

Sports Medicine Fellowship Handbook

2019-2020



PURPOSE

The purpose of the Fellow Handbook is to summarize information, policies and responsibilities regarding the Altru Family Medicine Sports Medicine Fellowship. Much of the material is reviewed during Orientation Week and at other times during the Fellowship. This Handbook should allow each fellow to review core material whenever necessary. The Handbook is also available in electronic form at altru.org/fmr. **Please refer to altru.org/fmr for complete information in each of the sections highlighted in the handbook.**

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General Program Information

OUTLINE

General Overview

Sports medicine is a branch of medicine that deals with physical fitness and the treatment and prevention of injuries related to sports and exercise. Sports medicine physicians must recognize that the care of the athlete is multifactorial including general medical illness, psychology of sports, and sports related injuries. Family Physicians who have a strong foundation in primary care are in an ideal position to provide the multifaceted care required by an athlete. These physicians recognize that sports medicine is more than just treatment and prevention of injuries, but rather comprehensive primary care of the athlete.

The mission of the Altru Sports Medicine Fellowship is to train physicians with a strong foundation in Family Medicine and allow them to enhance their musculoskeletal skill set to provide care for athletes. The Fellowship does not desire to train physicians who will practice non-operative orthopedics, rather to provide comprehensive care to athletes of all ages.

Fellows are given a special opportunity to develop their skills working with Division 1 athletes at the University of North Dakota. Fellows will have opportunities to further develop their skills through local high schools, community mass participation events, and involvement in the Department of Sports Medicine at the University of North Dakota School of Medicine and Health Sciences (UNDSMHS). The Sports Medicine Fellowship will augment the training of fellows at Altru Family Medicine Residency. Fellows will recognize that they are part of a team including specialty physicians and surgeons, athletic trainers, physical therapists, coaches, psychologists and other personnel who comprehensively provide care for an athlete.

For the benefit of fellows and athletes, multiple disciplines will be utilized to provide a diverse training environment. Altru Family Medicine Residency, UNDSMHS Department of Sports Medicine, UND Athletic Department, Altru Advanced Orthopedics, Altru/EXOS, Valley Bone and Joint, and Assessment Therapy and Associates provide an assortment of experiences for fellows to strengthen their skills to provide primary care for the athlete. All involved parties recognize that each discipline brings unique opportunities for fellows to learn and will bring forward energies and talent unrestricted or impeded by clinic or organizational background, and united by the common purpose of education, service, research and development.

Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by fellows today
- Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice
- Excellence in professionalism through faculty modeling of:
 - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team

PROGRAM GOALS AND OBJECTIVES

Goals:

- Enhance fellow's evaluation and management capabilities of musculoskeletal injuries, and refer athletes to subspecialists when appropriate
- Emphasize the recognition that care of the athlete is more comprehensive than non-operative orthopedics
- Understand that to provide care for an athlete is to be part of a team; fellows will interact directly with players, coaches, therapists, subspecialists, and athletic trainers
- Understand that the purpose of the team physician is to support the athletic trainer
- Utilize the skills of fellows to provide care to a diverse group of athletes
- Augment learning of Family Practice residents

Objectives:

- An optimal learning environment based on strong ambulatory experience and a special opportunity to provide care for NCAA Division 1 athletes
- Clinical curiosity and self-evaluation skills
- Attainment of competence in medical knowledge, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice
- Appropriate self-confidence by encouraging autonomy commensurate with development
- Strong role modeling from experienced clinicians combining scholarship and substantial fellow practice

TEACHING FACILITIES

Family Medicine Residency (FMR)

General Description

Location: 725 Hamline Street, Grand Forks, North Dakota 58203

Hours: Appointments – 9:00 am – 5:00 pm
Patient Care – 8:30 am – 12:00 pm and 1:30 pm – 5:00 pm (last appointment made at 4:30 pm, telephone answered 24 hours day)

Building Security

Altru Family Medicine Residency must be secure during non-working hours. Should you discover a security problem, please notify UND Police at 777-2591 and Altru Security 780-5000.

Pass cards will be issued. Each fellow will receive one pass card. This will open the front and rear doors of FMR. Do not lose your pass card or loan it to another fellow as it is registered to you by number.

Altru Hospital

- 352 beds, more than 25,000 ER visits
- Built in 1976
- Site for in-hospital educational program
- Each fellow must apply for staff designation and appropriate privileges

Altru Rehabilitation Hospital

- In-patient beds
- Large out-patient clinics for in depth neurologic, psychiatric and rehabilitation evaluations of children and adults

BEEPERS

The beepers that you carry belong to Altru Health System. Batteries may be obtained at the Altru Health System front desk or from the residency coordinator at the center.

Loss or destruction of your beeper will cost you the replacement which is \$230.00.

If you feel that your beeper is not working properly, take it to Information Services or the switchboard at Altru Health System for repair or the residency coordinator in the FMR clinic.

General Fellow Information

ACGME SIX COMPETENCIES

In 1999, the ACGME Outcome Project introduced six domains on which residency programs would be mandated to focus their efforts to improve educational and assessment processes. These competencies are *Patient Care, Medical Knowledge, Professionalism, Systems-based Practice, Practice-based Learning and Improvement and Interpersonal and Communications Skills*. Objective assessments of the six core competencies areas will be mapped to the family medicine specific milestones provided by the ACGME as a progressive assessment of fellow performance.

Currently, programs are expected to demonstrate that they are developing educational activities and assessment tools that provide useful and increasingly valid, reliable evidence that their fellows are achieving competency-based objectives and that the programs themselves are effective in preparing fellows for medical practice.

Description

Patient Care and Procedural Skills

- Fellows must be able to provide patient care that is compassionate, appropriate and effective for the promotion of health. Fellows:
 - must demonstrate competence in the diagnosis and non-operative management of medical illnesses and injuries related to sports and exercise, including hematomas, non-surgical sprains and strains, stress fractures, and traumatic fractures and dislocations; and,
 - must demonstrate competence in evaluating sports-related injuries using diagnostic ultrasound.
 - This will include ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot.
- Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:
 - must demonstrate competence in the diagnosis, and timely referral for operative treatment of sports-related injuries, including hematomas, stress fractures, surgical sprains and strains, and traumatic fractures and dislocations; and,
 - must demonstrate competence in performing ultrasound-guided procedures for the treatment of sports-related injuries.
 - These should include injuries to the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot.

Medical Knowledge

- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:
 - must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically:
 - anatomy, physiology, and biomechanics of exercise;
 - basic nutritional principles and their application to exercise;
 - psychological aspects of exercise, performance, and competition;
 - guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport;
 - physical conditioning requirements for various exercise related activities and sports;

- special considerations related to age, gender, and disability;
 - pathology and pathophysiology of illness and injury as they relate to exercise;
 - effects of disease on exercise and the use of exercise in the care of medical and musculoskeletal problems;
 - prevention, evaluation, management, and rehabilitation of injuries and sports-related illnesses;
 - clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing and mood-altering drugs;
 - promotion of physical fitness and healthy lifestyles
 - ethical principles as applied to exercise and sports; medicolegal aspects of exercise and sports;
 - environmental effects on exercise;
 - growth and development related to exercise;
 - the role of exercise in maintaining the health and function of the elderly; and,
 - exercise programs in school-age children.
- must demonstrate knowledge in the basic principles of sports ultrasound, and the sonographic appearance of normal and pathologic adipose, fascia, muscle, tendon, bone, cartilage, joint, vasculature and nerves.

Practice-Based Learning and Improvement

- ~~Fellows are expected to develop skills and habits to be able to meet the following goals:~~
 - ~~systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;~~
 - ~~locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;~~
 - ~~educate patients, members of patients' families, medical students, coaches, athletes, other professionals, fellows and other health care professionals (including nurses and allied health personnel) regarding issues related to sports and exercise; and,~~
 - ~~function as a team physician.~~

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Professionalism

~~Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.~~

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

Systems-based Practice

Fellows must 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.

FELLOW RESPONSIBILITIES

Patient Care

Patients assigned to fellows are the immediate responsibility of the fellows, not the Program Administration, although final responsibility is always borne by these parties.

