Radiology Residency Program
Policy Manual:
2018-2019
**Introduction**

All physicians-in-training at the University are classified as either residents or fellows. The information contained in this Program Manual pertains to all residents in the Department’s programs except as otherwise identified in the Program Manual or addendum. This Manual outlines benefits, policies, guidelines and other regulations that apply to all resident training in the Department of Radiology.

The Institutional Policy Manual contains policies, procedures and information that apply to all residents throughout the University of Minnesota Medical School. The Program Manual is specific to each program. All materials are intended to be written in accordance with the Accreditation Council for Graduate Medical Education (ACGME). Please note that the Institutional Policy Manual and the Department Program Manual are designed to work together. Information contained in Institutional Policy Manual may not be replicated in Program Manual.

All information outlined in this Program Manual is subject to periodic review and change. All residents are subject to, and required to be familiar with and to comply with all policies and procedures of the University including the Institutional Policy and Department Program Manuals.

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Throughout this Manual, individual institutions will be identified as follows:

- University of Minnesota MHealth: UMMC
- University of Minnesota Masonic Children’s Hospital: UMCH
- Hennepin County Medical Center: HCMC
- Minneapolis Veterans Affairs Health Care System: MVAHCS
- Clinical Surgery Care Center: CSC
**Department Mission Statement**  
The mission of the Department of Radiology is to be a leader in enhancing the health of people through education, biomedical research, and clinical programs.

**Program Mission Statement**  
The Department of Radiology at the University of Minnesota School of Medicine, in conjunction with its affiliated institutions (including but not limited to the Minneapolis Veterans Affairs Health Care System and Hennepin County Medical Center) provides graduate medical education in the following programs:

- Abdominal Imaging Fellowship
- Advanced Neuroradiology Fellowship
- Breast Imaging Fellowship
- Diagnostic Radiology Residency
- Interventional Radiology Fellowship
- Interventional Radiology-Independent Residency
- Interventional Radiology-Integrated Residency
- Musculoskeletal Imaging Fellowship
- Neuroradiology Fellowship
- Nuclear Medicine Fellowship
- Pediatric Neuroradiology Fellowship
- Pediatric Radiology Fellowship
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Section I: Student Services

UNIVERSITY PAGERS
Residents are assigned MHealth pagers at the beginning of their RL1 Year for the duration of their residency. Contact Program Administrators Shari Johnston, 612-626-5589 sharij@umn.edu or Morgan Goetz, 612-626-5513 goetz084@umn.edu to report any missing or malfunctioning pagers. Resident is responsible for replacement cost in the amount of $60 under most circumstances.

E-MAIL AND INTERNET ACCESS
As students at the University, all residents are provided with a University E-mail/Internet access account. With this account trainees can access the Internet and E-mail from any of their assigned training sites. Trainees are required to maintain an E-mail account and to check their E-mail daily for Program, Medical School and University notices.

If you are using an independent ISP, you must forward your University E-mail account to your preferred E-mail account as required by the Medical School. Log on to http://www.umn.edu/validate to do so.

Information regarding the University of Minnesota School of Medicine, Graduate Medical Education and/or the Department of Radiology can be located at the following web sites:

- Medical School Web Site: http://www.med.umn.edu/
- GME Administration Web Site: http://www.gme.umn.edu/central/home.html
- Department of Radiology Web Site: http://www.radiology.umn.edu/

CAMPUS MAIL
DEPARTMENT MAILROOM LOCATION: MAYO BLDG, ROOM B221

DEPARTMENT MAILING ADDRESS
420 Delaware Street, S.E., MMC 292
Minneapolis, MN. 55455

Residents are not to send or receive personal mail through the University system. Outgoing U.S. mail may also be placed in the USPS mailbox located just outside the main entrance of the UMMC on Harvard Street.

The mailbox at UMMC is the trainee’s MAIN mailbox, but HCMC and MVAHCS also have mailboxes for residents. The department is not responsible for moving mail between hospitals depending on your rotation.

MHEALTH STAFF ID
Residents will be expected to wear your MHealth ID badge at all times during your rotations.
**TUITION AND FEES**
Tuition and fees are being waived at this time.

**DEPARTMENT USB DRIVE**
Residents are given an encrypted USB drive for use during residency training and will be required to sign a contract agreeing to abide by HIPAA and Departmental policies. You are required to return the USB drive to Program Administrator upon completion of (or departure from) the Program.

- Resident is responsible for replacement cost in the amount of $35 should you damage or misplace this device.
- This Department strictly prohibits the downloading of any patient demographic data (or any information that could identify a patient). To download such information would be in violation of Federal Health Information Portability and Accountability Act (HIPAA) regulations.

**SECTION II: BENEFITS**

**STIPENDS**
Annual base stipend rates are posted at [http://www.gme.umn.edu/residents/stipendinfo/home.html](http://www.gme.umn.edu/residents/stipendinfo/home.html)

**PAYCHECKS AND PAY PERIODS**
Biweekly paychecks are issued every-other Wednesday beginning July 11th, 2018. Residents are subject to withholding of Federal and State income taxes, as well as FICA taxes (Social Security). Residents pay insurance fees by payroll deduction over 26 pay periods.

Payroll forms (i.e., copy of check, automatic deposit, W4, duplicate W2, etc.), can be obtained online through MyU. *A new W4 form must be completed each time a name or address change occurs.*

**RESIDENT LEAVE (ALL ABSENCES INCLUDING VACATION, ILLNESS AND OTHER TYPES OF LEAVE)**
Except for unexpected absence related to illness, all full day leave must be pre-approved. All resident leave, except for short leaves during the day, must be documented in RMS duty hours. All short absences from the reading room from your scheduled rotation during regular work hours (e.g. doctor visit, conference with PD, conference with research mentor, etc.) must be approved by faculty you are working with, as soon as is practical to get that permission, and faculty should be reminded first thing in the morning the day of any previously approved short absence.

The Chief Residents and the Program Administrator should be concurrently notified of full day leave requests by email as soon as possible. The type of leave, as noted below, should be specified. Depending on scheduling considerations and in a timely manner, the Chief Residents will approve the request, forward the “chief approved request” by e-mail to the Program Administrator including attached revised schedule noting changes for final approval by the Program Director.
UNPAID LEAVE
While on unpaid leave, the resident is responsible for payment of any insurance (residents on unpaid leave will be billed monthly).

VACATION
Check the holiday schedule (including variation by location) and “block out dates” schedules before requesting time off. Up to twenty (20) working days per year may be taken as vacation which is paid leave. Unused vacation time may not be carried over to the next year. Depending on rotation up to five (5) vacation days may be taken during a given month. Requests to exceed this limit must be approved by the Program Director in advance. No more than ten (10) total vacation days can be taken from any section during the residency without the Program Director’s approval.

To request time off – resident must complete and submit a vacation request via the Google On-Line Request Form. Whole weeks off may be requested anytime during the academic year. Partial weeks off may be requested up to 6 weeks in advance.

NOTE: Try to avoid taking vacation while on a Nuclear Medicine rotation.

