University of Minnesota
Graduate Medical Education

2015-2016
Infectious Diseases Fellowship
Program Policy and Procedure Manual

Department of Medicine
Division of Infectious Diseases and
International Medicine (IDIM)

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Overview

1 INTRODUCTION AND WELCOME TO NEW FELLOWS

On behalf of the faculty and staff, welcome to the Division of Infectious Diseases and International Medicine (IDIM) at the University of Minnesota. We hope that the time you spend with us will be both educational and enjoyable.

This fellowship manual is specific to the Division of Infectious Diseases and International Medicine and policies are written in accordance with the American Board of Internal Medicine (ABIM) and the Accreditation Council for Graduate Medical Education (ACGME). Policies apply to all educational experiences within the program and are subject to periodic review and change by the faculty, Program Director, Division Director and Department Chair. Fellows are responsible for knowing and adhering to the policies and guidelines contained in this handbook. When in doubt, fellows are responsible for contacting the program coordinator or director.

The Institution Manual 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 would be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual would take precedence.

2 MISSION STATEMENT / PHILOSOPHY

The mission of the Department of Medicine is to enhance the health of the people of Minnesota, the nation and the world, through innovation and research, education and patient care. It is the mission of the Department of Medicine to provide excellent training in the practice and science of Medicine by immersion in patient care with emphasis upon critical reasoning, scholarship, and professional responsibility, and to promote personal and professional satisfaction.

The mission of the Division of Infectious Diseases and International Medicine is to provide excellent training in the practice and science of Infectious Diseases by immersion in patient care with emphasis upon critical reasoning, scholarship, and professional responsibility. The mission of the division is also to promote training in research skills by the design, implementation, analysis and presentation of a high-quality research project related to some aspect of Infectious Diseases.

3 OVERALL GOALS OF THE INFECTIOUS DISEASES FELLOWSHIP PROGRAM

The overriding goal of the Infectious Diseases and International Medicine Fellowship program is to provide excellent training in the practice and science of Infectious Diseases and in Infectious Diseases-related research skills through mentored relationships involving progressive independence for the fellow. The following specific components contribute to this goal.
• Identify the fellow’s individual short- and long-term professional goals and interests.
• Provide effective training, feedback, and support for the trainee.
• Provide a structured learning experience that will enable the trainee to:
  • Develop clinical and intellectual expertise in and experience with the diagnosis and management of infectious diseases in the inpatient and outpatient setting.
  • Develop an independent, thoughtful, organized, and flexible approach to the evaluation of patients with a range of symptoms and signs that suggest the presence of an infectious disease.
  • Develop and enhance life-long learning skills that allow the trainee to adapt to the changing spectrum of infectious diseases and their changing management, including changes in the health care system and associated technologies.
  • Learn the professional and interpersonal skills required for effective communication to the primary care team of conclusions and recommendations for diagnosis and patient management.
  • Assure that all professional interactions with patients and colleagues are performed with respect for self and others and with the highest ethical and intellectual standards.
• Develop effective teaching skills for students, residents, and colleagues.
• Recognize and respond to both psychosocial and economic factors that impact patient care.
• Develop expertise in the design, performance, analysis, and communication of scholarly activities, involving clinical, epidemiological, and/or basic science investigation.

4 OVERALL OBJECTIVES OF THE INFECTIOUS DISEASES FELLOWSHIP PROGRAM

With the advice and support of faculty, the fellow should:

• Define his/her individual goals, make these goals known to the program director in regular meetings, and assure that the program helps the fellow meet these goals successfully.
• Perform consultation on a broad spectrum of hospitalized patients with infectious diseases, including patients with HIV infection, elderly patients, immunocompromised patients (e.g. with cancer, neutropenia, solid organ and stem cell transplant recipients), surgical patients, complicated general medical patients, indigent and privately-insured patients, and immigrants.
• Evaluate a broad spectrum of outpatients with infectious diseases, including those with HIV infection, tuberculosis, sexually transmitted diseases, immigrants, and patients with chronic infections, and provide follow-up of patients seen in the inpatient setting.
• Perform longitudinal primary care for a cohort of HIV-infected patients for at least 24 months in a continuity clinic. Ambulatory training must include longitudinal care (at least 12 months of direct supervision of each patient) of at least 20 patients with HIV infection.
• Participate in a Journal Club with colleagues on a biweekly basis to evaluate the current medical literature.
• With skilled and experienced senior staff, observe and develop effective consultative skills for the efficient evaluation of patients referred for infectious disease consultation, learning how to communicate with referring physicians and other members of the health-care team, and coordinating responsibilities and information with the patient’s primary care physician in order to ensure uninterrupted patient care.
• Learn to recognize and avoid potential conflicts of interest and self-interested behavior as they relate to patient care and professional interactions.
• Learn to speak and write effectively by regularly giving well-planned lectures and discussions to colleagues and by writing manuscripts for publication.
• Recognize the appropriateness and acceptability of recommendations on actual patient care and the financial feasibility of such recommendations for the patient and care conditions.
• Develop an independent research program with the guidance and support of one or more faculty members. Perform and complete the project, and present and publish results in peer-review journals. Learn how to write a competitive research grant application, and prepare a grant application to support fellowship or post-fellowship research efforts.
• Seek and respond effectively to feedback and advice.
• Provide feedback regarding the fellowship program and the faculty members.
• Through participation in Infection Control committee activities and other experiences, develop an understanding of and demonstrate competency at systems-based practice.
• Develop an understanding of and demonstrate competency at practice-based learning

5 TRAINING/GRADUATION REQUIREMENTS

• At least 12 months clinical training (including the clinical microbiology month).
• At least 24 months of a weekly half-day continuity clinic (including a minimum of 12 months of longitudinal HIV/AIDS care of at least 20 patients).
• Participation in all required conferences.
• Completion of a substantial research project.
• Satisfactory performance evaluations from faculty members and the SOC for all of the above activities.
Logistics

1 Computer Training

Computer literacy is essential to functioning effectively as a physician and within our program. All of your medical charting is done through the particular medical center's electronic medical record (EMR) system. The New Innovations Residency Management Suite (RMS) is used to log duty hours weekly and is used for all evaluations. Thus, it is vital that you are able to use these systems.

Computer training is available at the University of Minnesota Medical Center (UMMC). The Biomedical Library staff present an overview of the services and resources offered through the use of computers, and also demonstrate search strategies for medical practice and research. Using online demonstrations of the Library's online Web forms to request services (e.g., photocopying) and databases to search for health related information (e.g., Medline and electronic journals), fellows can learn how to connect to these resources from within the Library, their clinics, or from home. Information is updated monthly to give fellows access to the most current health topics. The Bio-Medical Library will also assist fellows in any other computer-related issues they might have. Computer training for the EMR systems used by affiliated hospitals will be provided by those institutions.

Contact: RGFISHER@UMN.EDU

2 Email Addresses

Fellows are assigned a University e-mail account at the beginning of their fellowship. If you are coming from another program, you will need to initiate your new U of M account (if you haven't already). Go to https://idp2.shib.umn.edu/idp/umn/getaccount.jsp and under “Student Account” click “Initiate” and enter your information. (If you choose to continue to use your Gmail, Hotmail, Yahoo, etc. account, you must forward your U of M email to that account. Once you log in to your U of M email you can click on the “settings” tab which will bring you to a screen where you can choose the “E-Mail forwarding and autoreply” link to have your account forwarded to your other account. However, this is not recommended or sanctioned by this program.)

You are required to log-on to your U of M email AT LEAST every 2 days as we regularly send announcements about the program via e-mail. Additionally, the University exclusively uses email as the official mode of communication.

