University of Minnesota

GRADUATE MEDICAL EDUCATION

2017-2018 FELLOWSHIP POLICY MANUAL

MOVEMENT DISORDERS/NEUROMODULATION FELLOWSHIP

Sponsored by

Department of Neurology
i. Introduction/Explanation of Manual

This fellowship addendum outlines policies and procedures specific to your training program. Please refer to the Neurology Residency Program Manual for further departmental policies and procedures. The Neurology Residency Program Policy Manual can be found at: http://www.neurology.umn.edu/education/home.html

Please refer to the Institution Policy Manual located on the GME website at: http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual

for University of Minnesota GME specific policies. Should the policies in the fellowship or residency Policy Manuals conflict with the Institution Manual, the Institution Manual takes precedence.

ii. Department Mission Statement

The University of Minnesota Neurology Residency program has continuously graduated Neurology trainees since the 1940s. The program, initially developed under the guidance of Dr. A.B. Baker, the founder of the American Academy of Neurology, continues to provide an outstanding training experience designed to meet equally the needs of the future clinician or academician. The residency is now joined by six subspecialty fellowship programs, with additional subspecialty programs being planned. The excellence of the training programs is one of the highest priorities of the department.

Our department has a longstanding history of excellence in clinical care, research and education. The department offers a wide range of specialty services including those in neuromuscular disease, epilepsy, stroke, neurocritical care, Parkinson’s disease and other movement disorders, multiple sclerosis, Alzheimer’s disease and neurobehavior, sleep, pain, ataxia and general neurology. These services are provided by world renowned neurologists together with participation by faculty and trainees in interdisciplinary programs in conjunction with the departments of neurosurgery, psychiatry, neuroradiology, physical medicine and rehabilitation and biomedical engineering.

iii. Program Mission Statement

The Department of Neurology offers a two year fellowship program in Movement Disorders, with emphasis on clinical training and the care of movement disorders patients during the first year while the second year focuses on training in a selected research discipline.

The first year clinical experience will be based primarily at Minnesota Health, Hennepin County Medical Center Huntington’s disease Center for Excellence, and at the VA Medical Center and will provide training in the diagnosis and management of both common and more exotic movement disorders. Unique features of our clinical program include the nationally renowned Ataxia Center and a very active deep brain stimulation (DBS) program. Instruction in the basic principles of neuromodulation, programming of DBS devices, and in the management of DBS patients will be important components of training during the first year. Regular video conferences, journal clubs and attendance at the national Movement Disorders Society meeting are all integral parts of our clinical training program.
The second year will focus on preparing for an academic career through training in a research
discipline of special relevance to movement disorders. The choice of a specific research
discipline will depend on the interests and previous experience of the fellow and may be
primarily clinical or involve basic research. Affiliated clinical research programs include
those in clinical trials, functional and anatomical imagingDBS, and intraoperative
electrophysiology. The basic research programs are those in biomedical engineering and
technology transfer, systems neurophysiology, and molecular biology and genetics.
Mentoring during the second year will be provided both by our own expert faculty in
Neurology (Drs. Scott Cooper, Colum MacKinnon, Greg Molnar, Paul Tuite and Jerrold
Vitek) and allied faculty in the Departments of Neuroscience (Dr. Michael Lee),
Neurosurgery (Dr Walter Low), Biomedical Engineering (Dr. Matt Johnson), Laboratory
Medicine and Pathology (Dr. Harry Orr), at the Center for Magnetic Resonance Research,
and at the VA Medical Center (Drs James Ashe, Khalaf Busharaf, Scott Lewis, and David
Rottenberg). In addition, experience in writing manuscripts or preparing NIH grants will be
provided.

Our goal is to turn out outstanding movement disorder neurologists who will be in a position
to become leaders and to make significant contributions to the field of neuromodulation in the
years to come.
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SECTION 1 - STUDENT SERVICES

CAMPUS MAIL

Each trainee has a designated mailbox in the department. Trainees are expected to pick up their mail at least weekly. The address for receiving mail in the department is:

University of Minnesota
Department of Neurology
Attn: (name)
420 Delaware St, S.E., MMC 295, 12-100 PWB
Minneapolis, MN 55455

E-MAIL AND INTERNET ACCESS

Each trainee has been assigned his/her own University email account prior to the start of their orientation. This corporate Googlemail account is to be used for all program, department, and University business communications. The use of personal non-University email accounts is not permissible for business communications.

Announcements about important institution and program events or requirements are sent to your official University email account. Trainees are expected to check this account daily.

There are several computers available for use in the fellows’ room. Each has internet access. University email can be accessed a web browser at: www.mail.umn.edu.

BADGES

All trainees and staff are required to have Academic Health Center badges, and to wear them. Your program coordinator will help you obtain your badge as part of your onboarding process. You will also be required to have badges for every hospital where you rotate and to always wear them when providing patient care.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING

Residents and fellows are required to complete the University Privacy Training and the Public Jobs: Private Data Security Training. HIPAA training is managed by Tanya Madson in the GME Office via the onboarding checklist. Compliance is mandatory. Failure to complete the required training could result in suspension of your participation. PLEASE REVIEW THE USE OF INFORMATION TECHNOLOGY RESOURCES STANDARDS BELOW.
Using Information Technology Resources Standards

Use of IDs and Passwords

• Do not share the password assigned to you.
• Select an obscure password and change it frequently.
• Understand that you are responsible for all activities on your username/account ID.
• Ensure that others cannot learn your password.
• If you have reason to believe that your username/account ID or password has been compromised, contact your System/Network Administrator immediately.

Use of Information/Data

• Access only accounts, files, and data that are your own, that are publicly available, or to which you have been given authorized access. Secure information that is in your possession.
• Maintain the confidentiality of information classified as private, confidential or data on decedents.
• Use University information for tasks related to job responsibilities and not for personal purposes.
• Never disclose information to which you have access, but for which you do not have ownership, authority, or permission to disclose. Keep your personal information/data current.
• Accurately update your own records through University self-service systems and other processes provided for you.