Good patient care is mandatory. Educational activities may occasionally be disrupted by patient care activities, although the education remains the primary goal of the fellowship program.

To ensure good care, fellows must be available to communicate with Program Faculty and staff. This means that they must be available for telephone contact, and their pagers should be used appropriately.

Common courtesy requires that fellows be at the Family Medicine Residency promptly for their patient appointments or take care to communicate clearly with the staff when delays are unavoidable.

Dress should be professional.

Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Teamwork

Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Personnel Problems

Perceived problems with Center personnel should be communicated to the Sports Medicine Fellowship Program Director.

On call

Fellows are on-call as part of the FMC/FMR call team.

On-site sports care

Fellows will provide on-site sports care for all home games at UND including men's hockey and basketball; and, women's basketball and soccer. In addition, fellows will provide coverage for all UND football games, home and away. Fellows will provide coverage for East Grand Forks High School home/away football games and other sporting events as time allows. Fellows will provide coverage for Sacred Heart Home football games. Fellows will be responsible for maintain the STAT Kit utilized for travel. Inventory utilized should be replaced following each event. Fellows will be responsible for reviewing the STAT Kit monthly to remove inventory that has expired or has pending expiration date.

FELLOW EVALUATION

Overview

The Sports Medicine Fellowship is committed to early, continuing, and progressive evaluation of fellow competencies using a framework of developmental steps that relies upon clinical faculty to collect data, supplemented by academic faculty members' own observations, while charging academic faculty with the responsibility of evaluation through the Clinical Competency Committee. The milestone evaluation is explicit and understanding the developmental stages is stressed during fellows' orientation and is also available on-line at the Altru Family Medicine Residency's website and at E-value.net.

Formative Evaluation

The program will provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice based on the milestones through multiple forms of evaluation. On-line data collection instruments further map the evaluations to the milestones to simplify clinical faculty data collection and improve consistency. These completed evaluations are available online to fellows. The use will allow each fellow to appraise personal strengths and weaknesses as well as by the Program Director for summative evaluation.

Process

Evaluations forms assessing the six core competencies as well as skill sets identified on the milestones will be completed by appropriate personnel (i.e. physicians, nursing staff, etc.) at the completion of each scheduled rotation. Separately, the educational experience is evaluated by the fellow. Fellows will be further evaluated by peers, residency clinic nursing staff, athletic trainer, patients, and additional members of the health care team throughout all years of training. Specifically, an evaluation form with questions linked to the milestones will be completed by the supervising provider for rotations including radiology, athletic conditioning, sports medicine, sports nutrition, FPTS, and psychology. Additionally, self-evaluation is encouraged to be continuous process throughout training to foster the development of skills necessary to become a family physician. This form of evaluation requires maturation throughout training and, while felt to be a daily exercise, it will also be formally completed at least twice yearly at required fellow evaluation meetings with a core faculty member. All evaluations are maintained within the fellow's written file as well as through an online secure database that is accessible always for review. Additionally, all evaluations will be reviewed within the Clinical Competency Committee to document progressive fellow performance through the utilization of family medicine specific milestones. Evaluations and milestone assessment will be reviewed with the fellow at least twice yearly with a faculty member assisting fellows in developing individualized learning plans to capitalize on their strengths, identify areas for growth, and develop plans for fellows failing to progress, following institutional policies and procedures. Fellows on remediation will be evaluated every three months.

A summative evaluation and case log will be completed by the Program Director at the completion of fellowship.

Performance Improvement

Formative evaluations, sentinel or "near-miss" event, concern from teaching faculty, peers, nursing staff or patients regarding fellow's performance, and/or inadequate performance in general measures will be used to identify a possible fellow deficiency in one or more areas of the six core competencies. If a concern is identified, the fellow will be referred to the Fellow

Progress Committee (FPC). If a deficiency is noted in one of the six core competency areas, it will be stated explicitly, and their correction focused. An academic action plan will be initiated and reviewed until appropriate advancement in the core competencies is obtained. A written record of the academic action plan will be completed and signed by the FPC chair and the fellow. An initial period of one to three months, at the discretion of the FPC, for correction of deficiencies will be allotted.

At the discretion of the faculty, and if progress has been demonstrated, one further period of remediation not to exceed three months may be provided. Failure to reach explicit goals at that stage is considered academic failure and referral to the Program Director will occur.

On any occasion when action that could **affect** a fellow's academic standing is contemplated, discussed, or implemented, an academic action plan will be placed in the fellow's academic record. Further, such discussion will be noted in the minutes of the faculty meeting and that minute will be reviewed and approved or amended by the faculty no later than the following faculty meeting.

Program Director's Final Evaluation

Towards the completion of training, the fellow will meet with the Program Director for a summative evaluation. It is a review of the fellow's performance throughout fellowship. Family medicine specific milestones will be used as one of the tools to ensure that the fellow is able to practice core professional activities without supervision upon completion of the program. This written evaluation will be part of the fellow's permanent record, maintained by Altru Health System, and accessible for review by the fellow.

FELLOWSHIP PROGRESS COMMITTEE (FPC)

Rationale:

Provides a structured methodology for identifying and intervening with issues related to fellow performance and conduct.

Goals

1. Early identification of concerns related to fellow performance or conduct through a systematic, easily identifiable indication for referral to the fellow progress committee
2. Develop a diagnosis and treatment plan of action, with involvement of the fellow, to rectify an issue related to performance or conduct through a completed academic action plan
3. Consistent, structured follow up within the committee to improve accountability and longitudinal reassessment
4. FPC reports to the faculty meeting twice a month, as needed, providing an overall assessment of fellow performance
5. All proceedings related to the FPC will remain confidential and a paper trail of the proceedings will not be placed in the fellow's folder, unless the committee deems it appropriate, and not without prior notification to the fellow.

Committee Members

The committee will be composed of at least (2) Assistant Program Directors, and at least (1) individual from the UNDSMHS Department of Sports Medicine. The committee will elect each year a committee chairperson and secretary.

A fellow advocate will be chosen by core faculty to serve as an ad hoc member of the FPC. The advocate will be a well-respected community faculty member. Fellows may use the fellow advocate if he/she has concerns regarding the residency program but is uncomfortable addressing concerns with fellowship faculty or supporting staff. The fellow advocate will attend FPC meetings at the discretion of a concerned fellow or per the request of the FPC.

Meeting Arrangements

The committee will meet as necessary. Arrangements will be made by the Program Coordinator. Lunch will be provided. Fellow files will be available for review. The meeting minutes will be recorded by the committee secretary and will be reviewed at the beginning of the subsequent meeting.

Potential Indications for Referral

Academic

- Negative comment on evaluation form
- Academic related performance issues
- Negative response on a patient evaluation
- Core Faculty members concerns