3 Intranet and Internet Access

All Residents and Fellows have internet access through the University of Minnesota. Your login and password are tied in with your email account at the University of Minnesota. To login, go to the University of Minnesota web site: http://www1.umn.edu/twincities/index.html, Click on “One Stop” -- At this level you can search for names and check your email. Click on “myU Portal” – located in the top,
right corner of this page then on “Click here to Sign-In”- Enter your X500 (Internet ID) and password. If you are logging in for the first time, and don’t have your password information yet, this page will give you the phone number to call for this information OR you can click on the “Internet Account Initiation” button. The “myU Portal” site is the location for general information such as Academics index page, Finances index page, Services index page, and the Help index page, all which will provide you with many resources. You also have access to your Human Resources information through “myU Portal.” Remember, it is very important to logout of the internet when you are done viewing this site, as your personal payroll information is listed here.

4 MAIL

Many important mailings are sent directly to fellows’ homes. Fellows must check their mail regularly. For those fellows doing their rotations at the University of Minnesota Medical Center, mail can be retrieved in room D416 Mayo. Fellows doing rotations at other sites are also expected to stop in to D416 Mayo routinely to collect their mail. Fellows should make sure that the division secretary and the program coordinator have their current home address and phone number at all times. Mail for fellows that is received at the VAMC is saved in the fellows' mailbox in the ID office (3B-105), where fellows should check regularly (e.g., after Tuesday AM clinical conference).

5 PAGERS

Each fellow will be assigned a universal pager to be carried throughout their training. Fellows will not have to switch beepers when they switch sites as the pagers have an 80-mile radius. Batteries for pagers are available at the division office, D416 Mayo. If the pager needs repair, please contact your program coordinator. Certain repairs are at no charge to the fellow; however, if the repair is due to water damage or poor handling, the fellow may be responsible for the repair or replacement of the pager. At the end of training, fellows must turn their pagers in to the division secretary in D416 Mayo.

6 HOSPITAL EMR PASSWORDS AND ACCESS

EMR passwords and access will be provided at all site locations. Initial login and password information can be obtained through the Education Office at each site.

If you are having problems logging into these systems, please call the Information Center at 612-672-6805 (for EPIC, PACS).

7 WHITE COATS

Each fellow is issued two white lab coats to last throughout the fellowship. Additional coats may be purchased (at the fellow’s expense). Please contact the program coordinator to order an additional coat.
8 LAUNDRY SERVICE

The first time you are having your coat laundered, you must be sure to request that your coat be tagged and chipped for identification so that your coat will be routed back to you. Ask for assistance with this from your program coordinator. After the initial identification, you may put your coats in the laundry bag located in the division office, D416 Mayo. Coats take approximately two weeks to be laundered.

9 U-CARD

Your U Card identifies you as a student, staff or faculty member. Your first U Card is free and can be obtained at the U Card Office located in room G22 in the Coffman Memorial Union building, 300 Washington Avenue SE, Minneapolis / East Bank Campus, phone 612-626-9900. They are open weekdays from 8:30am to 4:00pm. Bring your driver's license, state ID or passport and be prepared to have your picture taken.

Use your U Card for:

- Campus ID purposes
- Making Gopher GOLD purchases
- All your checking needs
- All your calling needs
- Checking out library materials
- Entering the recreation center, golf course, computer labs, and some buildings
- Cashing checks at the Bursar's Office
- Art and athletic ticket discounts (available at place of purchase)
- Accessing art materials, student employment, business school services, and more!

SEE THE U CARD WEBSITE FOR FURTHER INFORMATION:
http://www1.umn.edu/ucard/umtc/home.html

10 PARKING

University of Minnesota Medical Center: A temporary parking card is provided for the inpatient rotation. This allows for 22 parking days during the month at the Oak Street ramp. There are a number of additional parking lots available on the East Bank campus. Go to: http://www1.umn.edu/pts/ for maps and prices or for information on contract parking.

VA Medical Center: Free parking is available at the VA Medical Center.

Hennepin County Medical Center: Fellows on the inpatient service pay a $50 deposit for a parking card at the beginning of the month. At the end of the rotation when the card is returned, they get the $50 back.

Abbott-Northwestern Hospital: Fellows will be provided with a parking card for the Patient Parking Facility near the hospital.
11 MEAL TICKETS

There is no allotment for meals for fellows in Infectious Diseases.
Insurance

1 Medical Insurance

SEE THE INSTITUTION MANUAL, PAGE 12, FOR ADDITIONAL MEDICAL INSURANCE INFORMATION.

All Medical Fellows must be enrolled in one of two medical insurance plans offered through the residency/fellowship training program unless the fellow provides documentation of other comparable medical insurance coverage. Please refer to the departmental Medical Resident/Medical Fellow Benefits Program Booklet for comparison information of premiums and benefits available under each plan. Please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu if you have enrollment questions or need to make changes in your medical insurance coverage.

QUESTIONS REGARDING YOUR SPECIFIC POLICY, SUCH AS COVERAGE SHOULD BE DIRECTED TO HEALTHPARTNERS (https://www.healthpartners.com/uofmgme/).

OR http://www.shb.umn.edu/twincities/residents-fellows-interns/med-school.

2 Dental Insurance

SEE THE INSTITUTION MANUAL FOR ADDITIONAL DENTAL INSURANCE INFORMATION.

Optional dental coverage is available for Medical Fellows only. Family dental coverage is not available.

Please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu if you have dental enrollment questions. Questions regarding this dental policy, such as what is and is not covered should be directed to the Delta Dental Customer Service Center at 651-406-5916 or 1-800-553-9536


3 Short-Term Disability Insurance

Short-term disability insurance is provided, at no cost, to all fellows in the Department of Medicine through Guardian. Enrollment in the short-term disability plan is automatic with no application form required.

Under this policy, a disability is defined as an injury, sickness or pregnancy for which you are under the ongoing care of a physician or practitioner other than yourself. The plan pays for both total and partial disability. This plan has a 15-day beginning date - you must be disabled for 14 days before benefits begin. The plan pays 70% of your base stipend if disabled and benefits can be paid up to 24 weeks. Maximum weekly benefit is $1,000.00.
4 Long-Term Disability Insurance

Please see the Institution Manual for complete Long-Term Disability Insurance Information.

5 Professional Liability Insurance

The Medical Resident and Medical Fellow Professional Liability Insurance policy is administered through the University’s Office of Risk Management and Insurance.

Questions regarding this policy should be directed to Krista Cozine at 612-625-9995.

6 Maternity Leave

Under this policy, pregnancies are covered for four weeks after the 14-day waiting period. Payments are made according to the schedule listed below.

- Days 1-14 (two weeks) of maternity leave: 100% stipend paid by the University
- Days 15-42 (four weeks) of maternity leave: 70% stipend paid by Guardian

7 Life Insurance

Forms to request a change of beneficiary may be obtained by contacting the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu.

8 Workers’ Compensation

Refer to the Institution Manual for workers’ compensation benefit information as well as the GME website under “Resident and Fellow Resources” for a detailed description of the procedure for needle sticks.
Stipends, Vacation, Leave, and Other Policies

1 Stipends

The base stipend levels for the 2015-2016 academic year are:

- PGY4 $56,892.00
- PGY5 $59,081.00
- PGY6 $61,155.00
- PGY7 $63,111.00

The pay schedule is listed under “Stipends” in section A of the Department of Medicine Policies and Procedure Manual. The contact for specific payroll-related questions is Troy Christiansen in Human Resources at 612-626-0119.

2 Holidays

The University observes the following holidays; however, the fellowship program does still cover certain services at the hospital during these days. Fellows rotate call coverage on these days and all other fellows will be off their rotation duties for these holidays.