Dr. Kuehn-Hadjer needs to approve 4 or more days off of the Breast Rotation. Request greater than 3 days will have to be made up. Time off from MHealth-IR will need to be approved also by Dr. D’Souza or Dr. Rosenberg.

ILLNESS
Residents must call in sick as soon as they know they are unable to show up for work because of acute illness of themselves or child/children. They must inform the Chief Residents and rotation (verbally) and email the Program Administrators Shari Johnston (sharij@umn.edu) or Morgan Goetz (goetz084@umn.edu).

Days of absence due to illness are considered paid leave up to ten (10) days per year. Absence due to illness exceeding ten (10) work days in an academic year will be charged as vacation. There is no carryover from preceding years. In the event that a resident has exhausted all of his/her vacation leave, this time will be charged as unpaid leave. While on unpaid leave, the resident is responsible for payment of any insurance (residents on unpaid leave will be billed monthly).

OTHER LEAVES
While on unpaid leave, the resident is responsible for payment of any insurance (residents on unpaid leave will be billed monthly).

PERSONAL LEAVE OF ABSENCE
If vacation time is used up for the year, and upon the approval of the Program Director, a Resident may arrange for a unpaid leave of absence away from the training program.

MEDICAL LEAVE
An unpaid leave of absence for serious illness of the resident; serious health condition of a spouse, parent or child/children; shall be granted through formal request. The Chief Residents and the Program Administrators should be concurrently notified of the leave request by e-mail as soon
The length of leave will be determined by the Program Director based upon an individual’s particular circumstances and the needs of the department, not to exceed twelve (12) weeks in any 12-month period.

**FAMILY MEDICAL LEAVE ACT (FMLA)**
FMLA is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for a serious health condition, for the birth or adoption of a child, and for the care of a child, spouse, and registered same-sex domestic partner provided for by the University, or parent who has a serious health condition. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity.

https://hub.ahc.umn.edu/human-resources/leaves-absences/fmla

**PARENTAL LEAVE FOR CHILDBIRTH**
A female resident may, upon written request of the Residency Program Director copied to a Chief Residents and Program Administrator, take up to six weeks paid maternity leave related to the birth of her child.

The paid leave must fall within the term of appointment and must be taken consecutively and without interruption. After using paid maternity leave and all unused vacation, any additional leave will be without pay.

A male resident or a partner in a registered domestic partnership may upon formal request, take up to two weeks paid paternity/partnership leave related to the birth of a child. The Chief Residents and the Program Administrators should be concurrently notified of leave requests by e-mail as soon as possible. All leave time must fall within the term of appointment and must be taken consecutively and without interruption. After using all unused vacation, any additional leave will be without pay. While on unpaid leave, the resident is responsible for payment of any insurance (residents on unpaid leave will be billed monthly). Disabilities associated with childbirth and pregnancy will be treated like any other disability.

**PARENTAL/DOMESTIC PARTNERSHIP LEAVE – ADOPTION**
A female resident may, upon request, may take up to two weeks paid leave and up to two weeks leave without pay related to the adoption/birth of a child. All leave time must fall within the term of appointment. All leave must be taken consecutively and without interruption. After using all unused vacation, any additional leave will be without pay.

A male resident or partner in a registered domestic partnership may, upon request, take up to two weeks paid leave related to the adoption of a child. All leave time must fall within the term of appointment. All leave must be taken consecutively and without interruption. After using all unused vacation, any additional leave will be without pay.
ACADEMIC/PROFESSIONAL LEAVE
Paid academic leave may be granted at the discretion of the Program Director and should be pre-approved for a specific number of days and requires appropriate documentation (e.g. submission of the accepted academic abstract in the case of presenting at a scientific meeting). Considerations for granting approval will include resident academic standing, availability of time-off, and value of the leave to the resident and the program as determined by the Program Director.

Paid academic leave may include leave from work during:
1. Presentation at ONE scientific meeting, 3 days total (one to present and two travel days (see “Conference Travel Policy”),
2. 3rd and 4th year chief residents at the AUR (full conference) and 4th year chief residents at RSNA (3 days),
3. ACR Meeting: ACR representatives (R2) and first year residents (R1),
4. AIRP rotation
5. ONE review course for the review dates only (R3),
6. Away rotations (up to 4 weeks). (RL4 only)

MILITARY LEAVE
Military leave is granted in full accordance with State and Federal regulations. The Program Director must be promptly notified in writing when a Medical Resident requires military leave.

JURY/WITNESS DUTY
Jury duty and court leave will be authorized consistent with State and Federal Court requirements. The Program Director must be promptly notified in writing when a Medical Resident requires jury duty or court leave.

BEREAVEMENT LEAVE
A resident may request bereavement leave and either sick or vacation time must be used. The Chief Residents and the Program Administrator should be concurrently notified of leave requests by e-mail as soon as possible.

INTERVIEW TIME OFF
A R3 resident may take up to five (5) calendar days of non-vacation time to interview for a job or fellowship position.

ABR POLICY ON EFFECT OF LEAVE FOR SATISFYING COMPLETION OF PROGRAM
Per the ABR, the following terms in regards to leave must be met in order to be eligible to sit for the Board examination:
“Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. Within the required period(s) of graduate medical education, the total such leave and vacation time may not exceed:
• Six (6) weeks (30 working days) for residents in a program for one year,
• Twelve (12) weeks (60 working days) for residents in a program for two years,
• Eighteen (18) weeks (90 working days) for residents in a program for three years, or
• Twenty-four (24) weeks (120 working days) for residents in a program for four years. If a longer leave of absence is granted, the required period of graduate medical education must be extended accordingly."

**Holiday Schedule**

Holiday schedules vary, depending on the institution. When rotating to a particular site, the holiday schedule for that institution must be followed. For UMP – check with clinic for their schedule.

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<th>HCMC</th>
<th>VAMC</th>
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<td>Wednesday, July 4th</td>
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<td>Monday, Sept. 3rd</td>
<td>Labor Day</td>
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<td>Monday, Oct. 8th</td>
<td>Columbus Day</td>
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<td>Monday, Nov. 12th</td>
<td>Veterans Day</td>
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<td>Thursday, Nov. 22nd</td>
<td>Thanksgiving</td>
<td>Closed</td>
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<td>Tuesday, Dec. 25th</td>
<td>Christmas</td>
<td>Closed</td>
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<td>Tuesday, Jan. 1st</td>
<td>New Year’s Day</td>
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<td>Monday, Jan. 21st</td>
<td>ML King Day</td>
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<td>Monday, Feb. 18th</td>
<td>Presidents’ Day</td>
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<td>Monday, May 27th</td>
<td>Memorial Day</td>
<td>Closed</td>
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The residency program also follows a schedule of Block-out Dates. These are dates during which staffing shortages are anticipated. Leave requests will not be granted during these periods without specific approval from the Program Director.