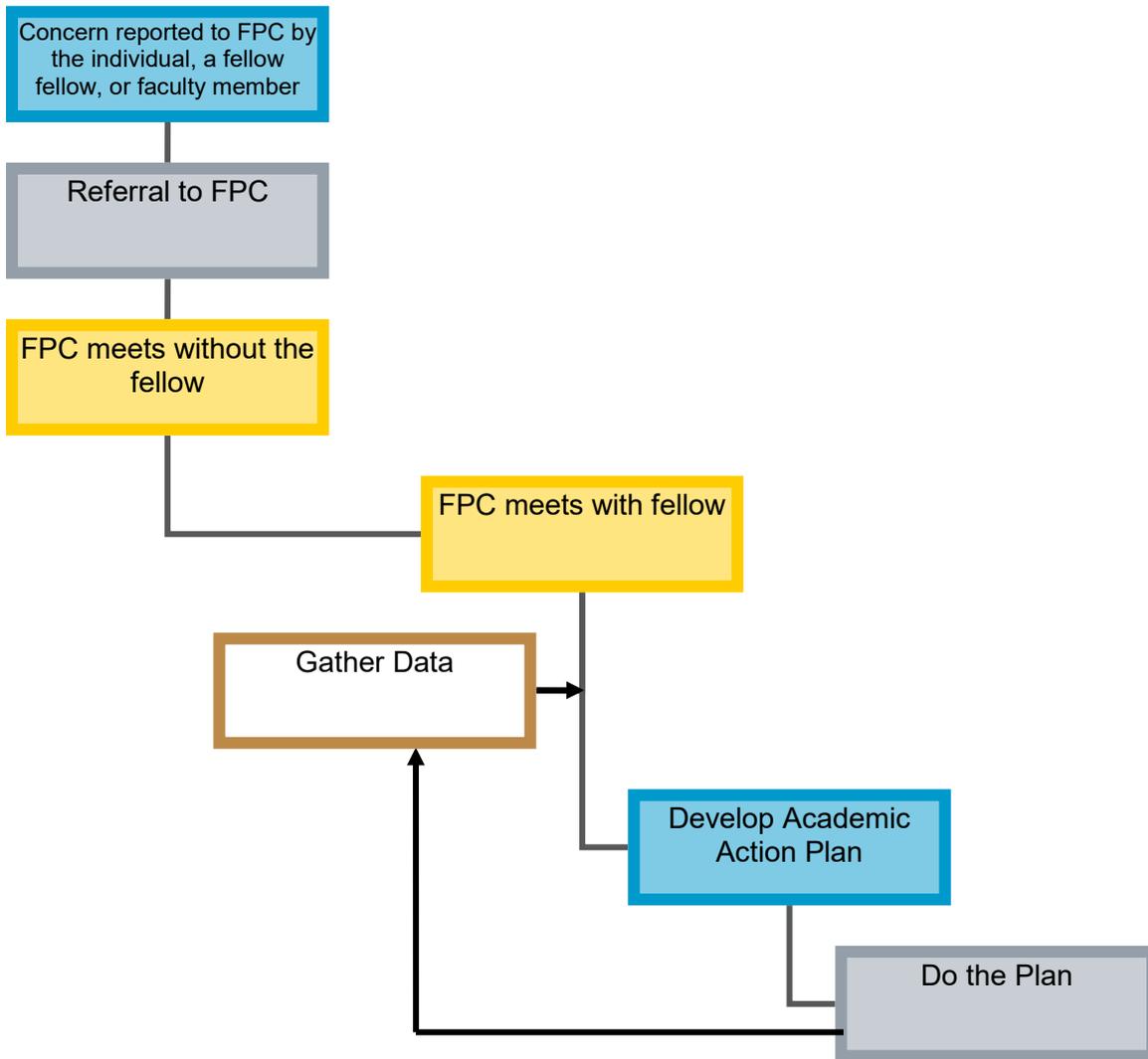
Professional

- Non-compliance per professionalism policy

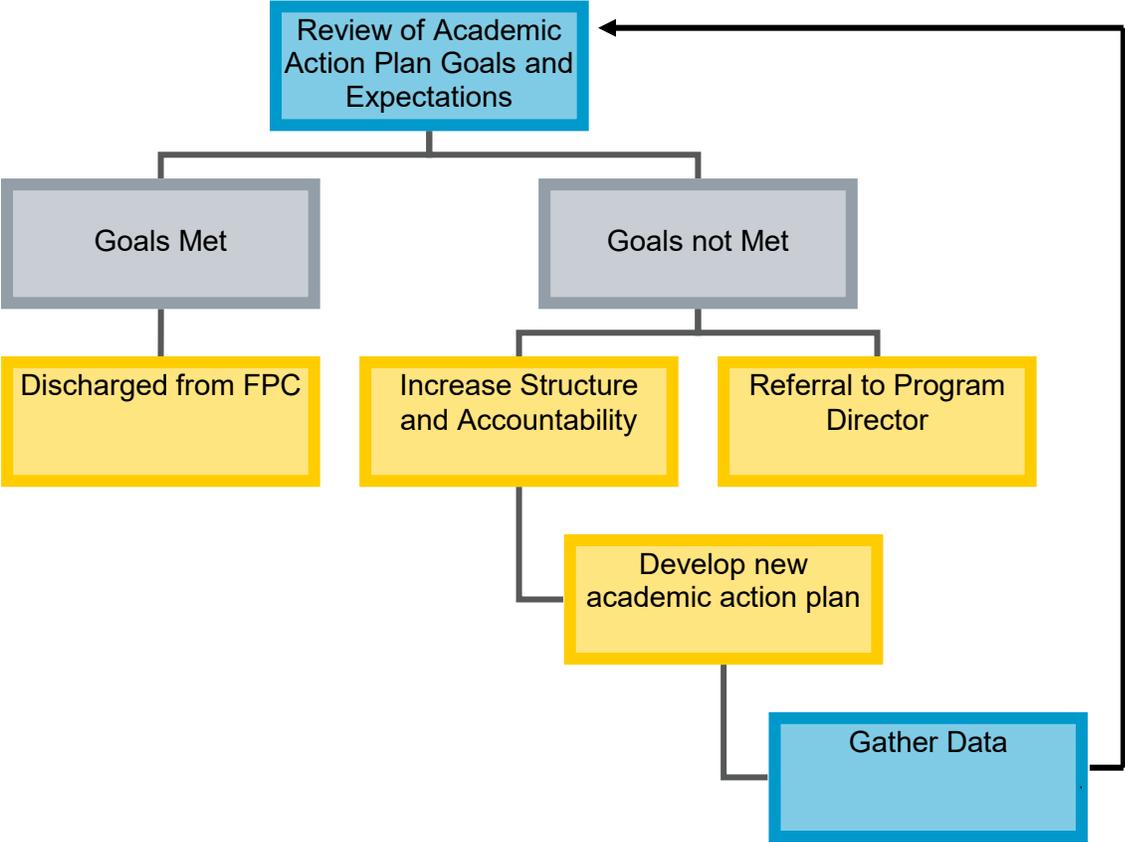
Interpersonal

- Disrespectful to colleagues, staff, or patients
- Creating a hostile work environment
- Mental health concerns i.e., depression, anxiety

Flowchart for FPC:



Review of Goals



LIFE SUPPORT CERTIFICATION

All Sports Medicine Fellows are required to have current **Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification. ATLS is strongly recommended.**

These are paid for by Family Medicine Residency.

PAYROLL

All fellows are paid through Altru Health System. Pay dates are every other Friday and will be sent to your house or direct deposited on each payday.

Problems with payroll functions should be directed to the Residency Coordinator.

SICK LEAVE AND EMERGENCY LEAVE

Fellows will be granted sick or emergency leave as needed. Before taking emergency leave or sick leave, the fellow should contact the Program Coordinator.

Rescheduling

This occurs in the following ways:

- E-mail notification by the Program Coordinator. The e-mail traffic is retained by front office staff and will be forwarded monthly to the Program Director
- By phone call from the Program Coordinator, usually on short notice. Rescheduling worksheets will be retained by the front office staff, annotated with their personal comments, and will be forwarded to the Program Director.
- Occasional direct contact by a fellow. Again, a rescheduling worksheet will be retained and forwarded to the Program Director.
- Please refer to Fellow Leave Policy.

Curriculum

CURRICULUM

Curriculum Overview

- Clinical activities in sports medicine will represent a minimum of 60% of fellows' time in the program. Optimally, 80% of a fellow's time will be delegated to care of the athlete. The remainder of the time should be spent in didactic and scholarly activities, and in the practice of the fellow's primary specialty.
- There will be conferences, seminars, and/or workshops in sports medicine specifically designed to augment fellows' clinical experiences.
- Fellows will spend at least one half-day per week maintaining their skills in their primary specialty areas.