- Friday, July 3, 2015: Independence Day (observed)
- Monday, September 7, 2015: Labor Day
- Thursday, November 26, 2015: Thanksgiving Day
- Friday, November 27, 2015: Floating Holiday
- Thursday, December 24, 2015: Floating Holiday
- Friday, December 25, 2015: Christmas Day
- Friday, January 1, 2016: New Year’s Day
- Monday, January 18, 2016: Martin Luther King, Jr. Day
- Friday, March 18, 2016: Floating/Personal Day
- Monday, May 30, 2016: Memorial Day

As not all sites observe the same holidays, fellows should verify any days off due to holidays with their rotation director and clinic site well in advance.
3 VACATION/SICK LEAVE POLICY

In accordance with the ABIM policy, all fellows will be given one month of leave (28 days total), to be used for both vacation and sick leave. Any leave that exceeds one month will be unpaid and must be made up at the end of the training. There is no carryover of vacation or sick time from one year to the next. For details, please refer to the ABIM policy located on the web at www.abim.org. For sick time, fellows are responsible for promptly notifying the fellowship program coordinator, the coordinator of the site they are rotating at, the appropriate faculty member, and/or their continuity clinic. Sick leave will be approved for legitimate illness.

Vacation time includes 15 weekdays and 6 weekend days (for a total of three weeks of vacation per year). Fellows are allowed to take no more than one week of vacation per month during the clinical microbiology month and certain inpatient consult months (pediatric ID and the ANW rotation), and no more than two weeks of vacation per month during other inpatient consult months. Vacation is usually not allowed during the transplant ID month at UMMC unless extenuating circumstances apply.

One week means Sunday through the following Saturday, which is seven full days. Any exceptions to this one full week policy must be approved by the program director. Vacation days cannot be carried over to the next academic year. It is Department of Medicine policy that once a vacation has been processed it cannot be changed. Regarding planned vacations, fellows are responsible for notifying the fellowship program director and coordinator, the coordinator of the site where they are scheduled to be rotating, and their continuity clinic, preferably at least two months in advance.

Fellows who are graduating from the fellowship program are allowed to take vacation during one of the last two weeks of their fellowship. Please plan accordingly and save a week of vacation if you wish to use it at the end of your academic year.

4 PROFESSIONAL AND ACADEMIC LEAVE POLICIES

Time away for academic leave and conferences other than those that are part of the curriculum may be granted in addition to regular vacation time. Requests must be received in writing by the fellowship office, and approved by the fellowship director, 3 weeks in advance of the planned absence. No more than 10 days per academic year will be allowed; time beyond this limit must be taken as regular vacation time.

It is the policy of the Infectious Diseases Fellowship Program to encourage fellows to attend one national conference (usually the Infectious Diseases Society of America annual meeting) per academic year. Since conference attendance is expected, this absence must be counted as academic leave, not as days off. In addition, fellows may wish to attend other out-of-town conferences, for educational or research purposes. The specific policies and processes regarding fellowship-related travel and reimbursement are detailed below.

Policy: Medical fellows in the IDIM Division are reimbursed for appropriate travel during their fellowship per these guidelines:
• Fellows on a training grant: an annual allowance for attendance at conferences directly related to their research is provided. The amount depends on the training grant. Availability of travel funds should be discussed in advance with the training grant's Principal Investigator. If available, training grant travel funds will be used to support travel to the IDSA meeting (see below).
• All other fellows: reimbursement will be provided for attendance at the IDSA meeting (as available). Fellows are encouraged to apply for Travel awards.
• All fellows: Fellows may arrange full reimbursement for conference fees directly from their research mentor, if related to their research. For travel grants obtained through the fellowship program to attend other conferences, fellows may apply any unspent balance toward additional conferences within the same academic year, with the program director's permission.

Process:
• Fellows will request reimbursement for conferences prior to making conference registration by contacting the program director and program coordinator.
• The program director will document approval by email provided to both the requesting fellow and the program coordinator. The program coordinator will verify the amount of money available to the fellow by checking the fellow travel form. If insufficient funds remain available to the fellow, the coordinator will notify the fellow before travel arrangements are made.
• Each fellow is responsible for submitting receipts for their travel expenses and an expense worksheet outlining the specific expenditures to the program coordinator for processing.
• The program coordinator will submit the request for reimbursement and the fellow will receive a check directly from the accounting department.
• Travel-related funding cannot be carried over to the next academic year, nor can it be used for other educational needs.
• All academic travel shall be approved by the program director before making any travel arrangements.

Contact the program coordinator for information regarding the Travel Reimbursement Policy and Procedures before travel.

5 Maternity/Paternity Leave Policy

Fellows are provided with 6 weeks of paid maternity leave and 2 weeks of paid paternity leave. (Note that any leave that, when added to vacation time and any other personal time away, results in more than one month away from the program in a PGY year will extend training.) Fellows should notify the program director as far in advance as possible of the request for maternity/paternity leave.

Other Personal Leave should be requested at least 3 months in advance of the planned leave, except in the case of a personal crisis or emergency, for which appropriate notifications should be made as soon as possible (to the program coordinator, program director, clinic director, research mentor, consult attending, etc.). Fellows are responsible for arranging schedule changes for all other personal leave and should make arrangements as far in advance as possible, in consideration of their colleagues and the program.
When requesting a Leave of Absence, please consider the following:

The ABIM allows one year of training to be interrupted by only four weeks, including vacation, sick leave, educational leave and Maternity/Paternity Leave. Any time off exceeding four weeks will extend your training.

When taking maternity leave (6 weeks paid) or paternity leave (2 weeks paid), consider the following:

- This leave time, in addition to any vacation time, could extend a fellow’s training.
- Maternity Leave (6 weeks paid): Unless vacation is used to cover some of the leave, all time will need to be made up.
- Paternity Leave (2 weeks paid): Unless vacation is used to cover some of the leave, all time will need to be made up.

6 Unauthorized Leave

Unexcused, unsupported, or unauthorized absences/leaves and/or significant tardiness from any mandatory clinical or educational activity constitutes unprofessional conduct. Under your signed employment contract, unprofessional conduct is behavior that will subject the fellow to discipline for non-academic reasons. Such discipline may be in the form of a written warning, probation, suspension, or termination.

7 Other Leave

Refer to the Institution Manual for information on the following types of leave: bereavement, medical, Family Medical Leave Act (FMLA), jury/witness duty and military.

8 Effect of Leave on Satisfying Completion of Training

All fellows must meet the twenty-four month training requirements established by the American Board of Internal Medicine. Fellows may miss one month per year or two months per fellowship, including vacations, sick leave, leaves of absence (LOAs), etc. Time in excess of two months, whether for vacations, sick leave, maternity or paternity leave, must be made up to meet this requirement. This requirement does not include the additional third year for research that many fellows undertake.

Any request for a LOA should be considered carefully. A requested LOA must be discussed with the fellowship program director. The fellowship program director must approve your request at least three months prior to the requested LOA date. Exceptions may be made if the request falls under the definition of the Family Medical Leave Act (FMLA). (Please see Part A of the Department of Medicine Policies and Procedure manual for the Medical School policy on FMLA). **Do not assume that a LOA will be granted automatically. Obtain approval before making plans.** Please refer to the Institution Manual for information on the disciplinary and grievance procedures.
9 **DISCIPLINARY AND GRIEVANCE PROCEDURES**

Please refer to the Institution Manual for disciplinary and grievance procedures.

10 **LIFE SUPPORT CERTIFICATIONS (ACLS/BLS/PALS)**

Please refer to the Institution Manual for the life support certification policy.

11 **VISAS SPONSORSHIP**

The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Infectious Diseases Fellowship Program sponsors only J-1 visas. We do not sponsor H-1B visas. More information on J-1 visa sponsorship can be found on the UMN-GME webpage.
Other Services and Resources

1 RESIDENT ASSISTANCE PROGRAM

Training can be stressful for fellows and their families. While we try to foster a culture of professionalism, warmth and support within the program, there are times when a fellow or his/her family may wish to have additional counseling. The Resident Assistance Program (RAP) is a confidential assistance program designed specifically for residents and fellows, and is available to all residents/fellows and their families free of charge. Residents/fellows and their families are encouraged to take advantage of this benefit.

