UNIVERSITY OF MINNESOTA
GRADUATE MEDICAL EDUCATION

2017-2018
FELLOWSHIP
POLICY & PROCEDURE
MANUAL

NEUROCRITICAL
CARE
FELLOWSHIP
(NCC)

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. It can be found at: http://www.neurology.umn.edu/residency.html


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 excellence of the training program is one of the highest priorities of the department. Among the significant strengths of the four-year program are the range and the depth of the clinical experience provided at several teaching hospitals, the devotion of the full-time faculty at each of these hospitals to teaching, patient care, and scholarship, and the focus on both clinical and basic research in the midst of a first-rank neuroscience community. The faculty includes over 60 clinical neurologists.

iii. Program Mission Statement

To comply with the institutional and program requirements of accredited fellowships, this University of Minnesota training program is organized to provide the intellectual environment, formal instruction, peer interaction, and broad supervised experience necessary for fellows to master the knowledge, skills and attitudes essential to the research, teaching, and practice of neurocritical care.

Central to these goals is the fellows’ attainment, at the level of a practitioner of Neurocritical care, of the six ACGME core competencies in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, as described in Section V.

Prior to entering this program, trainees must have satisfactorily completed an ACGME-accredited residency program in neurology, neurological surgery, internal medicine, anesthesiology, surgery, child neurology, or emergency medicine; and be board certified or eligible for certification in a primary ABMS or RCPSC specialty of neurology, neurological surgery, anesthesiology, internal medicine, general surgery, emergency medicine, or child neurology. Neurosurgery residents enrolled in an ACGME- or RCPSC-accredited neurosurgery residency who have completed a minimum of four years of post-graduate clinical training in neurosurgery are also eligible.
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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  
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: 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 are required to complete the University Privacy Training and the Public Jobs: Private Data Security Training. The Academic Health Center has designed training programs which are located at www.myu.umn.edu and are accessed via the trainee’s University of Minnesota x500 Internet password. Once authenticated (“signed in”), go to the “my WORK LIFE” tab to access the courses. The University provides 90 days to complete your required training. For more information, ask your program coordinator to put you in touch with the department’s Privacy & Security Coordinator.

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. If you need to review the rest of the HIPAA requirements please visit the website at http://www.ahc.umn.edu/privacy/hipaa/home.html

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 Graduation...
(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 please 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 www.shb.umn.edu 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 four (4) weeks 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 four (4) weeks 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.  
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.

A maximum of two weeks of vacation may be taken at a time. Only one fellow may be gone at a time, since it is imperative to maintain the hospital services.

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.

Jury/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, steppchildren, parents, parents of spouse, and the steppparents, 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 four weeks 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 resident 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. Hospital coverage must be coordinated among the fellows; not all fellows may be gone at the same time. Check with the program director regarding availability of funds for reimbursing conference travel; funds are not available every year.

**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 $5,000,000 annual aggregate. “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 [http://www.med.umn.edu/residents-fellows/current-residents-fellows](http://www.med.umn.edu/residents-fellows/current-residents-fellows). Under ‘Additional Resources’ you will find a section on ‘Malpractice (Professional Liability)’ that contains additional information.

**MEAL TICKETS/FOOD SERVICE**

Trainees on duty 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. Your coordinator will have information about the UMMC meal card monies for each academic year.

Your Program Coordinator will help find out if UMMC has granted this fellowship any meal cards. If they have, the coordinator will help you obtain meal cards, and provide you with a copy of the UMMC policy.

**PARKING SERVICES**

Parking is provided at both UMMC and HCMC at no cost to the trainee. See Katie Dolan for 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 – the 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**

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.

**FALL, SPRING & SUMMER SEMESTERS:**

(No service during weekends, breaks and holidays.)

- Monday–Friday   7:00 am – 5 pm   every 15 minutes
- Monday–Friday   5:00 pm – 10 pm   every 30 minutes (Fall and Spring Semester ONLY)

**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 2016-2017, the stipend rate relevant to this fellowship is:

- Level 5   $61,466 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.

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, 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 neurocritical care fellowship in the Department of Neurology sponsors only J-1 visas. We do not sponsor H-1B visas except under very unusual circumstances. 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.

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.**
SECTION 3 - INSTITUTION RESPONSIBILITIES

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 Program Policy Manual or Fellowship Addendum conflict with the Institution Manual, the Institution Manual takes precedence.