Fellow Experiences

- Fellows will participate in conducting pre-participation physical evaluations of athletes.
- Fellows will have experience with procedures relevant to the practice of sports medicine.
 - Fellows will assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine; and,
 - Fellows will assist with, and/or observe, inpatient and outpatient operative musculoskeletal procedures clinically relevant to the practice of sports medicine.
- Fellows will have a sports medicine clinic experience.
 - Fellows will provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for health problems related to sports and exercise.
 - Each fellow will spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients.
 - If a fellow's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization.
- Fellows will have experience providing on-site sports care.
 - Fellows will plan and implement all aspects of medical care at various sporting events.
 - Fellows will participate in providing comprehensive and continuing care to a single sports team where medical care can be provided across seasons or, to several sports teams across seasons.
 - Fellows will have clinical experiences that provide exposure to, and facilitate skill development in, the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies.
- Fellows will participate in mass-participation events.
 - Fellows will plan and implement all aspects of medical care for at least one mass-participation sports event.
 - Fellows will have experience providing medical consultation, direct care-planning, event planning, protection of participants, and coordination with local EMS systems.
- Fellows will have experience working in a community sports medicine network involving parents, coaches, athletic trainers, allied health personnel, fellows, and physicians.

Fellows' Scholarly Activities

- Each fellow will complete a scholarly or quality improvement project during the program.
 - Evidence of scholarly activity should include at least one of the following:
 - peer-reviewed funding and research;
 - publication of original research or review articles; or,
 - presentations at local, regional, or national professional

CURRICULUM GOALS AND OBJECTIVES?????

A fellow's experience will be primarily gained through utilization of a longitudinal curriculum. Establishing specific goals and objectives for a traditional specialty-specific block rotation curriculum would suggest that care of an athlete is dependent upon the setting in which the athlete receives care. Rather, it is recognized that care of the athlete is a continuum involving multiple entities with a common goal of allowing athlete participation. The longitudinal curriculum emphasizes athlete- and learner-centered education. The fellows will follow athletes through the course of the fellowship in all care settings to better understand complexity of care for the athlete, improve understanding of illness and injury for athletes, improve athlete-fellow relationships, and foster relationships between community faculty and fellows. Although the curriculum is primarily longitudinal, specific blocks are designated to expose fellows to experiences that may not be achieved through the longitudinal curriculum and provide areas of focus for the fellow to prepare for future practice and satisfactory completion of CAQ for Sports Medicine.

Specific goals and objectives are written to guide the fellow during his/her training, but are a minimum standard of knowledge/experience that should be achieved.

Rotation Name	Setting	Location	Frequency	# of Weeks	Supervising Faculty
Altru Hospital and FMR orientation	Amb care & inpatient	Altru Hospital and Altru FMR	1/yr	1	Nielsen
Introduction to Orthopedics	Amb care Longitudinal	Valley Bone & Joint (VBJ) and Altru Advanced Orthopedics (AAO) All	2 days/wk 5 days/wk	2.5 weeks VBJ 2.5 weeks AAO (5 weeks total)	Orthopedic surgeons and CAQ Sports Medicine Physicians Core Faculty
Introduction to UND Sports Medicine	On-site sports care Longitudinal	UND All	3 days/wk 5 days/wk	2	Westereng Core Faculty
Trauma	Amb care & operating room	Altru	4 days/wk	4	Orthopedic Trauma Surgeons
Hand and Wrist Focus	Longitudinal	All	5 days/wk	2	Core Faculty
Foot and Ankle Focus	Longitudinal	All	5 days/wk	2	Core Faculty
Shoulder Focus	Longitudinal	All	5 days/wk	4	Core Faculty
Hip Focus	Longitudinal	All	5 days/wk	4	Core Faculty
Knee Focus	Longitudinal	All	5 days/wk	4	Core Faculty
Elbow Focus	Longitudinal	All	5 days/wk	2	Core Faculty
Back Focus	Longitudinal	All	5 days/wk	2	Core Faculty
Athletic Conditioning	On-site sports care Longitudinal	UND Athletics All	2 days/wk 5 days/wk	6	UND Strength and Conditioning Core Faculty
Administrative	Amb care	FMR	2 days/wk	2	Nielsen

Elective	? Longitudinal	?	5 days/wk	2	Core Faculty
Physical Therapy	Amb care Longitudinal	ATC clinic	2 days per week 5 days per week	2	Cathy Ziegler, Jake Thompson
Family Practice Teaching Service	Acute inpatient	Altru	5 days/wk	2	Nielsen
Sport Psychology	Amb Care Longitudinal	Assessment and Therapy Associates All	5 days/wk	2	Erin Haugen
Sports Medicine	Amb care Longitudinal	VBJ All	2 days/wk 5 days/wk	4	Krueger Core Faculty
MSK Radiology	Amb care Longitudinal	Altru All	2 days/wk 5 days/wk	4	Chou, Truer Core Faculty
Sports Medicine Continuity Clinic	Amb care	Altru FMR	2-3 ½ days/wk	48	Core Faculty
Ultrasound Skill Development	Amb care & on-site sports care	Altru FMR and UND	Continuous	48	Gasparini, Mann
Primary Care Continuity Clinic	Amb care	Altru FMR	½ day/wk	48	FMR Faculty
Participation in Department of Family Practice Call Schedule	Inpatient	Altru	Per Department Chair	48	Lyste
Pre-participation examinations	Amb care	Altru FMR	Continuous	48	Nielsen
Event/sideline coverage	On-site sports care	TBD by event location	Continuous	48	Core Faculty
Athletic Training Room	On-site sports care	UND Training rooms (Hyslop, Betty Engelstad, Ralph Engelstad X 2, Memorial, EGF High School, and Sacred Heart High School)	Continuous	48 (2 fellows to cover all 5 training rooms once weekly for two hours)	Westereng, AT – UND Brent Parsons, AT (EGF) Matthew Allard, AT (Sacred Heart)
Sunday Morning Football Clinic	On-site sports care	Memorial training room	Sept-Nov yearly	12-16 weeks	Westereng Mann
Scholarly Activity	Amb care	Altru FMR	Continuous	48	Core Faculty

Fellow 1

Block	Date	Rotation	AM/PM	M	T	W	Th	F
1	6/24-7/21	Altru/ortho	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
2	7/22-8/18	Ortho/UND	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
3	8/19-9/15	Trauma	AM	Hesse	Joseph	Hesse	Joseph	PCC
			PM	SMCC	Soccer	SMCC	EGF	SMCC
4	9/16-10/13	Strength	AM	Betty/Hyslop	SMCC	PCC	SMCC	SMCC
			PM	Pooley	Hockey	Pooley	SHHS	Pooley
5	10/14-11/10	SM	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
6	11/11-12/8	Radiology	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
7	12/9-1/5	Knee/foot	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
8	1/6-2/2	UND PT	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
9	2/3-3/1	Admin/elective	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
10	3/2-3/29	Elbow/hand	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
11	3/30-4/26	Hip	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
12	4/27-5/31	FPTS/psych	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
13	6/1-6/28	Shoulder/back	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B

Fellow 2

Block	Date	Rotation	AM/PM	M	T	W	Th	F
1	6/24-7/21	Altru/ortho	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
2	7/22-8/18	Ortho/UND	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
3	8/19-9/15	Strength	AM	Betty/Hyslop	SMCC	PCC	SMCC	SMCC
			PM	Pooley	Hockey	Pooley	SHHS	Pooley
4	9/16-10/13	Trauma	AM	Hesse	Joseph	Hesse	Joseph	PCC
			PM	SMCC	Soccer	SMCC	EGF	SMCC
5	10/14-11/10	Radiology	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
6	11/11-12/8	SM	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
7	12/9-1/5	Knee/foot	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
8	1/6-2/2	Elbow/hand	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
9	2/3-3/1	UND PT	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
10	3/2-3/29	Admin/elec	AM	Betty	SMCC	L/B	PCC	SMCC
			PM	L/B	Hockey	SMCC	SHHS	L/B
11	3/30-4/26	Hip	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
12	4/27-5/31	FPTS/psych	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B
13	6/1-6/28	Shoulder/back	AM	Hyslop	L/B	PCC	SMCC	L/B
			PM	SMCC	Soccer	L/B	EGFHS	L/B

FELLOW	6/24-7/21	7/22-8/18	8/19-9/15	9/16-10/13	10/14-11/10	11/11-12/8	12/9-1/5	1/6-2/2	2/3-3/1	3/2-3/29	3/30-4/26	4/27-5/31	6/1-6/28
	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12	Block 13
Greene	Altru 1 wk	Ortho5 UND2	Trauma	Pooley/ UND AC	SM	RAD	Knee/Foot	UND PT	Admin/Elec	Elbow/Hand	Hip	FPTS/Psych	Shoulder/Back
Taddeo	Altru 1 wk	Ortho5 UND2	Pooley/UND AC	Trauma	RAD	SM	Knee/Foot	Elbow/Hand	UND PT	Admin/Elec	Hip	FPTS/Psych	Shoulder/Back

RAD=Radiology

AC=Athletic Conditioning UND

SM = sports medicine

Orientation:

Hospital/Clinic - 1 week

VBJ/AAO - 2.5 wk each

UND/Exos - each 2 weeks

DIDACTIC CURRICULUM???????