Resident schedules are driven by the 3 hospitals where our residents train. Most of the time, the holiday policy at the site the resident is working will determine whether or not they will be scheduled to work their regular rotation shift. Exceptions to that include the possibility of being pulled to work at the U or HCMC for a shortage on a holiday unique to the VA or when the resident is scheduled for call.

Unfortunately, Rosh Hashanah and Yom kippur are not included on the lists of any of the hospitals. Ben, if you would like to have those days off, unfortunately vacation will be required and we will ensure that those days are available. If you would like to be gone for a smaller portion of the day to attend services, it may be possible to make that happen without vacation. Robust communication is the key.
**BLOCK-OUT DATES**

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<td>November 25th, 2018</td>
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<td>April 9th, 2019</td>
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<td>ACR Leadership Meeting</td>
<td>May 19th, 2019</td>
<td>May 23rd, 2019</td>
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<tr>
<td>ABR Core Exam</td>
<td>June 20th, 2019</td>
<td>June 21st, 2019</td>
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<td>June 24th, 2019</td>
<td>June 25th, 2019</td>
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<tr>
<td>Terminal Leave/Vacation</td>
<td>June 24th, 2019</td>
<td>June 28th, 2019</td>
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**DEPARTMENTAL POLICY REGARDING PREGNANCY FOR RESIDENTS**
The Department of Radiology will not differentiate in the treatment of potentially pregnant or confirmed pregnant residents. Specifically, on-call and fluoroscopy assignments will not be modified solely on the basis of a female resident being potentially pregnant or pregnant, in accordance with the official position of the American Association of Women in Radiology which states: “On the basis of available data, the elimination of fluoroscopy at any time during pregnancy cannot be justified on scientific grounds. Rationally, women of child-bearing age who enter the specialty of radiology should be willing to accept the theoretical risks involved in fluoroscopy.”

**NOTARY SERVICE**

Shari Johnston  
Phone: 612.626.5589  
Office: Mayo B-243

Morgan Goetz  
Phone: 612.626.5513  
Office: Mayo B-231

**RESIDENT EXERCISE ROOM**
The UMMC, Fairview Medical Executive Committee has provided an exercise facility for use by U of M 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

**SHUTTLE SERVICE – EAST/WEST BANK**
A shuttle service is available between the Riverside and University campuses from 5:20am to 8:30pm. See the shuttle schedule near the boarding locations on each campus. The shuttle picks up and drops off at the front entrance at Harvard Street SE and Masonic Building on the University campus and in the West circle entrance outside Subway restaurant on the Riverside campus. **FALL, SPRING AND SUMMER**

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<tr>
<th>Monday–Friday (No service during weekends, breaks and holidays.)</th>
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<td>7:00am – 5:00 pm every 15 minutes</td>
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<td>Monday–Friday (Fall and Spring Semester ONLY)</td>
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<td>5:00pm – 10:00pm every 30 minutes</td>
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**SHUTTLE SERVICE – MHEALTH TO CSC**
A shuttle service is available at the front desk of East Bank hospital.

**INSURANCE COVERAGE**
For information regarding insurance coverage, please refer to the Office of Student Health Benefits: [http://shb.umn.edu/health-plans/rfi](http://shb.umn.edu/health-plans/rfi)

- HEALTH AND DENTAL INSURANCE COVERAGE
- FLEXIBLE SPENDING ACCOUNT
- LONG-TERM DISABILITY INSURANCE COVERAGE
- SHORT-TERM DISABILITY INSURANCE COVERAGE
- LIFE INSURANCE COVERAGE
- VOLUNTARY LIFE INSURANCE COVERAGE
- INSURANCE COVERAGE CHANGES

**PROFESSIONAL LIABILITY INSURANCE COVERAGE**
Contact the Office of Risk Management
ORM@umn.edu
Phone: 612-624-5884
Fax: 612-625-7384

**WORKER’S COMPENSATION**
University employees must promptly report on-the-job injuries/illnesses to the employee's supervisor. Within 24 hours of the employee's report the supervisor shall complete the First Report of Injury and the Employee Incident Report forms and forward these to the University's vendor and a copy to the University Workers' Compensation Department. [http://policy.umn.edu/hr/workerscomp](http://policy.umn.edu/hr/workerscomp)

**MEAL PROGRAM**
Residents on duty have access to adequate and appropriate food services at all institutions. MHealth PGY3-5 Residents on-call are entitled to a fixed meal card. Cards are honored **ONLY** at the Bridges Cafeteria (University campus) or the East Side Market Café (Riverside campus). There is not a cafeteria at CSC that will accept your meal card.

Resident should contact GME Coordinator at HCMC and MVAHCS regarding their meal card program.
**FAIRVIEW MEAL CARD POLICY**
On-call meals (dinner/breakfast) will be provided for residents who work 24 consecutive hours on site, interns that are scheduled to work the maximum number hours allowed (16 hrs), are pre-scheduled 5 or more 12 hour night shifts (night float), or are called from home to return to the hospital while on home call. No meal will be provided if they are on call from home or stay at home.

Residents are required to have a Fairview ID badge visible and present in order to obtain on-call meals. Bulk purchases (i.e. extra sodas/waters, bags of candy) are not allowed. Limit of 3 bottles and one half pound of candy or snacks may be purchased at one time. This privilege is for the resident use in the hospital and may not be shared with medical students, families, or other hospital staff.

**LAUNDRY SERVICES**
Two lab coats will be provided at the beginning of your residency. If you should require a replacement lab coat during your residency program, please contact, Shari Johnston, Program Administrator.

No laundry services are provided for Radiology residents. Scrubs are provided at all three institutions when you are on an appropriate rotation. These are the property of the institutions and are to be used for this purpose only.
- **MHealth**: Scrubs are available on a sign-out basis by using your MHealth identification badge in Room J2-104. The required bar code for the backside of your ID badge is provided by Kathy Monitor in Linen Services: 612-273-5793.
- **HCMC**: Scrubs are available by placing a $10 deposit per pair (3 pair maximum) at the Cashier (First floor, North block), and then bringing your voucher to Outpatient Supply (Third floor, North block). In order to be reimbursed for your deposit, you must return your scrubs to Outpatient Supply. Blue scrubs are available in the Radiology Department, but **only** for use in Special Procedures or the Operating Room.
- **MVAHCS**: Lab coats and scrubs are available on a sign-out basis by providing your MVAHCS identification badge. Residents may pick up and return lab coats and scrubs directly to the VA laundry, first floor, Room 137A, Ext 2592, where they were obtained.

**PARKING**

**MHealth**
The Department provides general parking at Oak Street Ramp C. Residents receive a parking card at the beginning of their R1 Year. If you encounter a problem with your parking card, contact Program Administrators Shari Johnston at 612-626-5589 or Morgan Goetz at 612-626-5513. Resident is responsible for replacement cost ($65).