Use of Software and Hardware

• Use University e-mail, computers, and networks only for legal, authorized purposes. Unauthorized or illegal uses include but are not limited to:
  • Harassment;
  • Destruction of or damage to equipment, software, or data belonging to others;
  • Unauthorized copying of copyrighted materials; or
  • Conducting private business unrelated to University activities.
• Never engage in any activity that might be harmful to systems or to any information/data stored thereon, such as:
  • Creating or propagating viruses;
  • Disrupting services or damaging files; or
  • Making unauthorized or non-approved changes.
• When vacating computer workstations, sign-off or secure the system from unauthorized use.
• Use only legal versions of copyrighted software on University of Minnesota owned computer or network resources, in compliance with vendor license requirements.
• Be aware of any conditions attached to or affecting the provision of University technology services:
  • Consult with the system administrator for any questions about system workload or performance.
• Refrain from monopolizing systems, overloading systems or networks with excessive data, or wasting computer time, connect time, disk space, printer paper, manuals, or other resources.

Consequences of Violations
Access privileges to the University's information technology resources will not be denied without cause. If in the course of an investigation, it appears necessary to protect the integrity, security, or continued operation of its computers and networks or to protect itself from liability, the University may temporarily deny access to those resources. Alleged policy violations will be referred to appropriate University investigative and disciplinary units. For example, alleged violations by students may be directed to the Student Judicial Affairs office. The University may also refer Women’s Health Special listed violations of law to appropriate law enforcement agencies. Depending on the nature and severity of the offense, policy violations may result in loss of access privileges, University disciplinary action, and/or criminal prosecution.

PAGERS

The Department of Neurology assigns a pager to each resident and fellow for the duration of their program, at no cost to the trainee. Trainees are required to replace lost pagers at their own expense, and may do so at the Information Desk in the UMMC hospital main lobby. This is also the location for exchanging damaged pagers.

Program coordinators have batteries available.

Trainees are required to carry their pagers, and have them turned on, when they are ‘on call’.

**Always keep pagers at least 6 inches away from cell phones, otherwise some page messages are not received.

TUITION AND FEES

University Tuition and Fees are being waived at this time for residency and fellowship program training. However, any trainees who are enrolled in Graduate School must pay his/her own tuition and fees.

SECTION 2 - BENEFITS

EXERCISE ROOM

The University of Minnesota Medical Center (UMMC) Medical Executive Committee has graciously provided an exercise facility for use by University of Minnesota residents and fellows.

Location:
Room C-496 Mayo Memorial Building
(Locker rooms/showers are located directly across the hall)
Hours:
The facility is open 24 hours a day, 7 days a week

Access Code to Exercise Room and Locker Rooms:

9111 (Please do not share with anyone other than residents and fellows)

The space also includes a small kitchenette area with refrigerator, microwave, coffeemaker and hot/cold water dispenser. If you have any concerns about the facility, call 612-273-7482.

CALL ROOMS

There are call rooms available at both UMMC and HCMC for fellows to use if they are too tired to drive home.

UMMC – on 4th floor of Mayo building, next to C-496 exercise room
   Call 626-6330 for reservations; check-in time 2:00pm to 7:00 am
HCMC – walkin available at R5.302, door code 2354.
   Reserve through Katie Dolan, 873-2595 x4 when need is known in advance

UMMC also has a general resident lounge on the 6th floor, which offers a TV, computer, telephone, and light refreshments (restocked twice a day).

HEALTH BENEFITS

The University of Minnesota is pleased to offer a broad range of benefits to Medical School residents and fellows. The following benefits are administered by the Office of Student Health Benefits, 410 Church Street S.E., N323, Minneapolis, MN 55455. For more information, visit the Office of Student Health Benefits website at https://shb.umn.edu/health-plans/rfi or email umshbo@umn.edu.

Medical Coverage: HealthPartners Residents and Fellows Health Plan
HealthPartners provides the health plan network and claims administration services for University of Minnesota Medical School residents and fellows. HealthPartners gives members access to 650,000 healthcare providers and 6,500 hospitals across the United States. You will have a choice of two plans, Basic or Basic Plus. All residents and fellows are required to enroll in one of the two plans for at least single coverage, or provide documentation of other comparable health benefit coverage. Medical School residents and fellows who enroll in the University-sponsored HealthPartners plan (and enrolled dependents) are automatically eligible for continuation of coverage through COBRA at the end of their residency or fellowship.

Dental Coverage: Delta Dental
Delta Dental of MN provides dental network and claims administration services for University of Minnesota Medical School residents and fellows. Delta Dental members have access to both PPO and Premier providers. Medical School residents and fellows who enroll in the University-sponsored Delta Dental plan (and enrolled dependents) are automatically eligible for continuation of care through COBRA at the end of their residency or fellowship.
Life Insurance: Minnesota Life
Medical School residents and fellows are automatically enrolled in a $50,000 standard life Minnesota Life insurance policy. Enrollment is no cost to Medical School residents and fellows (the cost is covered by your department). In addition to the standard plan, residents and fellows have the option to purchase voluntary life insurance for themselves or their dependents at low group rates through Minnesota Life. Medical School residents and fellows are automatically eligible for continuation of life insurance coverage through COBRA at the end of their residency or fellowship.

Long and Short Term Disability Coverage: Guardian Life Insurance Company
Medical School residents and fellows are automatically enrolled in a long and short term disability insurance policy. Enrollment is no cost to Medical School residents and fellows (the cost is covered by your department). Guardian offers Medical School residents and fellows up to $10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a resident. Guardian also offers a unique Guaranteed Standard Issue Plan option. Residents and fellows have the option to purchase long term disability coverage that you can take with you upon completion of your residency/fellowship regardless of any pre-existing medical conditions—25-30 percent of residents and fellows would not otherwise qualify for this type of coverage due to pre-existing medical conditions.