Family Medicine 312 – Medical Aspects of Sports

- This course is designed to acquaint the fellows and athletic training with general medical conditions and their effects on the athlete and athletic performance.
- Course curriculum:
 - Concussion, migraine headache (Westereng)
 - Bio statistics (Dr. Mann)
 - Sudden death in athletes (Dr. Mann)
 - Heart conditions, cardiomyopathy, marfans, ehlers-danlos syndrome, thyroid, supraventricular tachycardia (Dr. Mann)
 - Eyes, Ears, Throat (Fellows)
 - Exercise induced bronchospasm, vocal cord dysfunction, asthma (Fellows)
 - Blunt trauma, blunt trauma kidney, testicular torsion (Dr. Mann)
 - Hyperthermia, rhabdomyolysis, hyponatremia (Fellows)
 - Infectious disease in athletes (Fellows)
 - Dermatology (bacterial, fungal, viral) (Fellows)
 - Diabetes (Westereng)
 - Epilepsy, shock, allergic reactions (Fellows)
 - Radiology (x-ray, diagnostic US, MRI, CT scan) (Fellows)

Monthly Sports Medicine Conference (Jim Rudd Lecture Series)

- Seniors in Athletic Training, Residents, FMR Fellows and Faculty will participate in a monthly meeting September – April with lecture content specific to musculoskeletal injury in athlete's sports psychology, exercise programs in school aged children, role of exercise in maintaining the health and function of the elderly, and clinical pharmacology relevant to sports medicine. Speakers will include faculty, residents, fellows, Department of Sports Medicine faculty and guest speakers

Quality and Safety

- Quarterly participation in the adverse-event/near-miss form
- Quarterly participation in the quality/safety forum
- Quarterly QA conference

Pre-participation physical evaluations

- Orientation

Resident/Fellow Education

- Quarterly Ultrasound Conference
- Introduction to Ultrasound – Orientation

Sports Medicine Performance Summit

- Yearly – Sponsored by Altru

Continuing Medical Education

- Required attendance at Sports Medicine conference
 - Minimum 20 hours CME

- \$3,000 for CME
- Required Mayo CAQ SM Review Course
- Recommended: Advanced Team Physician Course or AMSSM Annual Meeting

GOALS AND OBJECTIVES

➤ Introduction to UND athletics and sports medicine

- Goals

To understand the scope of practice related to the care of the athlete in general, and UND athletics and to recognize and take advantage of the clinical opportunities provided in the care of the athlete.

- Objectives

1. To appreciate the central and pivotal role of the athletic trainer in the care of the athlete.
2. To recognize the team physician's role as adjunctive to, and supportive of, athletic training staff.
3. To understand that the approach to the care of the athlete is holistic, and not simply trauma-based, and to develop such a practice style.
4. To be able to develop a 'return from injury' prognosis report for presentation to coaching staff.
5. To take advantage of an introduction to, and beginning relationship with, coaching staff in UND athletics with furtherance of personal practice and development of continuity clinics.
6. To appreciate the team physician's role in protecting the athlete and the institution of the team.

➤ Trauma

- Goals

To recognize and understand musculoskeletal injuries and trauma that requires orthopedic surgical intervention.

- Objectives

1. Evaluate and assist in management of musculoskeletal trauma injuries
2. Assist on orthopedic trauma surgical cases while on call
3. Improve upon musculoskeletal examination
4. Develop systematic processes to review radiographs for extremities
5. Expand on anatomic knowledge and biomechanics
6. Become proficient at casting/splinting

➤ Athletic conditioning (Hockey Academy/UND Strength and Conditioning/Choice)

- Goals

To understand the goals of athletic conditioning together with its advantages and possible disadvantages.

- Objectives

1. To be aware of philosophical differences that apply to strength and conditioning.
2. To understand the inherent risks in conditioning programs, and to be able to identify those athletes at increased risk.
3. To be able to make recommendations concerning modifications to conditioning programs as they apply to individual athletes identified as 'at risk'.
4. To develop appropriate liaison with strength and conditioning professionals, physical therapists, athletic trainers and coaching staff, to protect and enhance the welfare of the athlete.
5. To understand basic concepts and principles utilized in the human performance environment.

➤ Academic project and scholarly activity

- Goals
To recognize and fulfill the professional obligations of critical appraisal together with the personal responsibility to further the reasonable goals of young learners.
- Objectives
 1. To understand the importance of refereed literature and its appropriate use.
 2. To be able to recognize evidence-based literature and distinguish it from poorly supported promotional products
 3. To contribute to evidence-based sports medicine literature.
 4. To prepare and present core lectures in the 'medical aspects of sport' course to candidates for the Bachelor of Science in Athletic Training, and in the sports medicine curriculum of the family medicine residency program.
 5. To attend a regional or national meeting annually relevant to the care of the athlete.
- **Sports Medicine Continuity Clinic**
 - Goals
To develop a personal, continuity practice that is not only responsive to the care of the individual athlete but also meets the exigencies and reasonable expectations of deadline-driven sports.
 - Objectives
 1. To provide rapid, reliable access for urgent or emergent presentations in the athlete.
 2. To provide and maintain continuity of care regarding the care of the athlete.
 3. To understand the timing pressures facing convalescent athletes and coaching staff and to respond appropriately, balancing expediency with the safety and welfare of the athlete.
 4. Sunday morning clinic (UND football season only).
- **Administration**
 - Goals
To develop responsibility for, and comfort in, the management of service lines and multidisciplinary supervision.
 - Objectives
 1. To participate as a faculty member in the supervision of junior fellows on the family medicine teaching service.
 2. To develop skills in the overall management of patients assigned to a service as distinct from the delivery of personal care.
 3. To develop mature skills in the co-ordination of team member efforts and output.
 4. To identify learning opportunities for young learners. Fellows will supervise medical students and residents who are on a sports medicine rotation. Students and residents will work with fellows in the Sports Medicine Continuity Clinic and providing event coverage.
- **Physical Therapy**
 - Goals
To understand the scope of practice and expertise of physical therapists in the assessment and management of the injured, compromised, or rehabilitating athlete
 - Objectives
 1. To understand and appreciate to diagnostic and assessment skills of physical therapists regarding the athlete with musculoskeletal complaints.
 2. To understand the goals of comprehensive rehabilitation.
 3. To understand the role of physical therapy in the prevention of, or recurrence of, injury.
 4. To understand the indications and goals of biomechanical assessment.
 5. To develop improved manual muscle testing skills.
- **Sports psychology**
 - Goals
To understand the spectrum and inter-relationships of mood disorder in the competitive

environment and understand the use of mental skills to achieve goals and enhance performance

- **Objectives**

1. To recognize anxiety and mood disorder in the athlete.
2. To be aware of personal limitations in the treatment of anxiety and mood disorder in the athlete and the indications for appropriate referral.
3. To be knowledgeable of the resources available in the assistance of the athlete with such disorders.
4. To understand the dimensions of over-commitment.
5. To recognize eating disorders in the athlete, their presentation, and appropriate therapy/referral.

➤ **Sports Nutrition**

- **Goals**

To understand the importance of nutrition for individual athletes dependent upon the athlete's health, training requirements, and personal goals. Further, to teach athletes the importance of nutrition for a lifetime of fitness.

- **Objectives**

1. To understand appropriate nutrition in the athlete.
2. To recognize eating disorder in the athlete, its presentation, and appropriate therapy.
3. To understand the female athlete triad.