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

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

There are no Neurocritical Care policies that are more specific than the institutional policies.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

NEUROCRITICAL CARE PROGRAM OVERVIEW

This University of Minnesota NCC training program is organized to:
- provide the intellectual environment, formal instruction, peer interaction, and broad supervised experience needed to train the next generation of neurointensivists,
- improve the care provided to critically ill neurologic patients,
- prepare trainees to achieve the core competencies appearing in the "UCNS Neurocritical Care Core Curriculum", UCNS 2007, and
- prepare them for successful UCNS board certification in neurocritical care.

Fellows are offered two years of supervised training, as required by UCNS to achieve board eligibility in neurocritical care. This is a newly established, small fellowship with close ties to the established stroke center programs in the University of Minnesota's Department of Neurology. The neuroICU service provides trainees exposure and experience with a broad multidisciplinary patient care environment that includes regular interaction with trainees from neurology, vascular neurology, endovascular surgical neuroradiology, neurosurgery, and other rotators on the medical and surgical...
ICU units as well as regular interaction with health care providers in neurology, neurosurgery, neurointervention, medicine, surgery, speech therapy, occupational therapy, physical therapy, nursing, respiratory therapy, nutrition, and social work.

The program is divided into three rotation categories in each year of training:
- six months of neuroICU,
- two months of 'other ICU' (medicine ICU / surgery ICU), and
- four months of electives to customize the learning experience to the trainee's particular subspecialty interests.

The trainee will be on the neuroICU service every other month, alternating with rotations in the other two categories. To provide the trainee with solid neurocritical care tools before rotating on other critical care services, the first 'other ICU' rotation will not take place until at least December of the first year.

OVERALL PROGRAM GOALS

A. to provide supervised training in patient care in the neurocritical care setting. This includes the diagnosis and management of life-threatening neurological diseases, as well as the medical conditions that frequently occur as complications, i.e.
   - central nervous system ischemic stroke
   - cerebral aneurysms
   - intracranial hemorrhage
   - status epilepticus
   - subarachnoid hemorrhage
   - intracranial pressure
   - post-operative care
   - brain arteriovenous malformation
   - arteriovenous fistulas of the brain, spine, spinal cord
   - head and neck vascular malformations
   - tumors of the head, neck, spine
   - hypothermia

B. to provide supervised training in technical aspects and procedures related to the practice of neurocritical care;
C. to ensure the trainee is skilled in the techniques of central line, ICP monitoring, arterial lines, airway management;
C. to provide training and mentoring in fundamental aspects of clinical and/or basic science research related to neurocritical care;
D. to provide training in administrative, management, and economic aspects of neurocritical care with a focus on collaborative practice and multi-disciplinary care delivery;
E. to allow the trainee to develop a sense of purpose with regard to ethical and humanistic aspects of care with an emphasis on compassion and respect for patient-centered values;
F. to prepare trainees for successful UCNS board certification in neurocritical care;
G. to foster the trainee’s transition into a career as an independent, responsible, highly competent and self-sufficient neurointensivist.
MASTER LIST OF ROTATIONS

Year 1:
- NeuroICU Rotations
- General ICU Rotations (MICU or SICU)
- Longitudinal NeuroICU/Stroke Call
- Elective rotations

Year 2:
- NeuroICU Rotations
- General ICU Rotations (MICU or SICU)
- Longitudinal NeuroICU/Stroke Call
- Elective rotations

GENERAL OBJECTIVES FOR ALL ROTATIONS

By the end of the fellowship, this program expects trainees to have acquired competence in the six ACGME core competencies areas listed below to the level expected of a new practitioner of neurocritical care.

1. Patient care (PC) that is compassionate, appropriate, and effective for the treatment of critically ill neurological patients. Trainees will:
   a. gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures;
   b. make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based upon clinical judgment, scientific evidence, and patient preference;
   c. develop, negotiate and implement effective patient management plans and integrate patient care; and
   d. perform competently the diagnostic and therapeutic procedures considered essential to the practice of neurocritical care.

2. Medical knowledge (MK) about established and evolving biomedical, clinical, and basic sciences relevant to neurocritical care and be able apply it in the care of their patients. Trainees will:
   a. apply an open-minded, analytical approach to acquiring new knowledge;
   b. access and critically evaluate current medical information and scientific evidence;
   c. develop a clinically applicable knowledge of the basic and clinical sciences that underlie the practice of neurocritical care; and
   d. apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking.

