systems for communicating with supervising faculty. On-call schedules for teaching staff are structured to ensure that supervision is readily available to fellows 24-7-365.

Dr. Tina Huang is the Program Director for the Neurotology Fellowship, which is based at the University of Minnesota Medical Center.

At Regions Hospital, Dr. Christopher Hilton is the Local Program Director for the Neurotology Fellowship.

The Neurotology fellow may travel to other clinical sites (the V.A. Medical Center, United Hospital) a few times per year to participate in interesting cases that present there. In these cases, the fellow will be under the supervision of the University of Minnesota neurotology faculty member who travels with the fellow to the site to participate in the case.

The faculty are ultimately responsible for every patient seen and every operation performed.

#### SUPERVISION, PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP

Both operative sites (Children's Hospital and the University) have strict procedures regarding presence of faculty at all procedures. All surgical cases will be under a full time faculty's name and that faculty member will need to be present otherwise a case will not be allowed to start. Both hospitals' governance require faculty to be present in the operating room area during the entire case.

#### Supervisory Lines of Responsibility for Care of Patients, Pediatric Otolaryngology Fellowship

Dr. Brianne Roby is the Program Director for the Pediatric Otolaryngology Fellowship, which is based at Childrens Hospitals and Clinics of Minnesota in Minneapolis.

## TEACHING

### Teaching Medical Students

Residents/Fellows are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we've included in this manual the URL to the objectives for the Medical School clerkships:

<https://www.med.umn.edu/md-students/academics/course-directory>

## VISA POLICY

For residents and fellows admitted to ACGME-accredited programs in the Otolaryngology Department, acceptable visa types are the same as those permitted by the University of Minnesota Medical School in the Graduate Medical Education Institution Policy Manual.

## WHITE COATS

The receptionist in 8-240 Phillips-Wangensteen Building, 612-625-3200, orders white coats for otolaryngology residents and fellows. Residents and fellows may request two white coats every other year (beginning with the PGY1 year).

SECTION V. ADMINISTRATION

DEPARTMENT AND PROGRAM ADMINISTRATIVE CONTACT LIST

Department of Otolaryngology			
Bevan Yueh, MD, MPH	Head, Dept of Otolaryngology	612-625-2410	<a href="mailto:byueh@umn.edu">byueh@umn.edu</a>
Otolaryngology Residency			
Seth Janus, MD	Residency Program Director; Site Director, UMMC-F	651-254-3860	<a href="mailto:janu0003@umn.edu">janu0003@umn.edu</a>
Sofia Lyford-Pike, MD	Associate Program Director	612-625-1021	<a href="mailto:lyfor009@umn.edu">lyfor009@umn.edu</a>
Timothy Lander, MD	Site Director, Childrens Mpls	612-874-1292	<a href="mailto:lande001@umn.edu">lande001@umn.edu</a>
Brianne Roby, MD	Site Director, Masonic	612-365-8300	<a href="mailto:barne284@umn.edu">barne284@umn.edu</a>
Rick Odland, MD, PhD	Site Directors, HCMC	612-873-2425	<a href="mailto:odlan007@umn.edu">odlan007@umn.edu</a>
Derek Schmidt, MD	Site Director, Regions	651-254-3860	<a href="mailto:derek.j.schmidt@healthpartners.com">derek.j.schmidt@healthpartners.com</a>
Markus Gapany, MD	Site Directors, VA	612-467-3458	<a href="mailto:gapan001@umn.edu">gapan001@umn.edu</a>
Neurotology Fellowship			
Tina Huang, MD	Fellowship Program Director	612-625-4140	<a href="mailto:huang081@umn.edu">huang081@umn.edu</a>
Pediatric Otolaryngology Fellowship			
Brianne Roby, MD	Fellowship Program Director	612-365-8300	<a href="mailto:barne284@umn.edu">barne284@umn.edu</a>
Facial Plastic and Reconstructive Surgery Fellowship			
Peter Hilger, MD	Fellowship Program Director	952-844-0404	<a href="mailto:philger@mcg.net">philger@mcg.net</a>
Harley Dresner, MD	Associate Program Director	952-844-0404	<a href="mailto:dresn001@umn.edu">dresn001@umn.edu</a>