RAP offers support and assistance to residents/fellows with issues and problems such as getting a handle on debt, dealing with stress, career choices, relationships, and adjusting to training programs. RAP is strictly confidential, and is provided by an outside firm, Sand Creek Group, Ltd. The RAP program will NOT notify the program or program director of a fellow’s use of the program.

Contact: Sand Creek Group, Ltd. at 651-430-3383 or 1-800-632-7643

For further information regarding the Resident Assistance Program, go to:

http://www.gme.umn.edu/residents/rap/home.html

2 RESEARCH RESOURCES

Fellows have access to free full PubMed articles. Fellows may gain automatic access while connecting to the internet through the University network; fellows can access the same articles from home computers by logging into my with your x500 account, going to the Biomedical Library tab and clicking on E-journals. Fellows also have access to workstations in the Reference Area of the Bio-Medical Library in Diehl Hall. The EMRs at several sites also have access to UpToDate and other point-of-care reference material.

Fellows may photocopy articles using the copy machines in the Biomedical Library in Diehl Hall. Please contact the University Education Office for the appropriate budget number. Fellows may also use departmental photocopiers and the copiers in the Medicine Offices at the hospital sites.

3 DUTY HOURS/ON CALL HOURS

When averaged over any 4-week rotation or assignment, fellows must not spend more than 80 hours per week in patient care duties. Duty hours are generally 8:00 a.m. to 5:30 or 6:00 p.m. weekdays, although on busy services work rounds may extend later into the evening. Night call is taken at home via pager. In compliance with ACGME guidelines, fellows must take one day (including weekend days) off per week, on average, on all rotations. This translates to an average of two weekends off per month. It is the responsibility of the individual fellow, in cooperation with his/her attending, to determine the most appropriate day off. The one day off per week rule does not include vacation and sick leave time.
Days off can be used for elective academic or educational activities, at the fellow’s discretion, but not for required educational activities such as the national IDSA meeting.

Call schedules for each site are prepared by the site’s administrator and are posted at each site.

**On Call Rooms**

**UMMC:** 18 on-call rooms are located on the 4th floor of the Mayo building. All rooms have punch code security access which is changed daily, and a security monitor on duty from 2:00PM-8:00AM. On-call residents, medical students, fellows, attending physicians and certain on-call hospital staff are eligible to check-in to a call room. There are 3 call rooms available in the hospital, and additional call rooms located in the Mayo building, which is connected to the hospital via skyway and tunnels.

**VAMC:** Fellows on call have a call room available to them, located on the second floor. Keys can be obtained at the Medicine Office from Carol Hermanson or Donna Luck.

**HCMC:** Two call rooms are available to the Infectious Diseases fellows, both accessible through R7.521 (seventh floor of the Red Building). There is a combination lock on the door; the code can be obtained at the Infectious Diseases Administrative Office.

**ANWH:** Fellows on call have a call room available to them, located on the second floor. Access can be obtained via the Graduate Medical Education Office (Anne Klinkhammer: 612-863-4649) or, after hours, the night float resident.

### 4 Residency Management Suite (RMS)

All fellows will receive RMS training during their first-year orientation where the “painting” system will be introduced. Fellows are responsible for painting in their hours worked. It is expected that fellows log in to RMS at least every three days to enter in hours; however, daily entering would be ideal. For all questions related to RMS, please contact the program coordinator. The program coordinator will be checking compliance and will send reminders with deadlines. Painting in duty hours is a program requirement. Failure to comply fully could result in disciplinary action.

### 5 Monitoring of Fellow Well-Being/Adequate Rest

The program directors and fellowship coordinator will monitor duty hours, days off, and adequacy of rest at all sites by reviewing RMS duty hour reports. The program directors will review duty hour issues at the regularly scheduled fellows’ meetings. The program encourages fellows to recognize their own levels of stress also, and to seek the advice of their program directors, fellowship coordinator, or attending physician if stress becomes too great. Resident Assistance Program (651-430-3383; 1-800-632-7643) is an additional resource.
6 SUPPORT SERVICES

Please see the Resident Inpatient Guides for specific information related to accessing and utilizing these services and systems at all sites affiliated with the Internal Medicine Residency Program. Each of these services must be provided at all sites affiliated with the Internal Medicine Residency Program.

LABORATORY/PATHOLOGY/RADIOLOGY SERVICES

Inpatient clinical support services are available on a 24-hour basis at UMMC, HCMC, the Minneapolis VAMC, and ANWH to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, Inpatient Radiology services including laboratory and radiologic information retrieval systems that allow prompt access to results.

MEDICAL RECORDS

Clinical records that document both inpatient and ambulatory care are readily available at all times. Each site provides electronic and/or paper-based medical records for patient care. Passwords and access to these records are provided at each site’s orientation during the first day of the rotation.

SECURITY/SAFETY

Security and personal safety measures are provided to 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 buildings).

Contact Information:

UMMC Security Office: 612-273-4544 / East Building / Riverside Campus
University of Minnesota Security Monitor Program: 612-624-WALK
HCMC Security Office: 612-873-3232
ANWH Security Office: 612-863-5416 (internal phone, 3-5416)

7 MOONLIGHTING POLICY

In addition to the Moonlighting Policy set forth in Part A of the Department of Medicine Policies and Procedure Manual, fellows must adhere to the following guidelines specific to the Internal Medicine training program. Moonlighting is defined as any work performed as a physician outside of the fellowship program that generates revenue.

In general, the Department of Medicine discourages moonlighting activities by fellows. Moonlighting during the hours of 8:00 am to 5:30 pm on workdays or during any hours while on call is strictly prohibited. The Department views moonlighting during these times as a breach of trust and a violation of professionalism. Clinical responsibilities extended beyond these hours have priority over any
scheduled moonlighting activities. Moonlighting must not interfere with the fellow's performance of patient care or educational responsibilities on any rotation during fellowship training. Fellows violating this policy may be subject to probation, suspension without pay and/or disciplinary action including, but not limited to, termination.

Moonlighting is discouraged during any rotation in which the fellow has clinical responsibilities. Any moonlighting that is done during clinical rotations must not interfere with the fellow’s clinical responsibilities, so is best limited to the fellow’s days off or, if done on weekdays, should not begin until the completion of daily rounds (the timing of which must be negotiated in advance with the supervising faculty physician). All fellows who secure moonlighting positions must obtain advanced approval from the fellowship program director. In order to be approved, the fellow must provide the organization and site of the moonlighting activity, the nature of work (i.e. urgent care, chart review, etc.), the name and telephone number of the immediate supervisor, and the anticipated hours of work per month. This information should be provided to the program director by using a standardized moonlighting form that is available from the program coordinator.

Professional liability insurance coverage is the responsibility of the fellow and/or hiring institution. The insurance coverage provided by the University of Minnesota does not cover moonlighting activities, including that which occurs at the VA or Regions Hospitals.

**Fellows holding J1 visas under sponsorship of the ECFMG may NOT moonlight.**

### 8 HIPAA TRAINING

All University of Minnesota Residents, Fellows, Faculty and Staff are required to complete HIPAA training sessions through the University of Minnesota, regardless of any other training sessions you may have had elsewhere. HIPAA Training is federally mandated. You access your training through ULearn. These training sessions will be assigned to you and must be completed soon after your fellowship start date. To log on, sign in using your X500 and password.