Flexible Spending Accounts
Medical School residents and fellows are eligible to participate in two types of Flexible Spending Accounts (FSAs), the U of M Health Care Reimbursement Account and the Dependent Care Reimbursement Account. Both programs allow you to pay for related expenses using pre-tax dollars.

LAUNDRY SERVICE
Laundering of scrub suits is provided for residents at all sites. Scrubs should be used at the site they were obtained from. Wearing scrubs from different sites is discouraged at some sites and prohibited in others. See site coordinators for information.

LEAVE POLICY
Trainees must give notice, in writing, of intent to use leave (such as a medical or parental leave) to their program director at least 60 days in advance, except under unusual circumstance. Holidays that occur during a leave of absence run concurrent with the leave and are not in addition to the leave.

***Many leaves will likely necessitate that the trainee make up their time away from training, in order to meet American Board criteria for completion of the training program. Details regarding length of leave and its effect on program end date should be discussed with the program director and coordinator prior to the leave start date.
Parental Leave

The resident/fellow (trainee) as defined below must give notice, in writing, of intent to use parental leave and other leaves used in conjunction with parental leave to their program director (and coordinator) at least 60 days in advance, except under unusual circumstances.

Birth mother:
A birth mother shall be granted, upon request to the program director, up to six weeks parental (maternity) leave for the birth of a child. The maternity leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption.

Trainees on maternity leave will receive the first two weeks of their leave as paid parental leave. This paid parental leave may be charged against the trainees’ vacation, or sick allocation. Note: The first two weeks of this paid parental leave covers the required fourteen day wait period before they are eligible to receive the short-term disability benefit, see Office of Student Health Benefits website. http://www.shb.umn.edu/twincities/residents-fellows-interns/m-residents-fellows-health-plan.htm. Department of Neurology program coordinator and the Clinical Neuroscience Administrative Center HR staff will assist with the paperwork details for taking a maternity leave.

Trainees that have vacation available may use it in conjunction with the short-term disability benefit during their maternity leave.

Birth father:
A birth father shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption. This paid parental leave may be charged against the trainees’ vacation, or sick allocation.

Registered same sex domestic partner:
Registered same sex domestic partner of someone giving birth shall be granted, upon request to the program director, up to two weeks paid parental leave. The leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption. This paid parental leave may be charged against the trainees’ vacation, sick or PTO allocation.

Family Medical Leave Act (FMLA)

Medical Residents/Fellows are eligible to be part of the Family Medical Leave Act (FMLA) if they have worked at the University for at least 12 months (not required to be consecutive) and worked at least 1,250 hours in the 12 months preceding the commencement of the leave. Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). A resident/fellow may qualify for Short-Term and Long-Term Disability benefits, so check those sections also. The Department will review the trainee’s appointment record to verify eligibility for FMLA when there has been a request for a Leave of Absence. If eligibility has been met, leaves will be entered into the trainee’s record as FMLA. Also see the section on effects of leaves on the duration of training.
Vacation/Sick Leave
The Department of Neurology provides each trainee with three weeks of vacation and one week of sick leave. For all scheduled time off (e.g., vacations, personal business, interviews, conferences, etc) it is the trainee’s responsibility to fill out a Time Away Request Form and submit it to the appropriate coordinator. Trainee must also inform the faculty and colleagues that would expect them in clinic or on the ward.

MOVEMENT DISORDERS fellows are expected to submit requests at least 60 days in advance, and to also notify affected clinics 60 days in advance of any planned absence.

When the situation necessitates calling in sick when expected at the CSC clinic, please call the Production Team at 612-676-5088. After hours please leave a voice message. If possible, arrange for one of the other MovDis fellows to cover your clinic. Inform team members/faculty of what has been arranged.

A maximum of two weeks of vacation may be taken at a time. Do not make travel arrangements until you get the official approval from your program director.

Holidays
The educational requirements and the 24 hour operational needs of the hospital are taken into consideration when scheduling holiday time off. The program coordinator will work with each of the trainees in determining that days off are spread among all trainees.

Holiday schedules are different at the different sites! Be sure to plan at least 60 days in advance for any holiday time off, to make sure that affected clinics are cancelled well in advance.

Jury/Witness Duty

Witness Duty
Upon request to the program director, leave is provided to trainees who are subpoenaed to testify before a court or legislative committee concerning the University or the federal or state government.

Jury Duty: Upon request to the program director, leave is provided to trainees who are called to serve on a jury. Trainees do not lose pay when serving on a jury or testifying as described above. The training program and the fellow may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the trainee and the program. The decision for deferment is made by the court.

Medical Leave
A trainee shall be granted, upon request to the program director, a leave of absence for their serious illness/injury that requires an absence of greater than 14 days. The trainee may qualify for Short-Term and Long-Term Disability benefits. Refer to those sections. The trainee must give notice, in writing, of intent to use medical leave to their program director at least four weeks in advance, except under unusual circumstances. Trainees are expected to make every effort to find coverage for their call during their absence and must notify their sites of their absence.
Bereavement Leave

Trainees shall be granted, upon the approval of the program director, up to 5 days off to attend the funeral of an immediate family member. Sick or vacation time must be used. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

Military Leave

Please refer to the Institutional Policy manual for the policy on military leave.

Personal Leave of Absence

Only under unusual circumstances such as a personal or family emergency, will a personal leave of absence be considered. Trainees must give notice, in writing, of intent to use personal leave to the Program Director at least 60 days in advance, except under unusual circumstances. Residents are expected to make every effort to find coverage for their call/night float/shift and must notify their sites of their absence. If a trainee takes a leave, this will be considered when approving future vacation requests (especially when the request is for the same time period as a trainee who has not taken a leave). A resident requesting a non-medical personal leave must use all remaining vacation and sick days, if the trainee does not have any vacation/sick time left, they will be required to use unpaid time.