SUPPORT STAFF

Department of Otolaryngology, University of Minnesota			
Faith Courchane	Administrative Associate (Residency /Fellowship Coordinator)	612-625-7692	<a href="mailto:courc002@umn.edu">courc002@umn.edu</a>
Teri Wolner	Administrative Director	612-625-9996	<a href="mailto:wolne006@umn.edu">wolne006@umn.edu</a>
Joey Best	Executive Assistant to Dr. Yueh	612-625-2410	<a href="mailto:jmbest@umn.edu">jmbest@umn.edu</a>
Damita Galbearth	Receptionist	612-625-3200	<a href="mailto:galbe001@umn.edu">galbe001@umn.edu</a>
Surgical Administrative Center (SAC)			
Kirk Skogen	Payroll Manager	612-625-3954	<a href="mailto:k-skog@umn.edu">k-skog@umn.edu</a>

Kathleen Olakunle	Visa Coordinator	612-625-5982	<a href="mailto:olaku001@umn.edu">olaku001@umn.edu</a>
Department of Otolaryngology, By Hospital Site			
Michelle Schell Corinne Wilcox- Schowalter	Children's Mpls, Peds ENT Children's Mpls, GME	612-874-1292 612-813-6206	<a href="mailto:Michelle.Schell@childrensmn.org">Michelle.Schell@childrensmn.org</a> <a href="mailto:Corinne.Wilcox-Schowalter@childrensmn.org">Corinne.Wilcox-Schowalter@childrensmn.org</a>
Julie Gallant	Hennepin County Med Ctr	612-873-2425	<a href="mailto:julie.gallant@hcmcd.org">julie.gallant@hcmcd.org</a>
Allison Rengel Kristin Brochman	Regions Hospital, GME Regions Hospital, ENT	651-254-1573 651-254-3860	<a href="mailto:Allison.e.rengel@healthpartners.com">Allison.e.rengel@healthpartners.com</a> <a href="mailto:kristin.e.brochman@healthpartners.com">kristin.e.brochman@healthpartners.com</a>
Faith Courchane	Univ of Minnesota	612-625-7692	<a href="mailto:courc002@umn.edu">courc002@umn.edu</a>
Cheryl Schmitz	VA System, EMR Access	612-467-4551	<a href="mailto:cheryl.schmitz@va.gov">cheryl.schmitz@va.gov</a>

## OTOLARYNGOLOGY FACULTY

Professor and Head  
Bevan Yueh, M.D., M.P.H.

Professor  
George S. Goding, Jr., M.D.  
Peter A. Hilger, M.D.  
Samuel C. Levine, M.D.  
Robert H. Maisel, M.D.  
Rick Odland, M.D., Ph.D.  
Andrew J. Oxenham, Ph.D.\*  
Peter A. Santi, Ph.D.  
James Sidman, M.D.

Associate Professor  
Holly Boyer, M.D.  
Sebahattin Cureoglu, M.D.  
Markus Gapany, M.D.  
Samir Khariwala, M.D.  
Jizhen Lin, M.D.  
Frank G. Ondrey, M.D., Ph.D.  
Frank L. Rimell, M.D.

Assistant Professor  
Meredith Adams, M.D.  
Emiro Caicedo-Granados, M.D.  
Henry Chang, M.D.  
Stephanie Contag, M.D.  
Harley Dresner, M.D.  
Manuela Fina, M.D.  
David Hamlar, M.D., D.D.S.  
Christopher Hilton, M.D.  
Jennifer Hsia, M.D.  
Tina Huang, M.D.  
Luke Jakubowski, M.D.  
Seth Janus, M.D.  
Sobia Khaja, M.D.  
Timothy Lander, M.D.  
Amy Anne Lassig, M.D.  
Hubert H. Lim, Ph.D.\*  
Sofia Lyford-Pike, M.D.  
Barbara Malone, M.D.  
Abby C. Meyer, M.D.  
Deirdre Michael, Ph.D.  
Stephanie Misono, M.D.  
Brianna Roby, M.D.  
Derek Schmidt, M.D.  
Robert Tibesar, M.D.  
Vladimir Tsuprun, M.D.  
William E. Walsh, M.D.