3. Practice-based learning and improvement (PBLI) that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care. Trainees will:
   a. identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care;
   b. analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice;
   c. develop and maintain a willingness to learn from experience and use experience to improve the system or processes of care; and
d. use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.

4. Interpersonal and communication skills (ICS) that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Trainees will:
   a. provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families and colleagues;
   b. use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families;
   c. interact with consultants in a respectful, appropriate manner; and
   d. maintain comprehensive, timely, and legible medical records.

5. Professionalism (Prof), as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds. Trainees will:
   a. demonstrate respect, compassion, integrity and altruism in relationships with patients, families, and colleagues;
   b. demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues;
   c. adhere to principles of confidentiality, scientific/academic integrity, and informed consent; and
   d. recognize and identify deficiencies in peer performance.

6. Systems-based practice (SBP), as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Trainees will:
   a. understand, access and utilize the resources, providers and systems necessary to provide optimal care;
   b. understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient;
   c. apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management; and
   d. collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

GOALS AND OBJECTIVES BY ROTATION

In addition to the general objectives listed above, there are objectives specific to each level of training and rotation.

Neuro ICU Rotations at UMMC during Year 1:

The neuroICU rotation at UMMC occupies six months of the year 1. During the months on this service, fellows are supervised by the program and site director, Mustapha Ezzeddine, M.D. During this rotation trainees will:
1. Develop requisite knowledge and skill in managing neurocritical care issues that arise from cerebrovascular disease (MK, PC). The specific competencies include ability to:
   a. evaluate and manage acute ischemic stroke, including deployment of intravenous thrombolysis,
   b. identify patients at high risk of developing mass-occupying lesions,
   c. manage medical co-morbidities of ischemic stroke,
   d. manage intracerebral hemorrhage (ICH), including treatment of blood pressure and cerebral edema in the acute setting,
   e. identify and diagnose of subarachnoid hemorrhage (SAH),
   f. manage SAH, including medical co-morbidities in the acute setting.

2. Develop requisite knowledge and skill in managing neurocritical care issues that arise from trauma (MK, PC). The specific competencies include ability to:
   a. recognize and classify traumatic brain injury (TBI),
   b. identify indications for surgical intervention,
   c. apply principles of acute management of brain trauma,
   d. identify and manage traumatic spinal cord injury in the acute setting.

3. Develop requisite knowledge and skill in managing neurocritical care issues that arise from seizures (MK, PC). The specific competencies include ability to:
   a. identify and workup convulsive and non-convulsive status epilepticus,
   b. apply principles of treatment for status epilepticus,

4. Develop requisite knowledge and skill in managing neurocritical care issues that arise from neuromuscular disease (MK, PC).
   The specific competencies include ability to:
   a. identify need for and administer supportive care in patients with myasthenia crisis,
   b. apply principles of respiratory support in patients with neuromuscular disease.

5. Develop requisite knowledge and skill in managing neurocritical care issues that arise from these additional categories (MK, PC).
   The specific competencies include ability to:
   a. identify and workup encephalitis / meningitis,
   b. apply the principles of antibiotic/antiviral therapy in central nervous system (CNS) infections,
   c. recognize, workup, and manage increased intracranial pressure (ICP),
   d. apply basic principles of ICP monitoring,
   e. apply principles of acute therapy for increased ICP,
   f. evaluate for brain death in multiple scenarios.

6. Develop skills in the procedures used in a neuroICU setting (MK, PC). The specific competencies include ability to:
   a. place arterial lines,
   b. place central venous catheters,
   c. manage mechanical ventilation,
   d. perform endotracheal intubation,
   e. interpret monitoring data and manage ICP.

7. Develop proficiency in team care of critically ill patients (PC, Prof, IPC, SBLP). The specific competencies include ability to:
a. interact effectively with all members of the care team,
b. consult with and support neurology, neurosurgery, endovascular surgical neuroradiology, vascular neurology and other teams in care of shared patients,
c. lead rounds with a multidisciplinary team in a collegial and egalitarian manner.

8. Develop skills in helping patients and families deal effectively with emergent and serious medical issues (PC, Prof, IPC).
   The specific competencies include ability to:
   a. inform patients and families honestly and compassionately,
   b. support patients and families involved in medical crises.