➤ **Orthopedics**

- **Goals**

To gain expertise in the recognition, diagnosis and management of athletic injuries and related conditions referred to the specialty of orthopedics and to accurately distinguish between the urgent and non-urgent.

- **Objectives**

1. To understand the indications for appropriate referral for orthopedic surgical management.
2. To develop increasingly sophisticated clinical diagnostic skills in bone and joint injury diagnosis.
3. To develop an awareness of developing, interventional, techniques as they apply to the care of the athlete.

- **Foot and Ankle**

- **Goals**

To develop expertise in common foot and ankle presentations and to recognize the complex and unusual.

- **Objectives**

Understanding and familiarity with:

1. Complexity and importance of ligaments and tendons in ankle injury and pathology
2. Unique role of ultrasound as a primary diagnostic imaging modality
3. Anatomic relations in anterior, medial, lateral and posterior compartments
4. Presentations of tarsal tunnel syndrome and diagnosis
5. Peroneal tendon pathology and subluxation
6. Tibialis anterior tendinitis in skaters
7. Diagnosis and management of Jones fracture
8. Diagnosis and management of lateral and high ankle sprain
9. Recognition and management of Lis franc sprain and fracture
10. Osteochondral injuries, recognition, and appropriate imaging
11. Role of biomechanical abnormalities

- **Knee**

- Goals
To develop expertise in common knee presentations and to recognize the complex and unusual.
- Objectives
Understanding and familiarity with:
 1. Complexity and importance of ligaments and tendons in knee injury and pathology
 2. Unique role of ultrasound as a primary diagnostic imaging modality
 3. Role of x-ray and advanced diagnostic imaging
 4. Familiarity and eventual expertise in performance of clinical diagnostic test, including, but not limited to:
Lachman, Anterior Drawer, McMurray, Appley, Patellar Apprehension, Patellar Compression, Collateral Ligament Stability
 5. Osteochondral injuries, recognition, and appropriate imaging.
 6. Meniscal injury diagnosis and treatment
 7. Cruciate ligament injury and treatment
 8. Significance of, and treatment of, effusion/hemarthrosis
- **Hip**
 - Goals
To develop expertise in common hip presentations and to recognize the complex and controversial, including but not limited to the following objectives.
 - Objectives
 1. Femoral acetabular impingement, presentation and implications
 2. Labral tears of hip, presentation and management
 3. Athletic pubalgia (aka sports hernia).
 4. Ultrasound examination of hip and anterior thigh
- **Shoulder**
 - Goals
To develop expertise in common shoulder presentations and to recognize the complex and controversial, including but not limited to the following objectives.
 - Objectives
 1. Dynamic instability
 2. Subluxation and dislocation
 3. Labral tears of shoulder, presentation and management
 4. Rotator cuff tendinitis/tears and impingement syndrome
 5. Bicipital tendinitis/tear and subluxation
 6. Ultrasound examination of shoulder
- **Elbow**
 - Goals
To develop expertise in common elbow presentations and to recognize the complex and controversial, including but not limited to the following objectives.
 - Objectives
 1. Medial and lateral epicondylitis
 2. Ulnar collateral ligament sprains/tears
 3. Ulnar nerve pathologies including subluxation, entrapment and traction
 4. Ultrasound examination of elbow
- **Wrist and Hand**
 - Goals
To develop expertise in common wrist and hand presentations including but not limited to the following objectives.
 - Objectives

1. Familiarity with the six extensor compartments including DeQuervain's tenosynovitis, intersection syndromes, and the role of extensor carpi ulnaris in tenosynovitis presentations
2. Carpal tunnel syndrome
3. The pathologies associated with Jersey finger, Boutonniere's and Swan neck deformities
4. Tendon disinsertions (Mallet finger) and pathology of the A1-4 pulleys
5. The role of ultrasound in wrist and hand diagnoses

➤ **Musculoskeletal Diagnostic Imaging**

- Goals

To understand the development and application of point-of-care diagnostic modalities and their relationship to x-ray and advanced imaging modalities.

- Objectives

1. To develop progressive, continuing skills in musculoskeletal ultrasonography.
2. To understand the strengths and limitations of musculoskeletal ultrasonography in specific situations.
3. To maintain the databases required for future certification in musculoskeletal ultrasonography.
4. To understand the complementary role of plain x-ray in musculoskeletal ultrasonography.
5. To develop mature diagnostic skills in musculoskeletal x-ray
6. To understand the appropriate indications for MRI, MR Arthrography and their interpretation.

➤ **Sideline Triage and Travel**

- Goals

To develop comfort with sideline and on-field triage in independent settings.

- Objectives

1. Develop the ability to survey the playing surface for potential hazards
2. Develop the ability to ascertain availability and location of medical, support facilities
3. Develop knowledge of needed medical supplies for team travel and their legal storage.
4. Participate in exercises designed to remove the athlete with suspected neck injury from playing surface without detriment to athlete's condition.
5. Understand the potential for unrecognized subluxation/dislocation and its consequences in knee injuries.
6. Understand appropriate removal of athlete with lower extremity injury from playing surface (unaided, non-weight bearing, cart etc.)
7. Develop the ability to recognize medical conditions requiring immediate attention, including but not limited to compartment syndrome, unstable abdominal trauma, corneal ulcer, infection, etc.

FMR Clinic

CLINIC SCHEDULE GUIDELINES

1. There will be eight people available to schedule in clinic at all times before making any outside commitments.
2. There will be a minimum of three residents/fellows, preferably four, in clinic at all times, unless special provisions have been made.
3. Clinic days:
 - Sports medicine fellows
 - 1 half-day per week primary care
 - 2-4 half/days per week sports medicine continuity clinic
4. Patients are scheduled beginning at 9:00 am to 11:30 am and from 1:15 pm to 4:15 pm. Appointments for the sports medicine continuity clinic will have 30-minute appointments. Primary care clinic will have 20-minute appointments

NURSES STATION AND EXAMINATION ROOMS

1. Telephones

The nursing station is equipped with outside lines.
2. Flag System

Each patient room is equipped with a flag system to identify which doctor's patient is being seen. Every physician who practices at the Family Medicine Residency has a different combination of flag colors. A yellow and red flag means the nurse is in with your patient. She/he will lay them down when the patient is ready for the physician and display the physician's colors. When physicians have finished with their patients, they should lay all the flags down to signify the room is empty.
3. **No** eating or drinking is allowed at the nursing station.
4. Charts are **not** to be left at the nursing station. Use your own desk.

APPOINTMENTS

The Family Medicine Residency employs schedulers and registration employees who are primarily responsible for patient scheduling. Appointments are made by telephone or direct contact with the patient. When making appointments, secures the following information:

- Patient name
- Reason for the appointment
- Physician preferred/or last seen
- Telephone number where the patient can be reached in the event the appointment must be canceled and/or rescheduled

Patient Scheduling

Fellows are scheduled to see patients every 20-30 minutes. Procedures that are known by the receptionists to take a longer amount of time will be scheduled accordingly.

Any special requests by a physician regarding scheduling are brought to the attention of the Residency Coordinator.

If a physician asks an unscheduled patient to come to the clinic, the front desk and your nurse must be notified.

Fellows are expected to stay in the clinic area during their scheduled hours to cover any walk-ins or late scheduling of patients.

If a physician is delayed for a scheduled appointment at the clinic, always notify the Residency Coordinator and your nurse.

Check In

As the patient arrives, he/she will register with the front desk personnel who will check them in through the EPIC system. All pertinent information is rechecked with the patient to assure proper billing. It is the responsibility of the receptionists, nurses, lab and x-ray technicians to monitor the patient schedules and insure that patients wait a minimum amount of time in the waiting room and are escorted properly to an examination room as soon as possible.

Patients who fail to arrive for scheduled appointments are listed as a "no show" on the schedule and this is documented in the patient chart. After three "no shows", the patient may be notified by the physician that they can be seen at the Center on a walk-in basis only. They will be worked in for an appointment, only after all regularly scheduled patients have been seen. The nurses are notified of any "walk-in" patients and are responsible for appropriate scheduling. The original copy of the appointment schedule (nurse's copy) is retained by the Family Medicine Residency as a permanent record of patient visits through the EPIC system.