Professional Leave

Fellows may be approved to attend off site conferences. Time away for conferences must be requested and approved in the same manner as other leaves. Check with the program director regarding availability of funds for reimbursing conference travel; funds are not available every year. Be sure to plan trips well in advance, and cancel affected clinics at least 60 days in advance.

Professional Liability Insurance

Professional liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINCO Limited. Coverage limits are $1,000,000 each claim/$3,000,000 each occurrence and form of insurance is claims made. “Tail” coverage is automatically provided. The policy number is currently RUM-1005-14.

Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence.

For further information about this coverage, visit the web page at https://www.med.umn.edu/residents-fellows/current-residents-fellows. Click on ‘Additional Resources’, then on ‘Malpractice (Professional Liability) Credentialing / Claims History’.
MEAL TICKETS/FOOD SERVICE

Trainees on inpatient service have access to adequate and appropriate food services 24 hours a day at all institutions. HCMC adds funds to meal cards based on the number of days rotating at that hospital. The UMMC meal card policy is more restrictive, and based on the number of night/weekend shifts worked in-hospital.

PARKING SERVICES

Parking is provided at both UMMC, HCMC, and VA Med Ctr at no cost to the trainee. See Cheryl Neel about parking arrangements at HCMC, and Pat Bulgerin for parking arrangements at UMMC.

In the event that a UofM parking ramp card is lost, the trainee must visit the Parking Services office at 300 Washington Ave and pay $15 for a replacement card. Parking Services will want to know the number on the lost card – your Program Coordinator has a master list and can help find that number. The trainee must also inform their Program Coordinator of the number on any new cards assigned to them.

All parking cards are the property of the University of Minnesota, and must be turned in at the end of the fellowship.

For a nominal fee, UMMC also offers residents/fellows off-hour parking in their patient/visitor ramp. To get approved for this parking, and learn the related policies, visit the Fairview Parking/Security desk in Mayo B340.

SHUTTLE SERVICE, INTERCAMPUS TO WEST BANK

A Fairview shuttle service is available between the Riverside and University campuses from 5:20 a.m. to 8:30 p.m. See the shuttle schedule near the boarding locations on each campus. The shuttle picks up and drops off at the Variety Club Research Center (VCRC) circle at 401 East River Pkwy on the University campus and in the West circle entrance outside Subway restaurant on the Riverside campus.

SHUTTLE SERVICE, CLINIC AND SURGERY CENTER

There are shuttles running every 5-10 minutes from the UMMC lobby door to the new CSC clinic building.

STIPENDS and PAY DATES

Trainee stipends are determined centrally by the Graduate Medical Education office. For Academic Year 2017-18, the stipend rate relevant to this fellowship is:

- Level 5: $61,466 annually
- Level 6: $63,624 annually
The University of Minnesota pays employees on a delayed biweekly pay period basis, with each pay period starting on a Monday and ending on a Sunday. Employees are paid every other Wednesday, **10 days** after the end of the pay period.

Trainees will receive paychecks in one of two ways: a paper paycheck or Direct Deposit. Paper checks are mailed to each fellow’s home address.

Whether receiving a paper paycheck or Direct Deposit, fellows can view their pay statements online, through the MyU website, in the MyPay tab.

Direct Deposit is very strongly encouraged and can be submitted or updated by visiting the My Pay tab of the ‘MyU’ website ([www.myu.umn.edu](http://www.myu.umn.edu), x500 login required.) At the bottom of the page are links for direct deposit set up, viewing pay statements, declaring W-4 tax information, etc.

**VISA 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 Department of Neurology sponsors only J-1 visas. More information on the J-1 visa can be found on the UMN-GME webpage.

**WORKERS’ COMPENSATION**

The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, medical trainees are considered employees of the University of Minnesota for Workers’ Compensation insurance purposes. When a trainee is injured during training, he/she must take immediate steps to report injury to the University. The University cannot pay bills for trainee treatment unless an injury report is on file. The medical resident/fellow must complete the following steps in case of a work related injury:

1. Report any work related injury to your supervisor on the day or shift that it occurs. You must complete an Injury Report form at the rotation site where the injury occurred and follow the sites protocol for the specific injury (e.g. needle sticks, surgical injuries, etc.).

2. You MUST also complete and sign a University of Minnesota “Employee Incident Report” as soon as possible following the injury. To obtain the Employee Incident Report form contact your Program Coordinator. Complete the form and return to your coordinator for forwarding to Workers’ Compensation. Also forward any medical bills that you have received regarding the injury. The University of Minnesota Workers’ Compensation Department will review for payment.

**NEEDLE STICKS AND BLOOD BORNE PATHOGEN EXPOSURE (BBPE) MANAGEMENT**

24 Hour Help Line: 612-339-3663
Quick Steps – What to Do First!

1. Clean it.
2. Get treated.
3. ID the source patient.
4. Report it. Contact the faculty on service. (ALSO within 24 hours contact your Program Coordinator to obtain an Employee Incident Report).
5. Get a follow-up exam.
   Contact Occupational & Environmental Medicine at 952-883-6999.

IMPORTANT: The Centers of Disease Control and Prevention recommend that the exposed person seek treatment within 1-2 hours after initial exposure.

Note: If you are a resident/fellow, it is your responsibility to learn facility-specific exposure protocols when you begin your rotation. Please see employee health at your facility to learn procedures.

These instructions are also available online at https://www.med.umn.edu/residents-fellows/current-residents-fellows/health-wellness/needle-sticks-blood-borne-pathogen-exposure-management

The detailed steps to manage an exposure are on the Occupational Health and Safety website, as well information on the Bloodborne Pathogen Training Program.