9. Evaluate personal and team performance honestly and maintain ongoing program of quality improvement (Prof, PBLI).
   The specific competencies include ability to:
   a. assess personal knowledge and skill status critically and develop plan for improvement,
   b. assess team performance,
   c. develop and deploy processes for individual and team quality improvement.

General ICU Rotations (MedICU and SurgICU) at UMMC during Year 1

The general ICU rotation at UMMC occupies two months, one on the medicine ICU service and one on the surgical ICU service during year 1. During the months on these services, fellows are supervised by Dr. Melissa King-Biggs and Dr. Jeffrey Chipman. During these rotations trainees will:

1. Develop requisite knowledge and skill in managing critical care issues that arise from respiratory crises (MK, PC). The specific competencies include ability to:
   a. identify and manage respiratory failure in the acute setting,
   b. apply principles of mechanical ventilation,
   c. manage acute pulmonary infections.

2. Develop requisite knowledge and skill in managing critical care issues that arise from cardiac injury (MK, PC). The specific competencies include ability to:
   a. recognize acute cardiac injury,
   b. manage myocardial infarction (MI),
   c. work up and manage hypotension,
   d. apply principles in management of hypertensive crisis.

3. Develop requisite knowledge and skill in managing critical care issues that arise from renal crises (MK, PC). The specific competencies include ability to:
   a. recognize and manage fluid and electrolyte disturbances in the ICU,
   b. work up and manage acute renal failure.

4. Develop requisite knowledge and skill in managing critical care issues that arise from infections (MK, PC). The specific competencies include ability to:
   a. apply principles of diagnosis of infections in the ICU,
   b. apply principles of antibiotic use in the ICU setting.

5. Develop requisite knowledge and skill in managing critical care issues that arise from gastrointestinal (GI) crises (MK, PC).
The specific competencies include ability to:
   a. work up and manage gastrointestinal bleeding,
   b. work up and manage acute liver failure,
   c. work up and manage disturbances of GI motility in the ICU.

6. Develop requisite knowledge and skills in the procedures used in a general ICU setting (MK, PC). The specific competencies include ability to:
   a. place arterial lines,
   b. place central venous catheters,
   c. manage mechanical ventilation,
   d. perform endotracheal intubation,
   e. interpret monitoring data and manage hemodynamic crises and ICP abnormalities.

7. Continue to develop, in the general ICU settings, the competencies described in items 7-9 above for the neurocritical care rotation at UMMC during Year 1 (PC, Prof, IPC, PBLI, SBLP).

Neuro ICU Rotations at UMMC during Year 2

The second year neuroICU rotation at UMMC occupies a total of six months during year 2. During the months on this service, fellows are supervised by the program and site director, Mustapha Ezzeddine, MD. During the second year rotation and as guided by evidence of increasing competence demonstrated by evaluation methods, the trainee will have greater responsibility for patient management. In addition mastery of several competencies beyond those of the year 1 neuroICU rotation will be stressed. During this rotation the trainee will:

1. Develop requisite knowledge and skill in managing neurocritical care issues that arise from cerebrovascular disease (MK, PC).
   The specific competencies include ability to:
   a. apply principles of advanced neuroimaging to tailor therapies for acute stroke,
   b. apply principles of hemodynamic manipulation to manage cerebral perfusion,
   c. provide peri-procedural management of acute stroke patients treated by endovascular methods,
   d. differentiate, workup, and manage secondary causes of intracerebral hemorrhage,
   e. diagnose and manage vasospasm, cerebral salt-wasting, and hydrocephalus complicating subarachnoid hemorrhage,
   f. provide peri-procedural management of patients undergoing coiling/clipping of ruptured aneurysms.

2. Develop requisite knowledge and skill in managing neuroICU issues that arise from trauma (MK, PC). The specific competencies include ability to:
   a. manage medical co-morbidities,
   b. treat cerebral edema associated with traumatic brain injury,
   c. use neuromonitoring to guide traumatic brain injury therapies.

3. Develop requisite knowledge and skill in managing neurocritical care issues that arise from seizures (MK, PC). The specific competencies include ability to:
   a. deploy expanded treatment options for status epilepticus,
   b. manage co-morbidities,
   c. interpret continuous EEG monitoring and use results to guide management of status
epilepticus.