PATIENT FLOW

1. When a patient checks in, the receptionist registers the patient in EPIC and an entry is made into the electronic medical record that the patient has arrived. This is available for the physician and nurse to visualize and the nurses will room the patient as quickly as possible.
2. If lab work is requested, the physician will order labs in EPIC and the patient will be escorted to the lab by the nurse or physician.
3. The nurse will prepare for any necessary supplies. All supplies, except for agar plates, are kept in the rooms.
 - a. Pap Smears – thin preps will be set-up when scheduled. A broom, thin prep vial of solution set out. Rotate brush in cervix five times, rotate brush/broom in bottom of vial ten times, brush bristles should separate while rotating, then swirl vigorously and discard brush.
 - b. GC Culture -- kits are available in patient rooms
 - c. Wet Mounts -- each room is stocked with cotton tipped applicators
 - d. Cultures -- culturette tubes and sterile dacron swabs are in each room; Herpes culture transport media are available from the lab
 - e. KOH -- skin scraping slides are stocked in each exam room
 - f. Any supplies used to obtain a specimen (pipettes, swabs, cervical brushes, etc., must be thrown into the red bag, biohazard garbage receptacle)
 - g. All specimens taken to lab must be labeled with patient's name. All specimens must also be accompanied by a lab order in EPIC
 - h. Outside lab results will be put in the physicians' mailboxes. If lab tests are important enough to obtain, they are important enough to tell the patient. Do NOT tell the patient to call the nurses for their lab results. You may call the patient, send a letter, or give them the date of your next clinic day so they can call you. All lab results must be signed before being filed in the patient chart.
 - i. When lab work is ordered for a future date, the physician will fill out a lab order in EPIC with an expected date of return for the lab work
4. Before the patient is seen by the physician, vital signs are taken and documented in EPIC. The patient will be asked to disrobe and gown if the nurse feels it is appropriate. The nurse will document chief complaint in EPIC.
5. Fellow delays in arrival for patient care activities are deplored by the faculty. They feel 20 minutes is the longest any patient should wait to see a physician.

Fellows are paged on the arrival of their first patient if they are not in the clinic. After 15 minutes, the fellow will be paged again. After half hour the patient will be given the option to see someone else or wait. In the case of deliveries; the patient is to be rescheduled or see another fellow. The nurses cannot give the patient the option to wait.

6. Chart appears in holder outside exam room when ancillary services completed. The physician must keep track of his schedule and check to see if patients are ready.

TELEPHONE CALLS

Telephone calls to physicians should be handled as follows:

1. The physician should be contacted immediately if the caller is:
 - Another physician
 - The physician's spouse or family member
 - Reporting a medical emergency. In this case the chart should be documented with details and dates

2. Calls from the following sources should be route to the nurses:
 - Hospital
 - Nursing home
 - Long-distance calls
 - A pharmacy

3. In the event a patient calls and insists on speaking to the physician, or it seems to be an emergency, the phone call should be routed to the nurse. If the patient's call needs the attention of a physician, the nurse will attend to it. If a message is taken it is placed on the physician's desk and the physician is paged with messages between the hours of 11:00 am to 12:00 noon or between 3:00-4:00 pm. If it appears to be a medical emergency, the physician should be contacted immediately.

4. In case of routine patient calls, lab results, inquiries, and prescription refills, the nurse will forward the information to the physician in EPIC.

5. Overnight -- or call hours
 - a. Patients are instructed to call the regular clinic number to reach the fellow on call.
 - b. The Family Medicine Residency Center uses Altru Health System telephone answering service for after hour calls. Each month we send them a copy of our on-call schedule. The Residency Coordinator will call the answering service with changes on the schedule which are brought to our attention during the normal 8 am - 5pm, Monday to Friday work week. If a change is made after hours or on a weekend it is the responsibility of the fellow making the change to notify the answering service.
 - c. The answering service then automatically answers any incoming calls on 780-6800. The operator takes the patient's name, telephone number and chief complaint (if stated).
 - d. The third-year residents will take all evening phone calls.

LABORATORY

The lab is equipped to perform routine hematology, routine urinalysis, wet preps, strep screens, skin scrapings, pregnancy tests, monospot tests and limited chemistries to include glucose.

Lab Orders

1. Lab orders are requested in EPIC.
2. Lab personnel are to be notified when a patient is brought to the lab.

Results

1. Lab results of tests which are performed at FMR are kept on record in the lab as well as in the patient's chart.
2. Results will be routed to the physician through the results tab in the EPIC inbox. Fellows are expected to check this frequently, contact the patient with the results either in person or through a letter or telephone call, and mark the lab results as reviewed.
3. CRITICAL VALUES will be posted in the laboratory and when results meet the critical value criteria, the lab personnel will contact the physician or his nurse with results and document this in the "panic" log book.

Reference Labs

1. Altru Hospital is our main reference labs. Altru courier service is provided at 12:30 pm and 3:30 pm daily. If a STAT procedure is necessary, the lab personnel may also be asked to hand carry the specimen to Altru Hospital laboratory if testing is not done "in house" or contact the Altru courier to come to the clinic for an urgent lab specimen. Turnaround time is within one day for chemistries, 48 hours for microbiology.
 - A consent form must be signed by the patient before the HIV specimen is drawn. They must understand the policy about confidentiality.

Pap Smears/Cytology

1. Thin preps are read at Altru Cytology, turnaround approximately 2-5 days. Woman's Way and Third Street Clinic pap smears are read at Altru Department of Cytology.
2. Results: All reports are reviewed by physicians and the physician is responsible for notifying the patient of the results. Frequently "normal" reports are mailed to the patients.

NO EATING OR DRINKING IS ALLOWED IN THE LABORATORY! ALL SPECIMENS THAT ARE BROUGHT TO THE LAB MUST BE LABELED WITH PATIENT'S NAME, PHYSICIAN'S NAME AND THE DATE.

X-RAY

X-ray Procedures Provided

Basic radiographs

- Chest
- Extremities
- Spine
- Skull
- Plain films of abdomen

X-ray Procedures Provided by Altru Health Care System

- Upper GI
- Barium enemas
- IVP's
- Special procedures

X-ray Request

- X-rays are to be ordered in the EPIC system
- The patient will be accompanied to the x-ray department by the physician or nurse. The radiology technician will be notified of the patient's arrival. The radiology technician will accompany the patient back to the exam room upon completion of the x-ray.

Radiologist Services

X-rays are read by radiology the day of the exam. The official radiology report is resulted in the ordering physician's results folder in the EPIC inbox.

X-ray Policies

X-rays are part of the medical record and cannot be released to a third party without a signed medical records release form. These forms must be signed by the patient and given to the records department.

PATIENT EDUCATION

The Family Medicine Sports Medicine Fellowship has the following Patient Education resources available:

1. Patient Education Handouts - concerning all facets of Health and Nutrition are available at FMR. In addition, fellows may access patient education material via Up-To-Date or AAFP.org.
2. Patient Information Brochures - developed specially to inform our patients of our educational training and various Center services that are available

CODE PROCEDURE

Purpose

To get needed personnel and equipment to the aid of the patient as efficiently and quickly as possible.

Equipment/Supplies

- Crash cart
- AED
- Oxygen
- I.V. standard
- Suction
- All equipment/supplies are located in stress room

Procedure

1. Whoever comes upon a code situation will notify the nearest person that help is needed urgently and initiate CPR.
2. All nurses will report to the Nurses Station and instructed as to the location of the code. One nurse will call 3333 to contact Altru of an emergent situation.
 - Nurses will be responsible for getting the equipment/supplies to the code site
 - One nurse will take notes
 - One nurse will assist as needed
 - All other nurses will report back to the Nurses Station and attend to the other patients
3. Escort the ambulance to the code site when they arrive.
4. All residents and fellows will report to the Nurses Station and will be informed of the code site.
5. **REMAIN CALM!!** For all other patients in the clinic, we should resume previous duties as usual.

MEDICAL RECORDS

Chart Information

Each family has an account number. Each member of the family is given a patient number and an individual chart.