All Fellows will need to complete the following training sessions:

- Introduction to HIPAA Privacy and Security Video
- Privacy and Confidentiality in the Clinical Setting
- Privacy and Confidentiality in Clinical Research
- Data Security in Your Job
- Securing Your Computer Workstation
- Using University Data
- Managing Health Data Securely

For more information about the University of Minnesota’s Privacy and Security Project and Federal regulations, go to: www.privacysecurity.umn.edu.
Fellowship Program Curriculum

1 OVERVIEW OF CURRICULUM

1. Clinical Training (11 months direct patient contact, plus continuity clinic)
   a. Required Inpatient rotations (10 months)
      i. University of Minnesota Medical Center (UMMC) (4 months)
         1. Two Months General ID
         2. Two Months Transplant ID
      ii. Veteran’s Affairs Medical Center (VAMC) (3 months)
      iii. Hennepin County Medical Center (3 months)
   b. Elective Inpatient rotations
      i. Regions Hospital
      ii. Abbott Northwestern Hospital (ANWH)
      iii. Masonic Children’s Hospital (Peds ID)
      iv. Additional months at UMMC, VAMC, or HCMC
   c. Required Outpatient rotations
      i. Outpatient continuity clinic (1 half-day per week for duration of fellowship)
         1. Delaware Street Clinic (UMMC)
         2. Positive Care Clinic (HCMC)
         3. The Doctors ID Clinic (Frank Rhame)
         4. Infectious Diseases Institute, Makarere University, (Kampala)
      ii. Orientation Month (1 month)
         1. Multiple outpatient clinics
   d. Required Clinical Microbiology Training
      i. VAMC Clinical Microbiology Lab (1 month)
      ii. One week intensive course at HCMC Clinical Microbiology Lab during Orientation month
      iii. Daily or weekly plate rounds at certain hospitals during inpatient rotations

2. Research (Clinician-Scholar track: 6-12 months; Academic Research track 24-36 months)
   a. Development of an in-depth research project on topic of Infectious Diseases significance, with faculty mentoring the fellow. Training includes opportunities in project design, writing up and defending a research proposal, data collection methods and analyses, presentation of findings at local research conferences and/or regional or national meeting, and writing up results for publication in a peer-review journal.

2 INPATIENT CONSULTATION SERVICES

Fellows typically spend their first year (at least 10 months) and up to two months in their second year on the Infectious Diseases inpatient consult service (alternative schedules are possible). In general, clinical rotations involve a 1 month block of time at a particular institution. The schedule provides clinical exposure to diverse patient populations and familiarity with the faculty members at each
hospital within the Fellowship Program. The inpatient service consult teams include the fellow and an Infectious Diseases attending. Many months, the team may also include one or more Medicine or Medicine/Pediatric residents, third or fourth year medical students, and/or pharmacists or podiatrists in training.

The inpatient consult service involves initial consultation and follow-up of patients with a wide range of Infectious Diseases problems. Rounds are held daily with the attending, and involve close interaction with the microbiology laboratory and the infection control service. In addition to consultative work, fellows will be involved in the teaching and supervision of medical house staff and students taking the Infectious Diseases rotation, and will participate in case presentations at Infectious Diseases Clinical Conferences assigned to the hospital at which the fellow is rotating.

According to ACGME program requirements, appropriate faculty supervision of the fellows must be provided during all of their educational experiences. During their inpatient consult months, all fellows will be supervised by a faculty member from IDIM who is located at the institution where the fellow is rotating.

The fellow and the attending both carry a pager while on-call for the inpatient consult service. Evening and weekend duties vary by service. Fellows have at least two weekends off call per month (starting 5:30 PM Friday), presuming no leave or vacation is taken during the month. The fellow’s specific weekends off should be arranged with the on service attending before the month begins. All fellows also have three weeks of vacation per year. Vacation time off should be arranged well in advance with the fellowship director, coordinator and directors of the clinical services at which the fellows will be rotating (see above section on vacation and leave).

The on-call physician (including fellows) at the VAMC is also required to approve certain restricted antimicrobial agents. These hospitals provide a limited number of doses of such drugs until approval can be obtained the next morning, to limit evening calls. This on-call drug approval experience provides the fellow an opportunity to evaluate a broader range of clinical situations and to learn how to assess quickly and pointedly the degree of illness of the patient and the expertise of the requesting physician. These discussions and their appropriate resolution are at the heart of developing the skills necessary to become a successful I.D. consultant.

### 3 Continuity Clinic

The fellow’s weekly half-day continuity clinic will be either at the Delaware Street Clinic at the University of Minnesota, the Positive Care Clinic at Hennepin County Medical Center, or The Doctors ID Clinic with Frank Rhame. At the Delaware Street Clinic, the fellow will participate in Fellows’ Clinic; several faculty will rotate through Fellows’ Clinic during the course of a year. At HCMC, fellows will be assigned one half-day clinic per week with a specific faculty. At The Doctors ID Clinic, fellows will be supervised by clinic director Dr. Frank Rhame. For fellows conducting research in Kampala, Uganda, continuity clinic will be performed at the Infectious Diseases Institute at Makerere University College of Health Sciences.
4 **OTHER OUTPATIENT EXPERIENCES**

The outpatient clinic experience is an integral feature of the fellows’ training program. In addition to the weekly half-day continuity clinic fellows participate in during the entirety of the fellowship, there are multiple ambulatory care experiences during Orientation month, and outpatient components during the inpatient consults months at VAMC and ANWH and during first-year VAMC research months.

Fellows on the VAMC consult rotation, or doing a first year VAMC research month, spend Friday AM in the Infectious Diseases Pool Clinic, supervised by the ID staff members in the clinic that day.

5 **ORIENTATION MONTH**

Incoming fellows participate in Orientation Month each July. During the course of this month, fellows participate in various outpatient experiences, receive critical didactic lectures from senior fellows and faculty, begin their continuity clinic, and participate in our online Global Health curriculum.

**CLINIC ROTATIONS**

**Hennepin County Public Health Clinic (HCPHC)**
Health Services Building, 4th floor, 525 Portland Avenue South, Minneapolis, MN 55415
612-543-5555

Parking may be easiest at the Parking ramp on 6th and Park Avenue. It’s not too far from the light rail Metrodome stop. Take the elevator to the fourth floor; ask the front desk to let you in.

Fellows rotate with either Drs. Tsukayama or Rock in the TB clinic or with Katia McDonough in the Red Door/STI Clinic (both clinics are in the same space).

Clinic starts at 8AM (morning session) or 1PM (afternoon session)

**Delaware Street Clinic (DSC)**
Phillips-Wangensteen Building, Sixth Floor, Clinic 6B, 516 Delaware St. SE, Minneapolis, MN 55455
612-625-4680

Fellows rotate with either Drs. Green, Kline, Cavert, Pragman, Rothenberger, or Pereira

Clinic starts at 8AM (morning session) or 1PM (afternoon session)

**Antimicrobial Management Team (AMT)**

This service is based at UMMC and is run by Kim Boeser. Contact Kim in advance so you know where to meet on your AMT day. She can be reached at kvarejc1@fairview.org or 612-273-6331 (work) or 612-899-6407 (pager).

**Positive Care Clinic, HCMC**
915 South 7th Street, Blue Building, Level 1, B1.290, Minneapolis MN 55415
612-873-2700

Parking may be easiest at the Parking ramp on 8th and Chicago Avenue. It’s not too far from the light rail Metrodome stop.
HCMC CLINICAL MICROBIOLOGY LAB INTENSIVE

Fellows spend 1 week during Orientation Month in the Clinical Microbiology Lab at HCMC under the guidance of Glen Hansen.

INDEPENDENT STUDY: PARASITE MODULE

Norrie Zier (612-626-3526 or nzier@umn.edu) sets up access to the online content of the Global Health Course for all of the fellows. The expectation is that fellows work through Module 4 (Parasitic Infections) by the time our Clinical Competency Committee meeting occurs in October. It is a 40 hour course. The idea is for you to get as much completed during the Orientation month; any remaining lectures can be completed on the fellow's own time.