4. Develop requisite knowledge and skill in managing neurocritical care issues that arise in these additional categories (MK, PC). The specific competencies include ability to:
   a. manage post-operative central nervous system infections,
   b. manage ventriculostomy-related infections,
   c. manage brain and spinal abscesses,
   d. apply principles of prophylactic antibiotic use in peri-operative neurosurgery patients,
   e. apply alternative therapies for ICP management and specific disease states (e.g. hypothermia),
   f. use adjunctive neuromonitoring (e.g. transcranial Doppler) to guide ICP management,
   g. manage medical complications in the peri-brain death period,
   h. develop communication skills, sensitivity in dealing with families of brain dead patients (Prof, PC, IPC).

5. Develop requisite knowledge and skills in the use of special techniques and procedures in a neuroICU setting (MK, PC).
   The specific competencies include ability to:
   a. interpret continuous EEG monitoring,
   b. interpret transcranial Doppler,
   c. interpret brain tissue oxygenation data,
   d. induce and manage therapeutic hypothermia.

6. Continue to develop, in the year 2 neuroICU rotation settings, the competencies described in items 7-9 above for the year 1 neuroICU rotation at UMMC (PC, Prof, IPC, PBLI, SBLP).

**General ICU Rotations (MedICU and SurgICU) at UMMC during Year 2**

The general ICU rotation at UMMC occupies two months during year 2, one month on the medicine ICU service and one month on the surgical ICU service. During the months on these services, fellows are supervised by Drs. Jeffrey Chipman and Melissa King-Biggs. During the second year general ICU rotation, and as guided by evidence of increasing competence demonstrated by evaluation methods, the trainee will have greater responsibility for patient management. In addition, mastery of several competencies beyond those acquired in year 1 will be stressed during the year 2 general ICU rotation. During this rotation the trainee will:

1. Develop requisite knowledge and skill in managing critical care issues that arise from respiratory crises (MK, PC). The specific competencies include ability to:
   a. apply advanced mechanical ventilation techniques,
   b. manage reactive airway disease,
   c. wean patients from mechanical ventilation in a variety of settings.

2. Develop requisite knowledge and skill in managing critical care issues that arise from cardiac injury (MK, PC). The specific competencies include ability to:
   a. interpret and use measured cardiovascular parameters in patient management,
   b. identify and manage neurogenically mediated cardiac injury,
   c. manage heart failure in the ICU setting.

3. Develop requisite knowledge and skill in managing critical care issues that arise from renal crises (MK, PC). The specific competencies include ability to:
a. manage osmolality and hyponatremia in brain injury patients,
b. apply principles of renal replacement therapy.

4. Develop requisite knowledge and skill in managing critical care issues that arise from infections (MK, PC). The specific competencies include ability to:
a. develop and implement a plan for infection control in the critical care setting,
b. manage hospital-acquired and opportunistic infections,
c. identify and manage central fever.

5. Develop requisite knowledge and skill in managing critical care issues that arise from gastrointestinal (GI) crises (MK, PC). The specific competencies include the ability to:
a. manage acute abdomen,
b. identify and manage abdominal compartment symptoms,
c. apply principles of monitoring and treating nutritional deficiencies in the ICU.

6. Continue to develop, in the year 2 general ICU rotation settings, the competencies described in items 7-9 above for the year 1 neuroICU rotation at UMMC (PC, Prof, IPC, PBLI, SBLP).

Longitudinal NeuroICU/Stroke Home Call - both years:

NeuroICU/stroke home call will be divided evenly between the NCC and VN fellows, so that each fellow will be on call every third week. The fellow on call serves as backup to the neurology resident on duty, who is the first responder. The fellow is notified of every patient admission to the neuroICU and every stroke code. He/she helps with neuroICU procedures as needed and manages ICU issues for patients on the neuroICU service.

The neuroICU/stroke home call rotation during years 1 and 2 comprises approximately 1.3 months annually (Saturday and Sunday AM rounds, plus an average of 2-4 hours of night-time contact per week). The rotation provides experiences unique to the setting. During the rotation the trainee will:

1. Develop habits of effective and timely consultation with other members of the health care team (PC, IC, Prof, SBP)
2. Develop requisite skills and knowledge to plan assessment and management for acutely ill neurology and neurosurgery patients (PC, MK)
3. Develop requisite knowledge and skills in management of neurological emergencies (PC, MK)
4. Develop requisite knowledge and skills in performing emergent ICU procedures (PC, MK)

ELECTIVE ROTATIONS

We can offer several elective options such as emergency medicine, anesthesia, palliative care, neurosurgery, vascular neurology, endovascular surgical neuroradiology, research, additional months of NeuroICU, MICU or SICU. Well in advance, discuss your interest with the Program
Director, so that both of you can work with the fellowship coordinator and arrangements can be made for the elective rotation.