**DO NOT TAKE YOUR KEY CARD INTO ANY MRI FACILITY, AS THESE UNITS WILL ERASE THE CARD’S MEMORY. EXITING PARKING FACILITY WITHOUT SCANNING CARD WILL AUTOMATICALLY RESULT IN YOUR CARD BEING LOCKED**

**UMACH**
Residents in programs based on the West bank campus or residents completing a rotation on the West bank campus must go to the parking office to activate their parking. There is a $25 refundable deposit for parking.
All residents must have a MHealth ID badge in order to activate parking. Please bring a photo ID with you if you need to acquire a Fairview or UMACH ID badge. $25 refundable deposits must be made by cash or credit card at our offices, checks are not accepted.

Resident day-time parking on the West bank campus will be located in the Yellow ramp. Day-time parking is not available on the East bank campus in the Fairview patient/visitor ramp.

After hours parking begins at 4:30pm Monday through Friday and is available all day/night on weekends. After hours parking is available in the East bank patient visitor ramp and in the red, yellow, and purple ramps on the West bank campus. Individuals that enter the ramps during after-hours will be able to exit the ramp at any time.

To receive the refundable deposit the resident must go to the parking office in person to receive their refund.

**PARKING OFFICE HOURS**

**EAST BANK** office is located in the Mayo Building, Room B-340. The office hours are Monday thru Friday, 7:30am-3:30pm and are closed from 1-2pm.

**WEST BANK** office is located in the Riverside East Building, Room MB218. The office hours are Monday thru Friday, 8:00am – 4:00pm.

Questions regarding parking at MHealth may be directed to 612-273-7482.

**HCMC**
Every resident can pick up his/her own parking card, with a $50 deposit. You will be allowed to keep it for the duration of your Radiology Residency.

You will have 30 days to return the card to the Parking/Security Office at the end of your residency. Their hours are: 6:00 am to 3:30 pm. forfeit. If you do not return it within the 30-day period, you will forfeit the full deposit.

**VAMC**
Residents may park in either the general parking lot or in the gated physician lot using VA ID badge

**EDUCATION FUND**
- RL1 – RL4 residents receive access to textbooks, journals and reviews online.
- Beginning with class of 2019 residents will receive $833 their RL1 and RL2 years and $834 their RL3 year for a total of $2,500 during residency. Class of 2018 will receive $1,000 per prior regulations.
- Funds may be used for textbooks, radiation safety glasses, professional journals, ABR and AFIP travel expenses, ABR dues; as well as, travel expenses for foreign elective rotation.
- Residents beyond RL4 are considered to be in fellowship positions and are not eligible for the reimbursement program.
The University fiscal years run from July 1st through June 30th. Funds will be carried from one year to the next.

Residents submit receipt(s) to Shari Johnston, Lead Program Administrator, or Morgan Goetz, Program Administrator for reimbursement within 30 days of expense incurring. Residents are NOT reimbursed for tax.

**TABLET POLICY – UNIVERSITY MEDICAL SCHOOL**

**Background**
All capital and non-capital equipment, bought with University funds, belongs to the University. Equipment such as computers, tablets (IPADS), or other equipment that has the ability to hold data, must be purchased through, or encrypted by, the AHC IS department.

**Departmental purchases**
If a tablet is purchased with departmental funds, the department must ensure there is a business purpose for the purchase and the tablet will have minimal personal use.

If a department requires residents / fellows to use tablets (typically to deliver some portion of the program’s curriculum) and, therefore, purchases the tablets; and residents / fellows are allowed to keep the tablets when they leave the program, then the length of time between when the student received the tablet and graduation (or other departure) must be taken into consideration. University Inventory Services has assigned a 3-year useful life to tablets. If a resident / fellow leaves the program (graduation or other reason) in less than three years, the department must charge them for the remaining value of the tablet. After 3 years, the de minimis rule is in effect, which allows the department to give a tangible item to faculty/staff/students, with a value of less than $100, and not have it taxable to the individual.

**Faculty/Staff Business expense purchases**
If faculty/staff purchase a tablet, with funds from their business expense accounts, the reimbursement will be taxable to the individual, through payroll. The reason for this is there is a high probability that mobile, “connective” devices like tablets will be utilized for personal purposes. Recording the purchase as a taxable event (in effect, it is compensation) allows the faculty/staff to own the tablet instead of the University. An individual will be allowed to purchase one IPAD/Tablet per year with funds from their business expense account.

**SECTION III: INSTITUTIONAL RESPONSIBILITIES**

**SECTION IV: DISCIPLINARY AND GRIEVANCE PROCEDURES**

**DISCIPLINE/DISMISSAL FOR ACADEMIC REASONS**
Trainee academic performance is determined by a review of evaluations and examination scores (see Section IV: Steps in Evaluation Process). If resident performance is felt to be below an acceptable level, discipline and possible dismissal will follow guidelines set forth in the Institutional Policy Manual (see Disciplinary and Grievance Procedures).
**Procedures:** The resident/fellow will be given verbal notice of performance deficiencies by the Program Director, an opportunity to remedy deficiencies, and the notice of possible dismissal or contract non-renewal if the deficiencies are not corrected, and a record of this will be placed in the trainee’s file.

When the resident continues to demonstrate a pattern of marginal or unsatisfactory academic performance, they will be placed on academic probation as specified in the Institutional Manual. A Radiology Graduate Medical Education Committee will meet to discuss the outcome of the probation, and may recommend: Removal from probation with a return to good academic standing; continued probation with new or remaining deficiencies sited; Non-promotion to the next level of training; Contract non-renewal and/or dismissal.

**DISCIPLINE/DISMISSAL FOR NON-ACADEMIC REASONS**
Discipline/dismissal for non-academic reasons will follow the guidelines set forth in the Institutional Policy Manual.

**GRIEVANCE PROCEDURE AND DUE PROCESS**
Refer to the Institutional Policy Manual

**SECTION V: GENERAL POLICIES AND PROCEDURES**
**INSTITUTIONAL MANUAL**
The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual, in which case the program policy will be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual will take precedence. http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm

**PROGRAM GOALS AND OBJECTIVES**
The objective of the residency program is to provide a high quality graduate medical educational experience in diagnostic radiology. The program's curriculum can be located on the department website as well as Resident Moodle site.

**PROGRAM SCHEDULES**
The annual master resident rotation schedule is prepared in April by the Chief Residents who take into consideration residents’ ranks and plans for upcoming life events rotation and site availability, and institutional funding constraints. No resident is assigned to a rotation for other than meeting their educational goals. The final schedule requires the approval of the Program Director and Department Chair. The Program Director may change the annual master schedule without notice, as necessary to meet Program needs and obligations. **Master schedule is posted on Google Schedule.**
FOREIGN ELECTIVE POLICY
Up to four weeks of academic leave may be approved (with pay) for acceptable foreign radiology study abroad during residency as RL4. The decision to grant leave will include, but not limited to the following factors:
1. Resident academic performance;
2. Department needs; and
3. Value of educational experience including qualification of faculty mentor.

RL4’s wishing to pursue a foreign elective rotation must submit an email to Shari Johnston, Program Administrator, indicating:
1. Expected academic outcome;
2. Humanitarian component;
3. Timeframe;
4. Letter of support from sponsoring site; and
5. Letter of approval from Program Director or Chair.