Professor Emeritus

Arndt J. Duvall, M.D.  
Steven K. Juhn, M.D.  
Robert H. Margolis, Ph.D.  
David A. Nelson, Ph.D.  
Michael M. Paparella, M.D.

\*joint appointments

## OTOLARYNGOLOGY RESIDENTS AND FELLOWS

### OTOLARYNGOLOGY RESIDENTS

#### *Class of 2019*

Victoria Jordan, M.D.  
Peter Karempelis, M.D.  
Bin Li, M.D.  
Emily Waselchuk, M.D.

#### *Class of 2020*

Tanisha Hutchinson, M.D.  
Joel Stanek, M.D.  
Kristin Stevens, M.D.  
Omotara Sulyman, M.D.

#### *Class of 2021*

Taylor DeBusk, M.D.  
Kim Miller, M.D.  
Carolina Trevino Guajardo, M.D.  
Jenna Van Beck, M.D.

#### *Class of 2022*

Doug Chieffe, M.D.  
Curtis Hanba, M.D.  
Ethan Kraft, M.D.  
Nick Orobello, M.D.

#### *Class of 2023*

*Rotation scheduling for PGY1s shared w/ Surgery Program Director at HCMC (Dr. Richard Zera)*

Alex Barr, M.D.  
Margaret Engelhardt, M.D.  
Mitch Hagen, M.D.  
Tyler Van Heest, M.D.

### OTOLARYNGOLOGY FELLOWS

Facial Plastic and Reconstructive Surgery  
Jennifer Fuller, M.D., 2018-19

Neurotology  
No fellow 2017-19

Pediatric Otolaryngology  
Lou Insalaco, M.D.

## LOCAL AND NATIONAL ORGANIZATIONS

Accreditation Council for Graduate Medical Education  
401 North Michigan Ave, Suite 2000  
Chicago, IL 60611  
Phone: 312-755-5000  
Web site: [www.acgme.org](http://www.acgme.org)

American Academy of Otolaryngology--Head and Neck Surgery  
1650 Diagonal Road  
Alexandria, VA 22314-2857  
Toll-free: 877-722-6467  
Direct: 703-836-4444  
Web site: [www.entnet.org](http://www.entnet.org)

American Board of Otolaryngology  
5615 Kirby Drive, Suite 600  
Houston, TX 77005  
Phone: 713-850-0399  
Web site: [www.aboto.org](http://www.aboto.org)

American Neurotology Society  
Kristen Bordignon, Administrator  
Ashley Eikenberry, Administrative Assistant  
4960 Dover St. NE  
St. Petersburg, FL 33703  
Phone: 217-638-0801  
Fax: 727-800-9428  
Email: [administrator@americanneurotologysociety.com](mailto:administrator@americanneurotologysociety.com)  
Website: <http://www.americanneurotologysociety.com/>

American Society of Pediatric Otolaryngology  
Phone: 877-360-5490  
Email: [ASPO@facs.org](mailto:ASPO@facs.org)  
Website: [www.aspo.us](http://www.aspo.us)

Minnesota Academy of Otolaryngology  
PO Box 314  
Lakeland, MN 55043  
Phone: 612-670-7810  
E-mail: [office@www.maohns.org](mailto:office@www.maohns.org)  
Web site: <http://www.maohns.org/>

Minnesota Board of Medical Practice  
University Park Plaza  
2829 University Avenue SE, Ste 500  
Minneapolis, MN 55414-3246  
Phone: 612-617-2130  
Email: [medical.board@state.mn.us](mailto:medical.board@state.mn.us)  
Web site: <https://mn.gov/boards/medical-practice/>

## SECTION VI. FELLOWSHIP ADDENDUM

See next page for Facial Plastic and Reconstructive Surgery Fellowship description from American Academy of Facial Plastic and Reconstructive Surgery Foundation Descriptions Handbook at <https://www.aafprs.org/education/fellowships/>