ROUNDS

The neuroICU team will perform morning rounds on all the patients on our service. The purpose of these rounds will be to develop a patient care plan early in the morning. The rounds will be attended by NeuroCritical Care fellows, Vascular Neurology fellows, rotating neurosurgery residents, neuroradiology fellows, Critical Care rotating fellows/residents, nurse practitioners, and attending faculty. Equally important is early communication with the necessary teams so there is continuation of care as well as a documented action plan, so health care teams later during the day have a record of the action plan from the NeuroICU team.

The fellow will round on all the patients early in the morning and WRITE DAILY notes on each patient. The fellow will discuss the plan on EACH of the patients, and together they will formulate specific plans for the day. The discussion with the attendings should happen by 10:00 am.

CALLS DURING THE NIGHT AND ON WEEKENDS

All NCC and VN fellows will take turns being ‘on call’ for stroke code calls at both hospitals (UMMC and HCMC), taking call from home, for one week at a time.

If there are night-time or weekend calls about a patient, the fellow on call will obtain all the necessary information in a timely manner and then contact the on-call attending about the case. For emergency cases, the fellow will come to the relevant hospital, evaluate the patient, and re-discuss the case with the attending on call.

The ‘on call’ fellow will also round on the UMMC NeuroICU and stroke patients on weekend days, with responsibilities as described above.

If the fellow is at the hospital beyond 9 PM, he/she will make plans to have at least a 10-hour rest period before reporting to duty the next day. Communicate with your fellow trainees and the attending faculty, so they can cover any urgent patient care duties before you report back to the hospital after your rest/personal time.

Accurate reporting of all duty hours into the RMS system is important. Both the fellow and the program coordinator are responsible for bringing to the attention of the Program Director recurring schedules that do not permit the required 10 hour sleep/rest period every day, as this violates duty hour limits set by the ACGME and this institution.

The fellow and the program coordinator are responsible for bringing to the attention of the Program Director recurring schedules that exceed 80 hours in-house per week, as this violates duty hour limits set by the ACGME and this institution. The same applies to schedules that do not allow at least 10 hours of rest/personal time between the end of duties one day and the start of duties the following day.
STROKE CODE CALL (from home)

As a member of the stroke code team, the fellow will (PC, MK, SBLI):

1. Be directly involved in the selection of ischemic stroke patients for reperfusion treatments such as intravenous or intra-arterial thrombolytic therapies as well as mechanical treatments.

2. Be involved in other hyperacute vascular neurology management issues, such as treatment of hypertension and hyperglycemia in acute ischemic stroke patients, surgical and other interventions for intraparenchymal hemorrhage, and treatment options for aneurysmal subarachnoid hemorrhage.

Call will be divided evenly among the fellows in such a way that, on average, each fellow will be on call one half to one third of the time, depending on the number of fellows. The oncall VN and NCC fellows are also responsible for rounding at UMMC on weekends.

Call rooms are available. For details, see section 2.

PROCEDURE LOG

Each fellow must maintain a personal log of all procedures they perform – whether line placement, angiograms, etc. This log will be reviewed with the program director before graduation. And will be useful when requesting hospital credentialing once training has been completed.

RESEARCH

Fellows are required to participate in at least one research project of his/her choosing under the supervision of a faculty member. The fellows will also be involved in ongoing clinical trials in acute stroke, stroke prevention, and stroke neurorehabilitation.

Fellows will provide updates on their project(s) every couple of months at the research conference.

Fellows are expected to briefly present their research project at the end-of-year fellowship research symposium, in June of each year.

REFERENCE MATERIALS

All fellows also have access to several electronic sources for reference materials.