Upon completion of rotation, resident will be required to give a Grand Rounds on both the academic and humanitarian experience.

PROGRAM REQUIREMENTS
All residents are governing by the requirements in both the Institutional and Program Manual.

Residents are expected to successfully complete their monthly rotations.

Residents are required to comply in a timely manner with administrative directives including those from the Program Administrator. This includes, but not limited to:
- Proper notification of all time away;
- Monthly submission of duty hours in RMS;
- Prompt completion of RMS evaluations and curriculum review;
- Record conference attendance in RMS - Only those on call, post-call, ill, on leave, or attending the AIRP Pathology will be considered to have excused absences;
- Residents are required to attend Grand Rounds and Core Curriculum Conferences on days they are at work;
- RL3’s are required to attend Physics lectures on days they are at work, regardless of which institution they are working at;
- Reading/ Studying during regular work hours – must be patient care related;
- Compliance to USMLE policy (see below);
- RL1s - RL3’s will take the annual ACR In-Service Exam (see policy below);
- All resident must enter their IR procedures into RMS “Procedure Logger”; and
- RL1 residents are required to register with the ABR for certification in the required time frame unless they have been prospectively excused from this by the Program Director; and
- RL1 residents will take their mini-boards in May

ACR IN-TRAINING EXAM POLICY
- RL1s – RL3s are required to take the Annual ACR In-Service Exam.
- ACR Exam timeframe will be blocked for all vacation requests.
- Non-compliance will be subject to administrative review with Program Director.
USMLE STEP 3 POLICY:
All trainees must provide their program with documentation of a passing score on the United States Medical Licensing Examination (USMLE) Step 3 or an equivalent examination that qualifies for medical licensure (i.e. COMLEX) by January 1 of their PGY-2 year.

Trainees who do not notify their program of a passing score by January 1 of their PGY-2 year forfeit their continuing position in the training program and are subject to contract non-renewal. Upon application to the program, trainees who transfer into a University program (PGY-3 and beyond) are required to provide documentation of a passing score on their examination.

TRAINING/GRADUATION REQUIREMENTS
This program adheres to the training requirements set forth by the American Board of Radiology. These requirements can be reviewed at http://www.theabr.org/
- Application for and successful completion of the requirements to take the ABR Core Exam;
- Successful completion of all scheduled rotations;
- Successful passage of mini-boards examinations during RL1 year; and
- RL1 – RL3 residents must take the ACR In-training examination.

RESIDENT RESEARCH TIME POLICY
Description: Residents desiring dedicated time for pursuing research have the opportunity to apply for up to 0.5 days per week with the purpose of actively advancing their projects.
Process:
1. Resident seeks a mentor for a project of their choosing;
2. IRB is sought and obtained;
3. Resident completes “Resident Research Time Initial Application” and obtains signature of research mentor;
4. Application submitted to Residency Program Director for review. Approved applications will be valid for 6 months;
5. Resident will meet with either Residency Program Director 3 months after approval;
6. Resident must demonstrate robust communication and flexibility with the faculty on each rotation to determine a mutually acceptable time for the resident’s absence. A failure to do so may result in termination of his/her research time privilege;
7. At 6 months, if appropriate, “Resident Research Time Continuance Application” should be completed, signed by mentor and submitted to Residency Program Director and Vice Chair of Research; and
8. Up to a total of 6 residents will be allowed to participate in this program at any one time.

NUCLEAR MEDICINE DIDACTICS
Per ACGME requirement, 80 hours of Nuclear Medicine didactics may be included into the 700 hour requirement.
- Diagnostic Radiology Physics, Instrumentation, and Radiation Safety;
- Patient & Medical Personnel Safety;
- Chemistry of by-product material for medicinal use (senior radio pharmacy trip);
- Biologic and Pharmacologic actions of materials administered in diagnostic and therapeutic procedures;
- Didactic instruction (work and experience)- ordering, receiving unpacking radioactive material safely, etc, 6:30 to 7:30 AM each morning while on Nuclear Medicine rotations; and
- Radiation Safety and Radiation Protection RSNA Learning Modules.

RSNA – PHYSICS ONLINE MODULES
R1 residents are required to complete all the RSNA Physics online modules and submit a certificate of completion to Shari Johnston, Program Administrator.

ACR – PROFESSIONALISM AND ETHICS ONLINE MODULES
Residents are required to complete the ACR Professionalism and Ethics online modules and submit a certificate of completion to Shari Johnston or Morgan Goetz, Program Administrators.

ENTERING IR PROCEDURES

DIAGNOSTIC & INTERVENTIONAL RADIOLOGY-INTEGRATED RADIOLOGY RESIDENTS
DR and IRDR residents are required to enter their IR procedures into MyIRLog in order to comply with ACGME requirements. Reports will be run quarterly to ensure residents are entering their hours. The Program Director will review procedures during the semi-annual reviews.

INTERVENTIONAL RADIOLOGY-INTEGRATED RESIDENTS
The Interventional Radiology Patient Procedural Encounters Log reflects the cumulative procedural experience of an interventional radiology resident. The Program Requirements for Graduate Medical Education in Interventional Radiology specify a minimum number of procedures per resident (1000 procedures during the interventional radiology residency).

The cumulative Interventional Radiology Patient Procedural Encounters Log, commonly known as a “procedure log,” should track the volume and type of all procedures and patient encounters, but should also provide some meaningful detail about each case.

GUIDELINES FOR COUNTING PATIENT ENCOUNTERS
1. An interventional radiology patient encounter is associated with an interventional radiology or interventional radiology-related procedure or initial outpatient evaluation and management visit.
2. Vascular imaging studies do not count toward interventional radiology patient encounters.
3. A resident must be the first operator on a patient procedural encounter in order to count it. An exception can be made to allow both a senior and a junior resident to count the same procedure when the senior resident is supervising the performance of a minor procedures performed by the junior resident.

ADMINISTRATIVE CHIEF RESIDENTS
Each year three chief residents are voted in by staff and their peers to act as a liaison between residents, sites, Chair and Program Director. Administrative chief residents will bring forth innovative ways to further program goals and objectives. They also facilitate resolution of issues, concerns and conflicts that may arise.
SOCIAL MEDIA POLICY
It is recognized that social networking websites and applications, including but not limited to Facebook, LinkedIn, Twitter and blogging sites are an effective and timely means of communication and/or an exchange of ideas. However, trainees who use these websites and other applications must be aware of the importance of securing their web sites so that only trustworthy “friends” have access to the websites/applications. Trainees must also be aware that posting certain information is prohibited (i.e. protected health information, research outcomes from another faculty, resident or fellow, etc). Trainees who violate University policies may be subject to adverse academic actions that could include a letter of reprimand, probation or dismissal from the training program.