If you are on rotation at one of our major affiliated sites, their Occupational Health and Safety (OHS) offices are available to help you during their regular business hours.

After you have completed the steps listed above, please make sure that a First Report of Injury (FROI) form is completed within 8 business hours (1 work day). This is required by the Department of Labor and Industry and is also necessary to pay the bills that are incurred as a result of the injury.

The preferred method of completing a First Report of Injury (FROI) form is via the on-line e-FROI. In order to access the e-FROI, you must log-in with the employee ID or the x500 of the injured party. The e-FROI guides you through the process of completing the required information. Upon submission, the completed e-FROI goes directly to Sedgwick Claims Management and Peggy Handt, your area contact, at 612-624-6019. Be sure to choose "Twin Cities All Other" in the drop-down for the campus in the e-FROI.

If the e-FROI is not available for accessing online, it is possible that the system is temporarily down; instead, you can submit a fillable First Report of Injury (FROI) form. Complete all required information in the fillable FROI, save as a PDF, and email the completed FROI to 211@sedgwickcms.com.

If you print off the FROI and complete it manually, fax the completed form directly to Sedgwick Claims Management (SCM) at 952-826-3785.

You should hear from an adjuster at Sedgwick Claims Management (SCM) within 3 business days of submission of the completed e-FROI. If you do not hear from SCM within 3 business days, contact Peggy Handt at 612-624-6019 to make sure that your e-FROI was received at Sedgwick.
A Supervisor Incident Investigation Report is also required and must be completed within 24 business hours (3 work days). This form can be found at: http://policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html. It is located under "forms/instructions". Fax the completed form directly to Sedgwick Claims Management at 952-826-3785.

Further instructions can be found in the Reporting Workers Compensation Related Injuries policy on the Uwide Policy Library.

If you receive a bill as a result of the injury, please retain the bill and fax it to Sedgwick Claims Management at 952-826-3785.

**If you receive initial treatment for a BBPE at a training site Employee Health Office or Emergency Room, please identify yourself as a UM resident/fellow.**

**The cost of testing the source patient is the responsibility of the site at which the needlestick/blood borne pathogen exposure occurred.**

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**SECTION 3 - INSTITUTION RESPONSIBILITIES**


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**SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES**


There are no Movement Disorders policies that are more specific than the institutional policies.
SECTION 5 - GENERAL POLICIES AND PROCEDURES

FELLOWSHIP OVERVIEW

The Department of Neurology offers a two year fellowship program in Movement Disorders, with emphasis on clinical training and the care of movement disorders patients during the first year while the second year focuses on training in a selected research discipline.

The first year clinical experience will be based primarily at University of Minnesota Medical Center and at the VA Medical Center and will provide training in the diagnosis and management of both common and more exotic movement disorders. Unique features of our clinical program include the nationally renowned Ataxia Center and a very active deep brain stimulation (DBS) program. Instruction in the basic principles of neuromodulation, programming of DBS devices, and in the management of DBS patients will be important components of training during the first year. In an effort to ensure that fellows will have a broad clinical experience they will also rotate through two large community-based movement disorder clinics in the Twin Cities (Struthers Parkinson’s Center and Capistrant Parkinson’s Center). Regular video conferences, journal clubs and attendance at the national Movement Disorders Society meeting are all integral parts of our clinical training program.

The second year will focus on preparing for an academic career through training in a research discipline of special relevance to movement disorders. The choice of a specific research discipline will depend on the interests and previous experience of the fellow and may be primarily clinical or involve basic research. Affiliated clinical research programs include those in clinical trials, functional and anatomical imaging, deep brain stimulation, and intraoperative electrophysiology. The basic research programs are those in biomedical engineering and technology transfer, systems neurophysiology, and molecular biology and genetics. Mentoring during the second year will be provided both by our own expert faculty and allied faculty in the Departments of Neuroscience (Dr. Michael Lee), Neurosurgery (Dr. Walter Low), Biomedical Engineering (Dr. Matt Johnson), Laboratory Medicine and Pathology (Dr. Harry Orr) and at the Center for Magnetic Resonance Research. In addition, experience in writing manuscripts or preparing NIH grants will be provided.

Our goal is to turn out outstanding movement disorder neurologists who will be in a position to become leaders and to make significant contributions to the field of neuromodulation in the years to come.

GOALS AND OBJECTIVES – LONGITUDINAL EXPERIENCES

The experiences for the Movement Disorders fellowship are all longitudinal experiences and integrate the ACGME competencies of Patient Care (PC), Medical Knowledge (MK),
Practice-based Learning and Improvement (PBLI), Interpersonal and Communication Skills (ICS), and Professionalism (Prof).

Outpatient Clinics

The fellow’s primary clinical experiences will be in the Clinics and Surgery Center (CSC) located at 909 Fulton Street SE, Minneapolis, MN. At the CSC, fellows will interact with Neurologists Drs. Khalaf Bushara, Scott Cooper, David Rottenberg, Lauren Schrock, Paul Tuite and Jerrold Vitek; and Tsega Orcutt, NP, Susan Vold, RN, Char Martins, RN, Brittany Podulke, LPN, and Matt Bower, M.S. Genetic Consellor. As well, there is close interaction with physical medicine and rehabilitation with Drs. Dennis Dykstra and Jonathan Sembrano and their team which includes Tanya Baxter, PT, Dawn Pepper, RN, Peggy Gleason, RN and Lorie DesLaurier, RN. To provide exposure to additional DBS and Movement patients, the fellow also attends a Movement clinic at the Minneapolis VA Medical Center to work with Drs James Ashe, Khalaf Bushara, and Scott Lewis; and see patients with Dr. Martha Nance at the Hennepin County Medical Center Huntington’s Disease Center of Excellence.

Other experiences may be arranged based on the fellow’s subspeciality interests. If there are specialty areas of interest to the fellow that are not offered in the UMP clinic, we will make every effort to arrange an experience at another facility.