BOOTCAMP LECTURES

These lectures are geared towards incoming fellows and focus on ID emergencies, fundamentals of ID, and fellowship pearls. Lectures are given by both senior fellows and faculty.

6 CLINICAL MICROBIOLOGY TRAINING

Training includes a one-month rotation at the VAMC Clinical Microbiology Lab and a one week rotation at the HCMC Clinical Microbiology Lab during the ID Orientation Month. The core of this rotation is hands-on experience in clinical bacteriology, mycology, and parasitology, by working with microbiology technicians on actual patient samples. Emphasis is placed on the practical details of processing clinical microbiological specimens and accurate interpretation of results. This practical experience is augmented by self-study materials available at each institution, including web-based learning and microbiology texts. Short lectures are also given by microbiology staff.

Additional clinical microbiology training and exposure is provided during the clinical inpatient rotations, which include close consultation with the microbiology laboratory. The details of this consultation vary by institution, but typically involve daily or weekly microbiology rounds and discussions of clinical specimens.

7 RESEARCH TRAINING

An appropriate, focused, and productive research experience for each fellow is a primary goal of the Infectious Diseases program at the University of Minnesota. The research experience begins with two dedicated research months at the VAMC or UMMC during the first year. The division appreciates that the fellow’s research experience may well determine the direction of his/her subsequent career. Consequently, this component of the fellowship is given great care and attention. Each fellow is instructed to discuss his/her interests and research options with all relevant faculty members individually and with the division director and fellowship director before making a commitment to a particular project or mentor. These discussions are intended to assure the focus, feasibility, and suitability for the particular fellow of a proposed project.

Fellows in the (two-year) Clinician-Scholar track will have up to 10 months during their second year to focus primarily on clinical research and scholarly projects, while maintaining some clinical
activities. This research activity must be VAMC based. Fellows in the (three or four-year) academic research track will devote most of year two and all of years three and four to focused research activities and related training. Fellows in either track may decide to engage in basic, epidemiological or clinical research. The ID division is able to provide appropriate guidance in each of these areas. The main requirement is that the research be of the highest possible quality and provide a credible base for further relevant work, including future employment. For academic research track fellows, specialized training in epidemiological and clinical research may be available through the University of Minnesota School of Public Health, partially supported by the division's NIH-sponsored T32 training grant (see below).

During the summer or fall of the first year each fellow should identify a primary faculty mentor. The primary mentor usually, but not necessarily, will be a member of the Division of Infectious Diseases. The primary mentor will be responsible for helping the fellow plan and carry out his/her research project, overseeing the fellow’s progress during the research years, and assisting with future career planning, including the employment search and interview process.

With the assistance of the mentor, each fellow should next select a research project and assemble a research committee, which typically will consist of at least two faculty members in addition to the primary mentor. The other committee members can contribute expertise in areas relevant to the fellow's project that complement the strength areas of the primary mentor. The other committee members also provide an objective, outside perspective on the research project itself and on the fellow's progress with it. Committee members may be selected from outside the Division of Infectious Diseases, such as from the School of Public Health, the Department of Microbiology, the Dental School or another division within the Department of Medicine. If the primary mentor is not an Infectious Diseases faculty member, at least one other committee member must be. The fellow should meet quarterly with the research committee to review progress and plan next steps.

Fellows, in coordination with the primary mentor, are responsible for seeking Human Subjects Committee and other required approvals before beginning work on their project. Fellows are encouraged to present their preliminary or final results at internal research conferences and/or regional or national meetings.

To provide centralized oversight of fellows’ academic progress, the program has established a Scholarship Oversight Committee (SOC) which will systematically review the progress of all fellows semiannually (January and June). Fellows are expected to present to the SOC their research plan at its inception and to review with the committee their progress and productivity semiannually, according to a checklist that addresses research activity, publications, presentations, coursework, grant applications, etc.

8 FUNDING OF RESEARCH

NIH TRAINING GRANT: INFECTIONIOUS DISEASES TRAINING IN CLINICAL INVESTIGATION

Because of the increased need for Infectious Diseases clinical investigators who can address the growing crisis of “Emerging and Re-emerging Infections”, the Departments of Internal Medicine and Pediatrics at the University of Minnesota Medical School offer a training track for fellows interested in
acquiring skills in the areas of clinical epidemiology and clinical trials research. This multidisciplinary, NIH-supported T32 Training Program draws upon a large number of University of Minnesota faculty members and colleagues at the Minnesota Department of Health. Fellows entering this two or three-year training track will generally be second year fellows who have completed a clinical year of adult or pediatric Infectious Diseases training. In addition to working with a primary mentor and a research advisory committee on a research project(s) related to an Emerging Infectious Diseases topic, T32-supported fellows may petition for support in taking selected courses in the School of Public Health, applicable to either a Master of Public Health (MPH) degree (for fellows interested primarily in epidemiology-focused research) or a Master of Science in Clinical Research (MS-CR) degree (for fellows interested in clinical trials or other clinically-based research). Selection of a Primary Mentor is encouraged early in the first year of clinical training. Participants include the Departments of Medicine, Pediatrics, and Microbiology, the School of Public Health, the School of Dentistry, the College of Veterinary Medicine, the School of Pharmacy, the Center for Infectious Diseases Research and Policy, and the Minnesota Department of Health.

This is the primary method of supporting the research years of Academic Research Track fellows.

If you have specific questions regarding the T32 training program, please contact the principle investigator for this grant, Dr. James Johnson, at johns007@umn.edu.

GLOBAL HEALTH FELLOWSHIP PROGRAM: NORTHERN/PACIFIC GLOBAL HEALTH RESEARCH FELLOWS TRAINING CONSORTIUM

The Global Health Fellowship Program, supported by the Northern/Pacific Global Health Research Fellows Training Consortium and the National Institutes of Health’s Fogarty International Center (FIC), provides fellows 11 months of international clinical research training. The Northern/Pacific Global Health Research Fellows Training Consortium is a partnership between the Universities of Minnesota, Washington, Hawaii and Michigan; with international partnerships in Kenya, Cameroon, Uganda, Ghana, Peru, Thailand and China. The program provides stipend support, modest research training costs, travel costs to and from the international collaborating country, and an orientation at NIH in July.

This is a tremendous source of research support for our Infectious Diseases fellows interested in Global Health research. Additional years of research training for Academic Research Track fellows are provided by the T32 training program.

If you have specific questions regarding the Global Health Fellowship Program, please visit the site here or contact the co-principle investigator for this grant, Dr. Chandy John, at ccj@umn.edu.

VA CLINICAL CHIEF RESIDENT POSITIONS

VA Clinical Chief Resident positions are available for research support of Infectious Diseases fellows interested in research projects based at the Minneapolis VA Hospital. These VA-based projects may involve additional research sites (University of Minnesota, Hennepin County Medical Center, Minnesota Department of Health, etc.).

This is the primary method of supporting the research years of Clinician Scholar Track fellows.
DIRECT FUNDING SUPPORT FROM A PRINCIPLE INVESTIGATOR’S GRANT

In rare circumstances, a fellow may be supported directly via a principle investigator’s research grant. This source of funding would need to be negotiated directly with the principle investigator and involve the Program Director.