PROCEDURE:
All University of Minnesota residents and fellows are required to follow the policies set forth by the University of Minnesota’s University Relations Office. Please review the sites below to familiarize yourself with the social networking rules and regulations of the University of Minnesota.
1) Social Networking Site Guidelines: https://university-relations.umn.edu/resources/social-media-policies-and-codes-conduct
2) Graphic Standards: http://www.brand.umn.edu/standards/index.php

INFORMED CONSENT
Residents receive the full Informed Consent Policy during orientation and Tracey Scott presents the information during orientation. The full policy can also be found on the Resident Moodle site.

ACGME CORE COMPETENCIES AND MILESTONES
Program evaluates residents on knowledge, skills, attitudes, and educational experiences required by the ACGME/RRC to ensure residents demonstrate the following:

COMPETENCIES:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
MILESTONES
As the ACGME began to move toward continuous accreditation, specialty groups developed outcomes-based milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies. They offer public accountability, support better assessment practices, support better self-directed assessment and learning and provide more explicit and transparent expectations of performance.

DUTY HOURS
Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours Do not include reading and preparation time spent away from the duty site.

Federal regulations mandates that GME programs account for all resident hours worked in order to maintain Medical Education funding. In addition to these federal regulations, ACGME also mandates programs monitor duty hours to ensure compliance with duty hour requirements. This means that residents must complete an online timecard of their hours worked in order to be compliant with these mandates and continue funding, accreditation, and flexibility of the program.

**Duty hour violations are prohibited. Residents are responsible for making the program aware of impending violations before they occur.**

DUTY HOUR APPROVAL POLICY & PROCEDURE
The Minnesota Medical Council of Graduate Medical Education (MMCGME) mandates the University of Minnesota use RMS to track resident duty hours. The data held within RMS is used to document and reconcile payments with the institutions where the fellows/residents rotate. Residents are required to enter their duty hours, review for accuracy and approve.

Maintaining your duty hours is not only a GME requirement it is also a requirement for the completion of your degree. Note: Failure to ensure accuracy of your rotation activities is considered an act of Medicare fraud.

- Duty hours for the previous month are to be entered by 7AM on the first working day of the month.
- All fixes identified by Program Administrator must be corrected by the following morning.
- If the above do not occur:
  - Residents on a MHealth/CSC rotation will have their parking privileges revoked beginning the next day and will be in effect until the residency office has cleared you.
  - Residents on rotation at HCMC or MVAHCS will have their book funds debited in the amount of $25.00 per day beginning the next day and will remain in effect until the residency office has cleared you. If resident does not have funds remaining in their book fund account vacation will be revoked or call will be applied at the discretion of Program Director.
  - R4s will have a letter placed in their permanent file reflecting a lack of professionalism if pattern continues.

ON-CALL ACTIVITIES
The objective of on-call and night float activities is to provide residents with emergency radiology experience, and is scheduled by the Chief Residents after approval of the Residency Program Director and Chairman. Residents are generally expected to take their call as assigned.

It’s recognized by the department that occasionally a scheduling conflict may arise, and then residents may exchange call with another appropriate resident provided it does not create duty hour violations, and chief residents and the program administrator are informed of the exchange. Residents should check with chief residents prior to exchanging call whenever possible. Specifically, the buying and selling of call between residents is prohibited.

ON-CALL ROOMS
An on-call room within the Department of Radiology is available to residents taking departmental call or night float at both MHealth and HCMC, where residents receive their in-house on-call experience. Any questions or concerns regarding departmental on-call rooms should be directed to your Chief Residents.

On-call residents are also eligible to use one of 18 Mayo Building call rooms provided by MHealth. All rooms have punch code security access changed daily, and a security monitor on duty daily from 2:00P.M. – 7:00A.M.

Check-in can only occur during designated check-in hours: 2:00P.M. – 7:00 A.M.
- Go to the check-in desk located in the Resident Lounge (Mayo C-496). The check-in desk is staffed by a security monitor during set hours seven (7) days/week and will require you to present your ID badge.
- The security monitor will assign you a room, the room access code, and the locker room and lounge access codes.
- All individuals must be out of their room by 8:00A.M. Housekeeping will begin cleaning by 7:00A.M. If you wish to sleep past 7:00A.M. or 8:00A.M, make sure your “Do Not Disturb” sign is indicated on your door.

SUPPORT SERVICES
A full range of patient support services are provided in a manner appropriate to and consistent with educational objectives and patient care. These include but are not limited to Care Management Services, Cardiopulmonary Services, Employee Health Service, Health Information Management, Infection Control, Laboratory Medicine and Pathology, Nursing Administration, Nutrition Services, Patient Relations, Patient Transport, Pharmacy Services, Radiology Film File Services, Rehabilitation Services, Security Services, Social Services, Spiritual Health Services, and Shuttle Service between the Riverside and University campuses.

LABORATORY / PATHOLOGY / RADIOLOGY SERVICES
Federal and state regulations and regulatory agencies mandate competency validation for testing personnel (including physicians), documentation, quality assurance, quality control, etc. The regulations cover hospitals, clinics, physicians’ offices, nursing homes, and any site where testing is performed. Testing performed by physicians, practitioners, nursing staff, and laboratorians must meet regulatory guidelines. Failure to comply with the mandates can lead to suspension, revocation, or limitation of certification and denial of reimbursement.
MEDICAL RECORDS - HEALTH INFORMATION MANAGEMENT
A medical record system that documents the course of each patient’s illness and care is available at all times to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity. Additionally, a provision of information systems is made for timely retrieval of medical records and radiologic information. To access please contact: MHealth Information Management Office at 612-626-3535.

SECURITY / SAFETY
Security and personal safety measures are provided to residents 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).

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RADIATION BADGES
Radiation badges must be worn in controlled radiation areas under penalty of State law. You may be fined by the State Health Department if found not wearing a badge during an inspection.

MHealth
New badges will be placed in your mailbox at the institution to which you are assigned on the first working day of the month. Always keep your old badges until you get a replacement. **Badges from the previous month must be returned to your mailbox by the 8th of each month.**

Under University policy, late badges will result in a fine of $50 per badge (unless replacement badges have not arrived in time to make the exchange). The amount of the fine will be deducted from your educational (“book”) fund; if adequate funds do not remain, the resident will be billed for the amount owed. Residents who plan to be away during the exchange period are required to make arrangements with someone to exchange their badges in their absence. **Lost or stolen badges must be reported to Program Administrators (Shari Johnston or Morgan Goetz).**

MVAHCS
The University sends badges to Dr. Ansel based on the rotation schedule. Residents are expected to pickup and return badges to Dr. Ansel at the end of their rotation (Imaging Administrative Office, 1Q-105). Dr. Ansel will returns badges to Shari Johnston or Morgan Goetz.

HCMC
Hiltje distributes and collects the old radiation badges. For those residents taking weekend Call, if the first falls on a weekend, we have a clipboard left in the ED Reading Room, where they can find them easily.
**Visa Policy**

http://www.gme.umn.edu/international/home.html

**Moonlighting**

This policy does not acknowledge in any way, any departmental acknowledgement of the resident’s ability to satisfactorily perform any moonlighting activities. Malpractice insurance is the responsibility of the resident involved. Credentialing is up to the party hiring the resident. Residents are not required to engage in moonlighting.