The objectives for the outpatient clinical experience are:

1. During the movement disorders / neuromodulation clinics, the fellow is expected to:
   a. Learn the basic principles of DBS programming (PC, MK)
      • Monopolar review
      • Relationship of lead location in determining clinical outcome
      • Understand basic anatomical and physiological principles as it relates to DBS programming.
   b. Learn the similarities and differences in programming selected target sites (PC, MK):
      • Internal segment of the globus pallidus (GPI)
      • Subthalamic nucleus (STN)
      • Ventra intermedia (Vim)
   c. Understand the rationale used for selecting patients for DBS (PC, MK)
   d. Understand the protocol used for assessing patients for DBS (PC, MK)
   e. Participate in operative cases using MER and learn the basic principles and techniques of microelectrode recording (PC, MK, PBLI)
      • Understand the strategies of MER and rationale for load placement
      • Problems and pitfalls associated with MER
      • Have experience with intraoperative macro-stimulation.
   f. Demonstrate skills to recognize and document patterns of clinical findings in movement disorders when the patient is at rest (PC, MK, PBLI)
   g. Demonstrate skills to perform a complete general neurological examination (PC, MK, PBLI)
   h. Demonstrate skills to perform a focused examination for movement disorders including turning, rest, assuming a posture, doing a task (PC, MK, PBLI)
   i. Demonstrate skills to recognize and document patterns of clinical findings in movement disorders when the patient maintains a posture (PC, MK, PBLI)
   j. Demonstrate skills to recognize and document patterns of clinical findings in movement disorders when the patient executes a task (PC, MK, PBLI)
k. Demonstrate skills to evaluate tone and to evaluate walking (PC, MK, PBLI)
l. Demonstrate familiarity with and ability to apply standardized rating scales for movement disorders (PC, MK, PBLI)
m. Demonstrate skills to recognize and document non-neurological findings typical of movement disorders (PC, MK, PBLI)

2. Develop expertise in the definition and recognition of the following neurological phenomena: Hypokinesia (akinesia and bradykinesia), Hyperkinesia, Tremor, Chorea, Choreoathetosis, Ballism, Tics, Stereotypies, Akathisia, Myoclonus, Hemifacial Spasm, Dystonia, and Parkinsonism (PC, MK, PBLI)

3. Accurately and efficiently diagnose patient conditions through data from patient history, physical examination and diagnostic testing (including electrodiagnosis, biopsy, immunological and molecular tests) (PC, MK, PBLI)

4. Formulate an appropriate treatment plan (PC, MK, PBLI) based on
   a. Use of all available treatments and awareness of their side effects
   b. Knowledge of the natural history, the prognosis, and the integration of knowledge garnered from a variety of testing modalities, including electromyography, nerve conduction studies, genetic testing and muscle imaging, of neuromuscular disorders
   c. Conduct appropriate inpatient evaluation and management of patients presenting with acute and severe neuromuscular disorders;

5. Effectively order and interpret studies and use findings in the diagnosis and management of patients (PC, MK, ICS, PBLI).

6. Order and interpret diagnostic blood tests including those involving molecular genetic testing (MK, CS);

7. Effectively consult with other medical professionals including cardiologists, radiologists, rheumatologists, pediatricians, neurosurgeons, pathologists or neuropathologists, and physiatrists in the overall care and management of patients with movement disorders (PC, MK, CS, SBP).

Intraoperative Monitoring

1. Understand the principles of electrocorticography (PC, MK)

2. Understand the principles of cortical mapping in surgical planning (PC< MK)

3. Understand the principles of reading intraoperative electrocorticography, subdural electrode array recordings and intracranial depth electrode recordings, and understand their significance as they pertain to patient management (PC, MK, PBLI)

4. Effectively obtain patient history, perform physical examination and tests, and formulate an opinion about neurologic localization, etiologic differential diagnosis and a management plan (MK, PC, PBLI)

5. Formulate and dictate an organized report and communicate the results to referring physicians (PC, MK, CS, SBP)
Independent Learning

1. Critically appraise the professional and scientific literature and apply new contributions to management and care of patients (MK, PBLI).
2. Understand research principles such as clinical study design, data collection, coordination of multiple study sites) as they apply to movement disorders research (MK, PBLI).

Sample Schedule

(ask your coordinator for the actual current schedule)

IMPACT OF TRAINING AND OUTCOMES

Improve understanding of rationale for patient selection.

Develop expertise in programming DBS patients.

Training in MER to understand its utility; and some fellows will choose to train for 1 year to learn MER and be able to perform MER independently.

All of the above will lead to better patient selection, improved outcomes, and provide strong academically-trained movement disorders neurologists with an advanced understanding of neuromodulation therapies.

We will have, as a result of this training, movement disorders physicians who will lead the way for future development of neuromodulation therapies.

SITUATIONS THAT REQUIRE CONTACTING FACULTY

Each institution has specific situational requirements mandating that a trainee contact the supervising physician immediately. Examples of these situations at UMMC are:

- when patients are behaviorally disordered or threatening
- when there is need for a CODE team activation
- unexpected transfer to ICU or higher level of care
- unanticipated intubation or ventilator support
- change in CODE status
- major neurologic change
• major medical problem (e.g. cardiac arrest, a CODE, new or rapidly worsening respiratory distress, PE)
• clinical intervention due to medication or treatment errors
• development of any new clinical problem requiring an invasive procedure or operation for treatment
• patient, family, or clinical staff request for attending notification
• death.

RESEARCH

Movement Disorders fellows will participate in clinical trials, including recruitment of patients for clinical trials.

Fellows are also required to select a research topic for further participation. The topic must be selected before the midyear meeting with the Program Director, and goals discussed at that meeting.