9 ID Conferences (required conferences in red)

INTER-HOSPITAL ID CONFERENCE
Tuesdays 7:30-8:30 AM, 3B-108 VAMC; simulcast to 1-430 Moos Tower, UMMC

ID RESEARCH CONFERENCE (CIDMTR)
Tuesdays 12:00-1:00 PM, 1-110 Conference room, McGuire Translational Research Facility (MTRF)
(Note: required for 1st yr. fellows only during VA research months; only the biweekly "ID/Micro" sessions, and all ID fellow presentations are required for fellows)

INFECTIOUS DISEASES CORE LECTURE SERIES
Tuesdays after ID Conference (Location varies by faculty presenter)

FELLOWS’ JOURNAL CLUB
Second and Fourth Tuesdays, 8:30-9:30 (or as scheduled) 3B-127 VAMC

CORE CURRICULUM SEMINARS-MEDICINE SUB-SPECIALTIES
July 22 (8:30-11:00 AM) and July 29 (8:00-10:00 AM); 450 MCRB (during Orientation Month)

TROPICAL AND TRAVEL MEDICINE SEMINARS
Every 1-2 months (days vary), 6:00-9:00 PM Multi-Purpose Room, Shriner’s Hospital

UMMC

MEDICINE RESEARCH CONFERENCE
Mondays 12:00-1:00 PM; 450 CCRB

PEDIATRIC I.D. CONFERENCE
Second and Fourth Thursdays 12:00-1:00 PM 13-204 PWB

MICROBIOLOGY JOURNAL CLUB
Wednesdays 12:00-1:00 PM; 1450 Mayo (http://www.mimp.umn.edu/seminars/micro-jc.html)

IMMUNOLOGY JOURNAL CLUB
Mondays 9:00-10:00 AM; 6-101 BSBE
MICROBIOLOGY AND IMMUNOLOGY SEMINAR SERIES
Mondays 12:15-1:15 PM; Mayo Todd Amphitheatre

MEDICINE GRAND ROUNDS
Thursdays 12:00-1:00 PM; 2-650 MoosT

MORBIDITY & MORTALITY CONFERENCE
Fridays 12:00-1:00 PM; 2-650 MoosT

VAMC
MORBIDITY AND MORTALITY CONFERENCE
Wednesdays 12:00-1:00 PM; 3B-108

MEDICINE RESEARCH CONFERENCE OR JOURNAL CLUB
Thursdays 12:00-1:00 PM; 3B-108

MEDICINE GRAND ROUNDS
Fridays 12:00-1:00 PM; 1st Floor Auditorium

HCMC
WEEKLY I.D. CONFERENCE
Thursdays 4:00-5:00 PM; G-5 conference room

PULMONARY/I.D. CASE CONFERENCE
1st and 3rd Wednesdays, 12:00-1:00 PM; Lower Level 42 conference room

ORTHOPEDIC I.D. CASE CONFERENCE
Tuesdays 12:30-1:30 PM; Orthopedics conference room

MEDICINE GRAND ROUNDS
Thursdays 12:00-1:00 PM; Lower Level 42 conference room

ANWH
GRAND ROUNDS
Wednesdays (except last Wed. of month) 7:30-8:30 AM; Education building auditorium
JOURNAL CLUB

Wednesdays 12:15-1:15 PM; Lower Level G750 Conference Room

RESIDENTS' SUBSPECIALTY TEACHING CONFERENCES

Monday, Tuesday, Thursday, Friday 12:15-1:15 PM; Lower Level G750 Conference Room

RESIDENTS' CASE CONFERENCE

Monday-Friday 11:15 AM-12:15 PM; Lower Level G750 Conference Room

SPECIAL PROGRAMS

EMERGING INFECTIONS IN CLINICAL PRACTICE

The goal is to provide state-of-the-art talks and roundtable discussions on topics of highest priority in the field of Emerging Infections and Bioterrorism, presented by U of M faculty, and Minnesota Department of Health and national experts. Infectious Diseases fellows are provided free registration and are expected to attend and participate in the discussions. Typically held in November of each year.

NORTH CENTRAL CHAPTER OF THE INFECTIOUS DISEASES SOCIETY OF AMERICA (NCCIDSA) MEETING

This meeting includes state-of-the-art talks on relevant Infectious Diseases topics from international authorities and U of M faculty and poster sessions. Fellows are provided free registration and are expected to attend and participate in the discussions and to present posters regarding their research. Typically held in late April or early May each year. Co-sponsored with Mayo Clinic.

MIDWEST INFECTIOUS DISEASES FELLOWS' FORUM (MWIDFF)

This meeting, which occurs the morning of the start of the NCCIDSA meeting and at the same location, involves ID fellows from across the country. It includes research presentations by fellows, faculty lectures, and a career-planning component.

SPINK AND WANNAMAKER LECTURES

These two annual lectures bring world authorities in Infectious Diseases to the University of Minnesota as guest lecturers. Fellows have the opportunity to meet informally with the visiting professors to discuss their research and career plans.

DEPARTMENT OF MEDICINE RESEARCH DAY

Fellows present their research at an evening poster session (along with presenters from UMMC, VAMC, HCMC, ANW, and Regions), and can attend a lunch lecture and discussion with the designated distinguished visiting professor.

INFECTIOUS DISEASES CORRIDOR SYMPOSIUM
This day-long conference, held each spring, provides a forum for adult and pediatric ID faculty and fellows to interface with colleagues in allied specialties in a relaxed setting and to share their research findings and plans with one another through oral presentations and posters.

**FELLOWS DAY AND ID BOARD REVIEWS AT INFECTIOUS DISEASES SOCIETY OF AMERICA**

These sessions occur just prior to the main IDSA meeting.

**10 Combined Adult/Pediatric ID Fellowship Training**

Training consists of one year of adult ID clinical training, one year of pediatric ID clinical training, and two years of research training via either an adult or pediatric-based research project. The clinical and research training schedule is tailored to each combined adult/pediatric ID fellow and is generated through the cooperation of both the pediatric ID and adult ID Program Directors. Continuity Clinic is generally provided through the Pediatric ID Clinic at the Masonic Children’s Hospital and the Delaware Street Clinic (Adult ID) at the University of Minnesota Medical Center. The research training is supported by the Adult ID T32 training grant, the Pediatrics ID T32 training grant, or the Global Health Fellowship program. Graduates of this combined fellowship will be eligible for board certification in Adult Infectious Diseases and Pediatric Infectious Diseases.
Evaluation and Supervision

1 SUPERVISION

Fellows are supervised closely in all their activities by designated faculty members, i.e. the assigned infectious diseases consult service attending during consult months, the assigned clinic attending during continuity clinic, and the designated research mentor for research activities. All patient care decisions and recommendations made by the fellow are discussed with the relevant faculty member, and changes (if any) are communicated to the primary teams or patient, as appropriate. Faculty members confirm relevant aspects of the history and physical examination, as assessed by the fellow, to the extent necessary in order to ensure that clinical decision making is appropriate and documentation is accurate. When fellows supervise residents and students in providing patient care, the fellow is responsible for seeing that the decisions and recommendations made by the trainees are appropriate, which then is verified by the responsible faculty member. The program director has overall responsibility for ensuring that fellows are performing and progressing satisfactorily, as ascertained from the standardized evaluations submitted periodically by the supervising faculty members and from direct discussions with these faculty members as needed to clarify any questions raised by the standardized evaluations.

2 MILESTONES

The milestones below are the ACGME-generated metrics used to assess current fellows in ACGME accredited programs. Evaluation of these milestone skills are assessed by faculty during inpatient and outpatient rotations throughout fellowship. The actual milestone scores for each fellow are generated after analyzing the cumulative evaluations for each fellow by the Clinical Competency Committee.