Because residency education is a full-time endeavor, moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Residents are required to get prospective permission from the Program Director of their moonlighting activities. They shall email the Program Administrators the dates, times and locations of all moonlighting activities and will become a part of the residents file. Moonlighting activities will not be allowed to conflict with the scheduled and unscheduled time demands of the educational program and its facility. The resident’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission. Both internal and external moonlighting must be counted toward the 80-hour weekly limit on duty hours. Residents on J1 visas are NOT permitted to be employed outside the residency program. A resident on an H-1B visa wishing to moonlight must obtain a separate H1-B visa for each facility where the resident works outside the training program.

**J1 Visa Holders:** In accordance with ECFMG and GME policies (referenced below), J1 Visa holders are NOT allowed to be EPIC trainers, because they may receive compensation only for activities that are part of the designated training program. (The Form DS-2019 states the training program name and the allowed stipend amount.) Per the ECFMG Memo on Moonlighting, “an exchange visitor who engages in unauthorized employment shall be deemed to be in violation of his or her program status and is subject to termination as a participant in an exchange visitor program.”

**H-1B Visa Holders:** Per the GME Visa Sponsorship Policy: A resident on an H-1B visa wishing to moonlight must obtain a separate H-1B visa for each facility where the resident/fellow works outside the training program.

**Supervision/Graded Responsibility**

All patient care is supervised by qualified faculty. The Program Director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communication with supervising faculty. Residents are supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.

On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty. The teaching staff determines the level of responsibility given to each resident/fellow. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Resident participation at all of our institutions is one of active participation under direct supervision of full-time teaching staff. However, at all times, final responsibility for patient care resides with the full-
time staff. In this manner, the residents receive excellent training in diagnostic radiology with an appropriate degree of responsibility.

**LEVELS OF SUPERVISION**
- **Direct** – the supervising physician is physically present with the trainee and patient
- **Indirect**
  - With supervision immediately available the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision
  - With direct supervision available the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by phone and/or other electronic modalities and is available to provide direct supervision
- **Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered

**ATTENDING PHYSICIAN NOTIFICATION GUIDELINES**
There are certain changes in a patient’s status or other events that should prompt a resident to contact the attending physician. The list below is not mean to be an all-inclusive list; rather it is a guideline to assist in decision-making.

**IMAGE INTERPRETATION**
- Request of a staff physician.
- Interpretation that will necessitate emergent surgery (e.g. ovarian torsion, ectopic pregnancy, and clinically equivocal appendicitis).
- Uncertainty with interpretation which requires resolution prior to next scheduled staff out.
- Studies requiring attending over read or presence during the examination (e.g. US for intussusception or pyloric stenosis; pediatric fluoroscopy exams; Nm brain death).
- Request for unfamiliar fluoroscopy procedure.

**PROCEDURES**
- All interventional procedures to ensure attending’s presence for procedure.
- Consultation for emergent invasive procedural requests.
- Unanticipated post procedure changes; sudden deterioration in patient status.

**STEPS IN EVALUATION PROCESS**
1. The Clinical Competency Committee will meet twice per year, prior to the semi-annual reviews that the Program Director conducts with each resident;
2. Review summary of all Rotation Evaluations submitted by faculty and 360 evaluators regarding resident performance;
3. Review test scores and scholarly activity;
4. Determine milestone level for each resident and provide feedback; and
5. Advise the Program Director on resident advancement or remediation/dismissal if necessary.

Evaluation methods available to the Committee are the following:
**MINI-BOARD EXAM:** RL1 residents take exam during the end of their first year of training. The subject material covered is the areas of radiology in which the residents have rotated. Each resident must receive a passing grade in each of the specialties. If a resident’s grade is below passing in any subject, he or she must take a make-up exam by the end of July so as to be able to go on-call as of July 1. The purpose of all the mini-board exam is to evaluate the progress of the resident.

**What is miniboards anyway?** It’s a 3 hour exercise during which you will look at and interpret as many as 60 cases. There will be 60 cases to interpret, but at 3 minutes per case, you may not see them all. There will be ultrasound cases, plain film cases, CT body cases, CT neuro cases, MRI body/MSK cases and nuclear medicine cases and MRI neuro cases. There will be abnormal cases and normal cases. Every attempt will be made not to include any eye tests. Ask anyone in the classes ahead of you.

**What does it do?** It helps us to identify residents who could need extra help prior to taking call. It helps us to identify areas in the residency that may be lacking during first year education. It gives your whole class a reason to look at cases in bulk and get used to making quick decisions about images. It gives us an idea how you are going to react while under significant time pressure for a semi-extended period.

You can see the previous miniboards cases from each year in the folder tree on iSite at HCMC. They're under Public Folders ->Dr. Severt->Miniboards. There are six sets of cases in there. You will find trends. You may notice that I have pet cases and favorite ideas in image interpretation. What you will not see is a case that is going to be repeated on this year's exam. All new cases will be collected and chosen for your miniboards. So don't worry about someone going through and memorizing the 360 cases already gathered to get a leg up.

**In-training Exam:** Taking the exam in January is required of all R1-R3 Radiology residents and is sponsored by the American College of Radiology (ACR).

**VALUE OF EXAM**
1) It is similar to the examination given by the ABR;
2) Evaluation of scores in each area allows the resident to determine if they have any weak spots;
3) Reporting of the scores in percentiles allow the resident to compare their progress with that of residents in other parts of the country;
4) Overall standings are provided to the department, to compare the performance of our training program with other programs.

**Monthly and 360 Evaluations:** At the end of each clinical rotation, an evaluation of the resident’s progress is prepared by the faculty member(s) in that area. This is done via a RMS. Evaluations are accessible to residents on-line. Residents also evaluate their rotations at the end of each clinical rotation and faculty annually.

The Program Director will meet with each resident twice a year to conduct their Bi-Annual Continuation Review to go over their mini-boards results, In-training exam results, monthly & 360 evaluations, milestones; as well as to ascertain if there are any problems or concerns.

**EVALUATION SYSTEM**
Evaluations both of and by residents are essential parts of maintaining our status as an accredited residency program and producing superior resident-physicians. The information obtained from the analysis of evaluation data is instrumental in objectively assessing the quality of all aspects of the residency program and for identifying and continuously monitoring areas for improvement.

**MONITORING OF RESIDENT WELL-BEING**

Both the Program Director and faculty are sensitive to the need for timely provision of confidential counseling and psychological support services to the residents.

Residents feeling fatigued or stressed are encouraged to discuss their concerns with the Program Director, or to contact the (RAP) Resident Assistance Program at 651-430-3383 or 1-800-632-7643, especially if unable to provide safe patient care.

**TRANSPORTATION IF FATIGUED**

**MHealth**: Cab vouchers will be provided by MHealth and distributed in the following way: Monday-Friday daytime hours: contact Social Work Services at University Campus: 612-273-3366. Riverside Campus: 612-372-6797. Evenings and weekends: contact the Administrative Supervisor @ University Campus pager: 612-899-9000. Riverside Campus pager: 612-613-8497.