Each fellow will present their research at the Year End Fellow Research Symposium, when all department fellows present their research projects. The Symposium is held in late May/early June of each year. Each fellows’ presentation is less than 10 minutes in length.

One project involving research related to neuromodulation is required during the fellowship training.

Deep Brain Stimulation Research Program Director

For clinical or preclinical research project ideas in DBS please contact:
Gregory F. Molnar, PhD
Associate Professor - Department of Neurology |
Director - Deep Brain Stimulation Research Program | Industrial Fellow, IEM |
University of Minnesota School of Medicine |
Fellow of the MDIC | 612-801-0307 | Email:gfmolnar@umn.edu

Research Training

All fellows must complete minimal training requirements to be engaged in human subjects research. This includes the Collaborative Institutional Training Initiative (CITI) basic course and the CITI course on Good Clinical Practice Course. Also IRB training.

Links to these and other training website can be found on the Movement Disorders Moodle website, www.myu.umn.edu, and select Key Links along the top of the page for access to the Moodle Home page.
TEACHING AND DELIVERY OF EDUCATIONAL PROGRAMS

Fellows are expected to take an active role in the teaching and training of residents in neurology as well as residents in other disciplines, medical students, nurses, and other health-care personnel. Participation in clinical conferences dealing with movement disorders will be of particular importance.

CONFERENCES

Movement Disorders Section Meeting, 1st and 3rd Thursdays, 4:00-5:30 pm, 12-132 PWB
DBS Consensus Meeting, 2nd and 4th Thursdays, 4:30-6:00pm, 12-109 PWB
Clinic Operations Meeting, 2nd and 4th Tuesdays, Noon, Clinic 1A
Clinical Neuroscience Conference, Tuesdays 7:30 am, 12-109 PWB
Neurology Grand Rounds, Fridays, Noon, varied locations

National Fellows are expected to submit posters/abstracts to the national conferences on movement disorders. Fellows will attend at least one national conference during their fellowship.

SECURITY/SAFETY

Security and personal safety measures are provided to trainees 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:
University of Minnesota Medical Center Security Office: 612-273-4544
University of Minnesota Security Monitor Program: 612-624-WALK

VA Medical Center Security Office: 612-467-2007 / office located on the first floor, in room 1U-162

Hennepin County Security Office 612-873-2359 / office located at RL150

MEDICAL RECORDS AND REFERENCE MATERIALS

As part of the onboarding process at each site, every neurology fellow receives logon instructions for accessing that hospital’s electronic medical records system, and information about what reference materials are available in print in the clinic area. All fellows also have access to electronic medical literature databases with search capabilities through the University of Minnesota’s Biomedical Library.
University of Minnesota Department of Neurology fellows have access to several electronic sources for reference materials.

**MHealth / UMMC Hospital**

There is access to the Fairview Medical Library both from hospital/clinic computers and using mobile devices. Tools such as Access Medicine, Clinical Practice Guidelines, UpToDate. Visit https://intranet.fairview.org/Resources/Information/MedicalLibrary/index.htm for details about which applications are available onsite and which are available via your mobile device.

**HCMC Hospital**

HCMC has a biomedical library on the second floor of the red building. The librarian is very helpful with literature searches and they have a modest selection of journals and books. It also has a small reading area that is a nice place to get a few minutes of peace and quiet. UpToDate is available without registration as are most of the other resources. There are a few (eMedicine and Medscape’s Pill ID Tool) that require registration but are free. You can only access the resources from the secure HCMC. To access the Clinical Portal, open Internet Explorer on any computer at HCMC and InfoOncall is the default screen. Click on the “Clinical” tab along the top then click on “Clinical Portal”. There is an Online Medical Reference section and a Drug Information among others.

**UofM Bio-Medical Library**

All residents and fellows have access to the full facilities of the University of Minnesota Bio-Medical Library, which is physically located in Diehl Hall (just south of Phillips Wangensteen). Through the Bio-Medical library website https://hsl.lib.umn.edu/biomed and with an x500 login, hundreds of online journals, textbooks, databases, etc, can be accessed. Reference sites, such as UpToDate, PubMed, ClinicalKey, Micromedex, Ovid Medline and more. And to E-Books and journals such as NEJM, JAMA, Neurology, Lancet, etc. (Some of these are accessible only from hospital computers.)

Library subject specialist Jonathan Koffel, jbkoffel@umn.edu, 612-626-5454, is available for help researching a topic or for tips on using library resources.

**Moodle**

The fellowship maintains a Moodle site exclusively for the fellows. It currently contains many reference articles and can be customized to increase usefulness. Work through Coordinator Pat Bulgerin to make changes. https://moodle.umn.edu

**Others**

Other sites, such as the American Academy of Neurology website, the Neurocritical Care Society website, the NIH website, etc, also have news articles, and practice guidelines.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**

Inpatient clinical support services are available on a 24-hour basis at University of Minnesota Medical Center, Hennepin County Medical Center, and the Minneapolis VA Health Care System, to meet reasonable and expected demands, including intravenous services,
phlebotomy services, messenger/transporter services, Inpatient Radiology services including laboratory and radiologic information retrieval systems allow prompt access to results.

**ORIENTATION**

All incoming residents and fellows who have never completed a residency or fellowship at the University of Minnesota are required to attend one of our GME Orientation sessions, which are usually held on July 1st or 2nd.

If you are unable to attend GME Orientation, please contact your Program Coordinator for make-up requirements.

In addition to attending GME Orientation, incoming residents and fellows must also complete REQUIRED online pre-orientation training requirements for compliance purposes. Please see your New Innovations RMS Checklist for orientation module details.

**LIFE SUPPORT CERTIFICATION**

Upon entering an accredited GME training program, such as the movement disorders fellowship, all trainees who have direct contact with patients must be certified in Basic Life Support (BLS). Certification is typically valid for two years. Once the initial certification expires, the trainee must take a recertification class.