Bio-Medical Library

All residents and fellows have access to 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 cerebrovascular programs maintain 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 for major changes. [https://moodle.umn.edu](https://moodle.umn.edu)

**American Heart Association guidelines**

The latest American Heart Association statements and guidelines for stroke care can be found at: [http://my.americanheart.org/professional/StatementsGuidelines/Statements-Guidelines_UCM_316885_SubHomePage.jsp](http://my.americanheart.org/professional/StatementsGuidelines/Statements-Guidelines_UCM_316885_SubHomePage.jsp)

**Others**

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

**TEACHING AND DELIVERY OF EDUCATIONAL PROGRAMS**

Fellows are expected to take an active role in the teaching, mentoring, and training of residents in neurology as well as residents in other disciplines, medical students, nurses, and other health-care personnel.

**CONFERENCES**

Fellows will be offered a unique lecture series appropriate to their level and the goal of training subspecialists in vascular neurology. This will include multiple formats: case-based discussions, didactic lectures, journal club discussions, and morbidity and mortality discussions. The following conferences are available during the various rotations.

1. **Required conferences for all rotations:**

   - **Cerebrovascular conference**  4:00 pm Tuesdays, 12-109 PWB
     - 1<sup>st</sup> Tue – M&M
     - 2<sup>nd</sup> Tue – Journal Club/Research
     - 3<sup>rd</sup> Tue – Case discussion
     - 4<sup>th</sup> & 5<sup>th</sup> Tue – Didactic Lectures

   - **Didactic reading sessions**  5:00 pm Tuesdays, 12-109 PWB,
On 2\textsuperscript{nd} and 4\textsuperscript{th} Tuesdays of the month
(stroke topics on 2\textsuperscript{nd} Tuesdays, NCC topics on 4\textsuperscript{th} Tuesdays)

Clinical Neuroscience Conference
(jointly w/neurosurgery & neuroradiology)

2. Recommended:

Stroke multidisciplinary conference
monthly (when at each site)
UMMC – 2\textsuperscript{nd} Mondays 1:00 pm
HCMC – 4\textsuperscript{th} Wed 2:00 pm, rm P5.310

Neurosurgery/Neurointervention M & M Conf
7:30am (2nd Fridays), UMMC, Mayo D417

Multi-Disciplinary Vascular Conference
7:00am UMMC Radiology,
Rm 2-359, 2\textsuperscript{nd} and 4\textsuperscript{th} Mondays

Neurology Grand Rounds
Noon Fridays, UMMC, various rooms

3. Additional available conferences:

Rehabilitation lecture series
Wednesday AM, UMMC PM&R

Metro Rehabilitation conference
Quarterly, HCMC

Neurosurgery clinical conference
6:30am Fridays, UMMC

Vascular surgery imaging
12:00pm Wednesdays (1st), HCMC, O5.131

Autopsy gross neuropathology conference
11:00am Wed (2nd/4th), Ettinger Conf Rm, HCMC

Cardiology Catheterization conference
weekly

Cardiology/ER case conference
monthly

Vascular medicine conference
monthly

Neuropathology gross brain conference
9:30am Tuesdays, UMMC, C-145 Mayo

4. Regional/national conferences:
Fellows are encouraged to submit posters/oral presentations to the following national conferences:

American Academy of Neurology Annual Meeting
International Stroke Conference
The program will reimburse partial travel expenses to one of these conferences. (Exact amount varies by year. Discuss with your program director if interested in attending a national conference.)

SITUATIONS THAT REQUIRE CONTACTING FACULTY

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

MHealth requirements 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.

LIFE SUPPORT CERTIFICATION

Upon entering a University of Minnesota GME training program, such as the NCC 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. NCC fellows are also required to maintain Advanced Cardiac Life Support (ACLS) certification at the provider and/or instructor level and Emergency Neurological Life Support (ENLS). In addition, certification in one or more of the following is desirable:

- Advanced Trauma Life Support (ATLS)
- Pediatric Advanced Life Support (PALS)
- Fundamental Critical Care Support (FCCS)

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.
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 VN 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 VN fellows also have access to electronic medical literature databases with search capabilities through the University of Minnesota’s Biomedical Library.

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.

FACULTY

(NeuroCritical Care faculty in bold)

UMMC: Rwoof Reshi, M.D. (Site Director; Program Director)
David C. Anderson, M.D.
Oladi Bontho, M.D.
Kamakshi Lakshminarayan, M.D., Ph.D.
Mustapha Ezzeddine, M.D.
Benjamin Miller, M.D.
Chris Streib, M.D.
DUTY HOURS

Fellows will rotate from home on stroke code call overnight and on weekends in such a way that each fellow covers an average of half to one third of the call (depending on the number of fellows). Fellows can expect to be on duty 65 hours/week, on average.