<table>
<thead>
<tr>
<th>Milestone Abbreviation</th>
<th>Milestone</th>
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<tbody>
<tr>
<td>PC1</td>
<td>Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s)</td>
</tr>
<tr>
<td>PC2</td>
<td>Develops and achieves comprehensive management plan for each patient</td>
</tr>
<tr>
<td>PC3</td>
<td>Manages patients with progressive responsibility and independence</td>
</tr>
<tr>
<td>PC4a</td>
<td>Demonstrates skill in performing and interpreting invasive procedures</td>
</tr>
<tr>
<td>PC4b</td>
<td>Demonstrates skill in performing and interpreting non-invasive procedures and/or testing</td>
</tr>
<tr>
<td>PC5</td>
<td>Requests and provides consultative care</td>
</tr>
<tr>
<td>MK1</td>
<td>Possesses Clinical knowledge</td>
</tr>
<tr>
<td>MK2</td>
<td>Knowledge of diagnostic testing and procedures</td>
</tr>
<tr>
<td>MK3</td>
<td>Scholarship</td>
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<tr>
<td>SBP1</td>
<td>Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel)</td>
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<tr>
<td>SBP2</td>
<td>Recognizes system error and advocates for system improvement</td>
</tr>
<tr>
<td>SBP3</td>
<td>Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care</td>
</tr>
<tr>
<td>SBP4</td>
<td>Transitions patients effectively within and across health delivery systems</td>
</tr>
<tr>
<td>PBLI1</td>
<td>Monitors practice with a goal for improvement</td>
</tr>
<tr>
<td>PBLI2</td>
<td>Learns and improves via performance audit</td>
</tr>
<tr>
<td>PBLI3</td>
<td>Learns and improves via feedback</td>
</tr>
<tr>
<td>PBLI4</td>
<td>Learns and improves at the point of care</td>
</tr>
<tr>
<td>PROF1</td>
<td>Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel)</td>
</tr>
<tr>
<td>PROF2</td>
<td>Accepts responsibility and follows through on tasks</td>
</tr>
<tr>
<td>PROF3</td>
<td>Responds to each patient’s unique characteristics and needs</td>
</tr>
<tr>
<td>PROF4</td>
<td>Exhibits integrity and ethical behavior in professional conduct</td>
</tr>
<tr>
<td>ICS1</td>
<td>Communicates effectively with patients and caregivers</td>
</tr>
<tr>
<td>ICS2</td>
<td>Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel)</td>
</tr>
<tr>
<td>ICS3</td>
<td>Appropriate utilization and completion of health records</td>
</tr>
</tbody>
</table>
3 evaluations

feedback to fellows:

- Feedback is provided to fellows after each clinical rotation by the inpatient attending(s) (in person and via RMS) and semiannually by the program director (in person), faculty mentor (in person and via RMS), and continuity clinic attending(s) (in person and via RMS).
- Fellows receive feedback from faculty members after each of their Clinical Conference presentations (via a web-based evaluation system).
- Fellows receive feedback from the Scholarship Oversight Committee with each meeting, both in person and in a written summary prepared by the committee chair.
- Fellows receive feedback from the Clinical Competency Committee semi-annually.

feedback from fellows:

- Fellows meet quarterly as a group, and semiannually individually, with the program director to discuss structural training issues that affect the clinical and research components of their training.
- Fellows formally evaluate their inpatient attending(s) after each inpatient rotation (via RMS).
- Fellows evaluate their continuity clinic attending(s) and research experience, the conferences, and the fellowship program as a whole at least semi-annually (via RMS).
- One fellow serves as a member on the Fellowship Committee and provides input from the fellows' perspective and brings issues to the committee from the fellow body.

4 scholarship oversight committee (SOC)

The Infectious Diseases Fellowship Program has instituted a Scholarship Oversight Committee (SOC) to provide consistent, systematic, and centralized oversight of fellows' academic progress. The specific goals of the SOC are as follows:

- to document for the program and the training grant the fellow's academic progress, including any need for redirection or enhancement
- to provide an outside perspective for the fellow and mentor regarding the fellow's academic progress
- to provide additional guidance to the fellow and mentor regarding desirable or necessary future professional development efforts
- to identify any problematic aspects of the fellow-mentor relationship, and to report these to relevant parties
- to improve faculty cohesiveness and communication

The SOC membership includes:

- Current and recent past research mentors of all adult ID fellows and any pediatric ID fellows on the "Infectious Diseases Training in Clinical Investigation" training grant
- Division heads of the Adult and Pediatric Infectious Diseases divisions
- Adult ID fellowship Program Director (SOC chair) and Assoc. Program Directors
Fellows to be overseen by the SOC include all adult ID fellows and any fellows/post-docs on the "Infectious Diseases Training in Clinical Investigation" training grant.

The SOC meets semiannually (January and June) to review each trainee's progress. It provides a written report of each review (with evaluative comments and suggestions) to the fellow, the fellow's research mentor and career mentor, the fellowship program director and, for training grant-supported fellows, the PI of the training grant. Fellows submit written materials in advance of the semiannual SOC meetings, according to a structured outline. They then appear before the committee individually (30-45 min.) to present their report in person and to answer questions from committee members. When a fellow appears before the SOC, the fellow's research mentor is invited to attend the meeting as a (nonparticipating) observer. He/she joins the post-appearance discussion after the fellow leaves the room. Immediate feedback to fellow is provided after this discussion; a written report is then generated and provided to the fellow.

During a typical 2-year, 3-year, or 4-year fellowship, fellows meet with the SOC 4, 6, or 8 times, i.e. each January and June. The final meeting is used for a fellow’s assessment of the process and for benchmarking.

The SOC does not replace fellow's individual Research Committees with respect to their role in shaping the content and structure of the fellow's research project. Fellows still need to identify content experts to assist them and their mentors in the design and conduct of their individual research projects. The SOC is designed to address the larger picture of overall professional development to which the fellow's research project contributes, but not to help design and direct the specific research project per se.

5 CLINICAL COMPETENCY COMMITTEE (CCC)

The Clinical Competency Committee (CCC) meets semi-annually (November and May each year) to analyze the clinical evaluations of each fellow, calculate the milestone scores for each fellow, and provide comprehensive feedback to each fellow regarding their clinical skills. The CCC is chaired by Dr. Jaime Green and members consist of faculty at each clinical site (UMMC, HCMC, and VAMC) who have robust clinical exposure to the fellows. Evaluations generated through the RMS evaluation system are analyzed along with additional input from faculty/staff with first-hand information on each fellow. The feedback and milestone scores are communicated to the Program Director. The Program Director then takes this information, along with each fellow’s self-assessment evaluation and conducts a face-to-face semi-annual review with each fellow. Milestone scores generated by the CCC are uploaded to the ACGME website.

6 FELLOWS’ ADMINISTRATIVE RESPONSIBILITIES

Each year, one fellow is selected for each of the following leadership positions:

- Journal club coordinator
- Fellowship Committee representative
- HIV curriculum coordinator
The designated fellow works with the other fellows, the program director, and other relevant faculty members and administrators to devise schedules, arrange for speakers, etc., as needed for the above functions.

7 **IN-TRAINING EXAMINATION (ITE)**

Fellows are required to take the In-Training Examination twice during fellowship. The results of the test assist fellows as well as the fellowship program directors to identify strengths and weaknesses of both the fellow and the training program. The exam is offered annually (typically in February).
Miscellaneous

1 PROGRAM REQUIREMENTS/GOVERNING BOARDS

ACGME: http://www.acgme.org/
Please take time to review the program requirements for Internal Medicine training.

ABIM: http://www.abim.org/
Refer to this site for more information regarding board requirements as well as the vacation policy.

2 CAREER-RELATED INFORMATION

There are many web sites dedicated to physician recruitment. Updated lists will be distributed at career night. Samples of those include:

American College of Physicians / American College of Internal Medicine: http://www.acponline.org


PracticeLink: http://www.practicelink.com

Physicians Employment: http://www.physemp.com/


Association of American Medical Colleges: http://www.aamc.org/

Association of Program Directors in Internal Medicine: http://www.im.org

3 DEBT MANAGEMENT

The AAMC has a debt management free list serve for residents/fellows designed to help residents/fellows manage their medical student loans. Residents/fellows can subscribe to it by doing the following:

- Send an e-mail to: majordomo@aamcinfo.aamc.org
- In the subject field, provide information and identify your residency program
- In the text section of the e-mail, simply type: Subscribe-moneymatters-your e-mail address

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