For those trainees required by the hospital to have BLS or any other life saving certification, recertification will take place at the teaching hospital, free of charge. Contact your fellowship coordinator or tnelson1@fairview.org to get scheduled for training or re-training.

**MOONLIGHTING**

Fellows interested in moonlighting must discuss it with the Program Director. If moonlighting is approved, a letter will be written formally approving moonlighting. No moonlighting can be performed without an approval letter. All moonlighting hours must be reported via the RMS duty hours, and will be counted towards the 80 hour per week duty hour limit.

**DUTY HOUR REPORTING**

All residents-fellows report their duty hours via the web-based Residency Management System by the New Innovations company.

Duty hours must be reported at least weekly.

The GME office will provide system logon information when you are first being added to University systems, describe how to use the system, and which activity codes to use when reporting hours on duty. If you cannot find activity codes for one of your assignments, please ask.
FELLOW WELL-BEING

Program directors and teaching staff will be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Training situations that consistently produce undesirable stress on fellows or residents will be evaluated and modified.

Details about the support resources available to all residents/fellows can be found on the Graduate Medical Education web site http://www.med.umn.edu/gme/residents/home.html. These include Needle Sticks and Blood Borne Pathogen Exposure Mgmt instructions, a Dispute Resolution Process, Well-Being Tools, a Resident Assistance Program (RAP) at 651-430-3383, and an on-site consultant (Scott Slattery, Ph.D., at 612-626-7196.), among others.

READINGS LISTS (BIBLIOGRAPHY)

The Movement Disorders team has been collecting items of interest in a Moodle website specific to the fellowship. You will have access to that site. If you run into any problems or have items to add, please work through your Coordinator. Older materials are listed below.

Others

www.movementdisorders.org
www.clinicaltrials.gov
www.drugs.com
www.ann.com
https://myana.org/
https://www.sfn.org/
www.neurosymptoms.org
https://www.michaeljfox.org/
http://www.parkinson-study-group.org/
http://huntingtonstudygroup.org/
http://www.dystoniastudygroup.org/

Older movement disorders literature


Kurlan R (ed.): Treatment of Movement Disorders, Philadelphia, Lippincott, 1995


EVALUATION METHODS

Evaluation by faculty, of faculty, of rotations

Each quarter, fellowship faculty are asked to evaluate each fellow’s performance, via evaluations in the New Innovations RMS web-based system.

Also each quarter, fellows are asked to evaluate the program faculty.

Semi-annual meeting with PD

One of the program requirements is a meeting between each trainee and the program director on a semi-annual basis.

At these meetings, the PD will review each trainee’s ratings and evaluations submitted by himself and other faculty. A written evaluation summary will be prepared and signed by both the PD and the trainee.

360 Degree Evaluation

There is a semi-annual “360-degree” assessment of the trainees by the clinic technical and nursing staff, as well as patients and/or families.

Annual Meetings

Annually, the Program Director completes a slightly more extensive evaluation of each fellow that summarizes their performance during the full year and indicates whether the fellow is ready to assume increased responsibility or whether he/she has demonstrated sufficient competence to enter movement disorder practice without direct supervision.

Also annually, fellows and faculty are encouraged to complete confidential written evaluations of the program itself. These are also scheduled and completed through the New Innovations RMS system.

The results of the above annual evaluations, the rotation evaluations, the faculty evaluations, and the quarterly fellow evaluations all become part of the material considered in the formal, ACGME-required, annual Program Evaluation meeting. All faculty and fellows are invited to attend.

At least 20 hours of category I of continuing education in movement disorders needs to be completed by the movement disorder fellow. Appropriate documents verifying these credits need to be provided to the program director.
SECTION 6 - ADMINISTRATION

PRACTICAL INFORMATION

Contacts at University of Minnesota
Fellowship Coordinator, Pat Bulgerin  612-625-9110
DBS Research, Dr. Gregory F. Molnar  612-801-0307
Clinic Care Coord, Susan Vold  (non-pt #)  612-676-5689
UMP Neurology Clinic main line  612-626-6688
UMP Clinic Refill Fax line  612-676-5058
UMMC hospital main line  612-273-3000

Contact at Hennepin County Medical Center
Cheryl Neel  612-873-2595

Contact at Minneapolis VA Health Care System
Thomas Krug  612-467-2047

HOLIDAYS

The Department of Neurology staff holiday schedule can be found at:
http://www1.umn.edu/ohr/benefits/leaves/holiday/tcroc/index.html

Fellows covering inpatient services will need to arrange among themselves a schedule that will allow everyone to have several holidays off. Fellows not on inpatient services will follow the Dept of Neurology staff holiday schedule. However, UMP clinic does not follow University of Minnesota holidays. Fellows that regularly work with UMP clinics must keep in touch with their team, and keep them informed of any absences, including which holidays you will be away.

FELLOW CONTACT INFORMATION

Fellows are expected to keep both their program coordinator and the University Payroll department informed of any changes to their contact information. Address and phone number changes for Payroll can be completed online by visiting http://hrss.umn.edu/ and selecting the Personal Information Update section. Please update your program coordinator via email or in person.

CONFIRMATION OF RECEIPT OF FELLOWSHIP ADDENDUM

All fellows must complete a form indicating that they have received and reviewed the program manual. The form to complete is on the next page.
University of Minnesota
Department of Neurology

MOVEMENT DISORDERS FELLOWSHIP

Confirmation of Receipt of your Fellowship Addendum
for Academic Year 2017-2018

By signing this document you are confirming that you have received and reviewed your Fellowship Addendum for this academic year. This policy manual contains policies and procedures pertinent to your training program.

This receipt will be kept in your personnel file.

Fellow Name (Please print) ______________________________________________

Fellow Signature
_______________________________________________________________

Date __________________________

Coordinator Initials ________________

Date __________________________

Last updated June 2017