Exact hours worked must be reported into the web-based RMS reporting system. Fellows are expected to log into the RMS online system and report their duty hours daily. Accurate duty hour reporting is extremely important. Among other uses, your time is used to track compliance with the duty hour limitations set by the ACGME and this institution, and to obtain reimbursement from the hospitals towards your salary and benefits. To this end, it is important to log hours frequently – daily reporting is strongly encouraged. All hours worked and all moonlighting (external and internal) hours must be reported. The combined total of hours worked should not exceed 80 hrs per week except in very unusual circumstances. Fellows will have an average of 1 day off per week, averaged over a 4-week period.

The fellowship coordinator will work with each fellow to ensure that reporting is up-to-date before each monthly cut-off; and that the appropriate activity codes are being used for duties at each site.

Fellows that become aware of recurring duty assignments that exceed 80 hours per week, or that do not allow at least 10 hours of rest/personal time overnight, or do not allow at least four days off per month, are encouraged to bring the matter to the attention of not only the fellowship coordinator, but also to the program director, so issues can be addressed and corrected.

MOONLIGHTING

Fellows interested in moonlighting must discuss it - in advance - 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. A template for the letter is available on your RMS home page. All moonlighting hours must be reported via the RMS duty hours, and will be counted towards the 80 hour per week duty hour limit. (Trainees on J1 visa are NOT allowed to moonlight as it jeopardizes their visa status.)

RESIDENT 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 Management 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)


OTHER EDUCATIONAL RESOURCES TO BE USED

Fellows have at their disposal a learning area in the department, which includes several computers, computer-based teaching tools covering neurology, neuroradiology and pathology, and the most frequently used, up-to-date textbooks. The computers provide Medline searches. In addition, fellows have access to the hospital and biomedical libraries, which include a sizeable collection of neurology journals and classic textbooks.

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, as well as the various rotations they have completed.

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, review conference attendance, discuss the fellow’s research project. 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 and neuroICU technical and nursing staff, as well as patients.

Semi-annual meetings with the faculty

Information from the quarterly faculty evaluations, the 360 evaluations, conference attendance, research project status, and the breadth of categories in the fellow procedure log all are discussed during a semi-annual meeting between fellows and program faculty. At that time, faculty and fellows have an opportunity to make suggestions for program improvement in a group setting; then faculty give each fellow, individually, suggestions for improvement.
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 neurocritical care 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. Anonymous, aggregated information from all rotation and program evaluations are used in an ACGME required annual, formal, fellowship evaluation meeting.

SECTION 6 - ADMINISTRATION

IMPORTANT PHONE NUMBERS

**Refer to the Gold Standards cerebrovascular service booklet for the full list of hospital and clinic contacts

- HCMC Neurology Office (612) 873-2595
- Cheryl Neel (Site Coordinator)
- HCMC clinic (612) 873-2515
- UofM Neurology Office main line (612) 625-9900
  - Cathie Witzel (Fellowship Coordinator) (612) 625-1969
- MHealth Neurology Outpatient Clinic main line (612) 626-6688
- MHealth outpatient Rx refill fax line (612) 676-5058
- MHealth hospital main line (612) 273-3000
- MHealth NeuroICU NP Kristen Benedict (612) 899-5465
- MHealth NeuroICU 4A Work Room (612) 273-3068
- MHealth Neurosciences ward 6A

HOLIDAYS

Maintaining the hospital services is a 24/7/365 endeavor. While there will always be someone on service – either in the hospital or on call from home, the NCC and VN fellowships endeavor to adjust schedules so that all trainees can take several holidays during the year. We encourage the fellows to work out a plan between/among themselves, so that as many fellows as possible can take off the holidays that are most important to them. Communicate preferences and agreements to the fellowship coordinator and program director.

The Department of Neurology staff holiday schedule can be found at:
http://www1.umn.edu/ohr/benefits/leaves/holiday/tcro/index.html
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 the ‘My Info’ tab on the MyU website (myu.umn.edu). Please update your program coordinator via email or in person. Your coordinator will update the GME’s RMS system with your new address, but has no access to the Payroll addresses.

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

NEUROCRITICAL CARE 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 __________________

Rev June 2017