**HCMC**: For resident that would like a cab ride after a call shift, they should call Yellow Cab directly at 312-788-8888 and tell them that this is a non-patient transport for account HCMC, Taxi MR#612-873-3922 and give your name.

**ACLS/BLS CERTIFICATION REQUIREMENTS**

- BLS – All residents must remain current on their Basic Life Support Training.
- ACLS – All residents must remain current on their Advanced Life Support Training.
- Certificate must be submitted to Shari Johnston or Morgan Goetz.

**CHIEF AND ACR CONFERENCE TRAVEL**

- AUR Meetings: Incoming Chief Residents (RL3) and Current Chief Residents (RL4) may attend using four academic days off (duration of conference).
- RSNA: RL4 chief residents - 3 academic days off.
- ACR Annual Meeting: 3 academic days off for RL1 residents and ACR Reps for the entire conference (back to work day after visit to Capitol Hill).

**CONFERENCE TRAVEL – DOMESTIC OR INTERNATIONAL**

- Radiology residents may be reimbursed for approved expenses related to presenting a talk or poster at ONE Radiology meeting during their residency. The resident should submit a written application with projected expenses noted as well as submission of talk or poster for review to the program administrator. Timely submission is needed in order to be certain of time off granted and expense reimbursement prior to committing to meeting organizers.
- Reimbursement and time off will be considered for an additional conference presentation only with proof of submission of prior research to a peer reviewed publication.
- 3 academic days (2 for travel and 1 for presentation). If additional days are required resident MUST use personal vacation time.
- The maximum amount to be reimbursed to resident will be $1,500. Any amount over that is the responsibility of the resident.
• Reimbursement and time off will be considered for **AN ADDITIONAL** conference presentation only with proof of submission of prior research to a peer reviewed publication.

**LIBRARIES**

**U of M (Biomedical - Diehl Hall)**
Monday through Friday: 7:00 AM – 12:00 AM
Saturday: 8:00 AM – 8:00 PM
Sunday: 12:00 PM – 12:00 AM

**HCMC**
Monday through Thursday: 7:00 AM – 9:00 PM
Friday: 7:00 AM – 5:30 PM
Saturday: 9:00 AM – 5:00 PM
Sunday: 10:00 AM – 5:00 PM

**MVAHCS**
Monday through Friday: 8:00 AM – 4:30 PM
Accessible with VAMC identification badge 24 hours per day, 7 days per week

**DEPARTMENT**

U of M Radiology Department B218 Mayo Bldg
Accessible via combination lock 24 hours per day, 7 days per week

**GOAL AND OBJECTIVES FOR TEACHING MEDICAL STUDENTS**
Residents are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.
Here is the link to the University of Minnesota Medical School Clinical Learning Objectives
http://www.meded.umn.edu/handbook/curriculum/clinical_learning_objectives.php

**VA ROTATION INFORMATION**
If you need to contact someone here at the VA when you are away on rotation, the best option would be to send an email to: VHAMINImagingHelpDesk@va.org. That way if someone is away from the office, any voicemails or personal emails do not get missed. You can use this for any type of account help you may need from the VA. Keep in mind that your VA accounts will automatically deactivate after 90 days of inactivity. If you know you are going to be coming in for a float day or for training, etc. you can notify the VA directly in advance to ensure your account is active when you arrive.
Helpful VA Contacts:
PACS Team: 612-467-69449 (any type of inquiry)
Sara: 612-467-1057 (accounts help, TMS)
Vance: 612-467-2038 (imaging customer support)
Julie: 612-467-5176 (accounts help, TMS)
# SECTION VI: ADMINISTRATION

**MHealth Department of Radiology Program Administration**  
420 Delaware Street SE/MMC292  
Minneapolis, MN 55455

<table>
<thead>
<tr>
<th>CHAIRMAN, CHUCK DIETZ, M.D.</th>
<th>PROGRAM DIRECTOR &amp; VICE CHAIR OF EDUCATION, JESSICA KUEHN-HAJDER, M.D.</th>
<th>ASSOC PGM DIRECTOR, BEN SPILSETH, M.D.</th>
<th>LEAD PROGRAM ADMINISTRATOR, SHARI JOHNSTON, C-TAGME</th>
<th>PROGRAM ADMINISTRATOR, MORGAN GOETZ</th>
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<tr>
<td>MAYO Bldg, RM B234 MMC292</td>
<td>MAYO Bldg, RM B238 MMC292 612.626.4510 612.899.7869 (PAGER) <a href="mailto:KUEH0094@UMN.EDU">KUEH0094@UMN.EDU</a></td>
<td>MAYO Bldg, RM B242 MMC292 612.899.2526 (PAGER) <a href="mailto:SPIL0042@UMN.EDU">SPIL0042@UMN.EDU</a></td>
<td>MAYO Bldg, RM B243 612.626.5589 <a href="mailto:SHARIJ@UMN.EDU">SHARIJ@UMN.EDU</a></td>
<td>MAYO Bldg, RM B231 612.626.5513 <a href="mailto:GOETZ084@UMN.EDU">GOETZ084@UMN.EDU</a></td>
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<thead>
<tr>
<th>ASSOCIATE PGM DIRECTOR, TONY SEVERT, M.D.</th>
<th>PROGRAM ADMINISTRATOR, PAMELA THOMPSON</th>
<th>PROGRAM ADMINISTRATOR, HILTJE LOYD</th>
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<tbody>
<tr>
<td>OFFICE 2E-20 612.873.2036 612.530.8654 (PAGER) <a href="mailto:SEVER025@UMN.EDU">SEVER025@UMN.EDU</a></td>
<td>P4-221 612.873.2036 612.904.4567 (PAGER) <a href="mailto:PAMERLA.THOMSON@HCMED.ORG">PAMERLA.THOMSON@HCMED.ORG</a></td>
<td>P4-221 612.873.2718 612.904.4567 (FAX) <a href="mailto:HILTJE.LLOYD@HCMED.ORG">HILTJE.LLOYD@HCMED.ORG</a></td>
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Minneapolis, MN 55417

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<tr>
<th>ASSOC PGM DIRECTOR, HOWARD ANSEL, M.D.</th>
<th>PROGRAM ADMINISTRATOR, SARA BAKER</th>
<th>PROGRAM ADMINISTRATOR, JULIE BROWN</th>
</tr>
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<tbody>
<tr>
<td>OFFICE 1Q-109 612.725.2038 612.660.7016 (PAGER) <a href="mailto:HOWARD.ANSEL@VA.GOV">HOWARD.ANSEL@VA.GOV</a></td>
<td>MAIL CODE 114 612.467.1057 <a href="mailto:SARA.BAKER2@VA.ORG">SARA.BAKER2@VA.ORG</a></td>
<td>MAIL CODE 114 612.467.5176 <a href="mailto:JULIE.BROWN@VA.ORG">JULIE.BROWN@VA.ORG</a></td>
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