Routing of Charts

Charts are maintained in the electronic medical record system, EPIC. A patient checks in at the front desk and the status of patient will be changed to arrive and the time the patient arrived is visible in the provider's home screen. Once the nurse rooms the patient, the status will be changed to exam room. The nurse will complete vitals, reconcile the medication list, update allergies, and obtain the chief complaint from the patient and enters the information into the EPIC system. The patient is seen by the physician and once the physician completes the progress note and determines the level of service for the visit the encounter can be closed and the patient's status for this encounter is now closed. Any changes to the visit after this point would need to be done as an addendum.

Medical and Hospital Reports

Reports generated within the Altru Health System are sent to the appropriate folder within the physician's EPIC inbox. Medical records or reports from an outside facility are placed in the physician's mailbox in the clinic. The report is initialed and dated by the physician, placed into the medical records mailbox who then scans the report and it will be available electronically under scanned reports.

Transferring Medical Records

A written consent must be completed by the patient for all transfer of records. (Exceptions: Litigations for legal purposes, federally assisted or controlled Drug Abuse or Alcohol Abuse Program, and programs administered by/or under ND Social Services Board). Any questions regarding release of patient's records will be answered by the patient's physician or the Chief Resident (if the patient's physician is not available). Upon physician approval, Medical Records personnel will copy and forward records.

If the request is from an attorney's office or insurance company, a faculty physician will approve the request.

Medical Records

Charts must be kept current at least weekly. Failure to comply may result in loss of fellow's academic credits. All charts are currently available to be reviewed and signed electronically. Physicians have individual in boxes in EPIC which must be checked daily and appropriate follow up and contact to a patient as necessary based on test results or patient phone calls is to occur within 48 hours when at all possible.

Hospital: Admission and discharge records should be done the day of admission or discharge, and procedure notes should be done promptly after the procedure. Fellows are responsible for rounding on their patients in the hospital each day. Patients may be on the FPTs, in which case, fellow notes need to be co-signed daily. In the case of a fellow's absence, patient care will be assigned to a member of the FMR call team.

Clinic: Fellows are expected to complete clinic progress note in the EPIC medical record system within 24 hours from a visit though ideally fellows are strongly encouraged to complete

the notes on the same day as the clinic visit. Failure to complete a clinic note(s) within seven days will result in a removal for a half day from a scheduled rotation and the fellow will be charged with the loss of one half day of vacation to facilitate time to complete outdated charts.

Letters and phone calls: Letters and phone calls are to be documented in the EPIC system in a timely manner, ideally within 48 hours for results.

Problem-Oriented Medical Record

Charting in the Family Medicine Residency is based on the Problem-Oriented Method. It is felt that this method will provide the maximum utilization of the material obtained from the patient's history.

The chart should provide a clear and concise picture of the patient. This is accomplished by means of data base which consists of four parts. The parts are as follows:

1. Patient profile
2. Patient history
3. Physical examination
4. Laboratory and x-ray reports

This part of the chart is well done except for the patient profile section. Most charts do not provide a concise picture of the patient as a person.

The second function of Problem-Oriented Method of Charting is to do exactly as the name implies. It orients your thinking in relationship to the patient's problems, their priorities and lays out a comprehensive list of what the patient's needs are.

This leads directly to the third function of the Problem-Oriented Method of Charting which is to develop comprehensive PLANNING to care for the patient. This is broken down into three separate and distinct parts which are:

1. **DIAGNOSIS** - where clarification of a problem is brought to fruition by ruling out the major differential diagnosis and delineating the ramifications of a particular diagnosis.
2. **MANAGEMENT** - this follows naturally from the diagnosis and is the area where therapy in whatever modalities are appropriate are outlined.
3. **PATIENT INFORMATION** - this delineates the plans for educating the patient and his family about the problems they may encounter.

This chart is a communicative instrument and as such, it is more important in our Family Medicine Residency's than in most other practices. In the Centers, the patients start over with new doctors every two to three years and therefore it is necessary and essential that every possible means of the patient's care be communicated to the succession of doctors that will care for the patient. The chart is therefore the basis for continuity of care and it is this continuity of care which is essential to our teaching program.

The chart is a teaching instrument by which the fellow learns. The well-organized chart is easy to review and any discrepancies in care of diagnosis can be easily spotted. It also provides a basis for audit. Audit is discussed more fully in this section. Finally, we must remember that health care maintenance is a specific problem which should be unique to family practice. This is the antithesis of episodic care provided to the individual. To provide comprehensive care to the individual, the family must be a part of the treatment milieu. This includes recognition of genetic predispositions, cultural entities, and family environment risks, which can be either emotional or physical. To deal with a family effectively, the preventative aspects must be stressed. The

objective is to shift the responsibility for health care to the family, by appropriate educational means.

Chart Documentation

1. Electronic Medical Record

- Note completed in the electronic form. Dictation within the EPIC system is available if necessary. Fellows are to be aware of avoiding "cutting and pasting" other providers notes which is a much easier phenomenon with the advent of the electronic medical record. Fellows are also to be aware that the medical record contains information that was gathered or performed at the patient visit. Care must be taken that templates, populated lists, etc. used in the medical record represent an accurate assessment of the visit.
- Organize notes in the SOAP or APSO format
 - S. subjective or history
 - O. objective or examination
 - A. assessment or diagnosis
 - P. plan or therapy (indicate if the patient needs to be off from work)

2. Letters

- All letters are to be typed or dictated in the electronic medical record and route to the family medicine residency transcription pool. They will print the letter and envelope and give it to the physician's nurse. The nurse will place the letter on the physician's desk to be signed and the nurse will then mail the letter to the patient.
- When you are dictating a letter, please dictate the date, name and address (if available). Dictating punctuation isn't necessary but paragraphing is appreciated.

LICENSURE

Fellows must receive a North Dakota and Minnesota State License prior to the start of training.

Fellows must be certified by the American Board of Family Medicine prior to the start of training.

BOARD CERTIFICATION

The American Board of Family Medicine offers a Certificate of Added Qualifications (CAQ) in Sports Medicine. This CAQ is designed to recognize excellence among those Diplomates whose practices emphasize expertise in the Sports Medicine field. The CAQ in Sports Medicine is offered twice annually, July and November

The AMSSM CAQ pre-test is **required** during fellow orientation. Results must be given to the Program Director

Certification Requirements

- Family physicians must be certified by the American Board of Family Medicine, be Diplomates in good standing to apply and take the examination and must maintain their primary certification with the ABFM to maintain certification in a CAQ.
- Diplomates must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada and be in continuous compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.
- Diplomates must satisfactorily complete, or will have completed (by July 31 for the July exam and November 30 for the November exam), a minimum of one year in an [ACGME](#)-accredited sports medicine fellowship program associated with an [ACGME](#)-accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, or Pediatrics.
- Diplomates must submit an online application with appropriate application fee.
- Diplomates must achieve a satisfactory score on the half-day computer-based Sports Medicine examination.

Procedures

PROCEDURE DOCUMENTATION

Sport Medicine Fellows can perform many procedures in both the inpatient and outpatient setting on several rotations throughout the course of training. Each fellow will need to track and record all procedures on the current database program. A printed document of procedural data can be generated and downloaded from this database. It is the fellow's responsibility to record and maintain the procedure log.

A database of fellow's clinical and procedural experience, both in hospital and in the ambulatory settings is maintained. Most privileges are now granted on an experiential basis, so it is essential that this database be maintained accurately and kept current. While it is the program's responsibility to make such a system available, it is the fellow's responsibility to utilize it and enter their procedure activities on the computer.

Procedures are an important part of family medicine. Reductionism in the practice of medicine frequently "streamlines" procedures that could be easily performed in the office to a custom-built center, which is almost invariably more expensive, and less convenient to the patient, than an office setting. Notwithstanding, the procedures that a fellow should hope to master will inevitably be directed by that fellow's eventual practice site and the needs of his/her patient population. As far as the teaching of procedural skills during fellowship is concerned, the Program divides them into "Core", meaning graduation requirement, and "elective," not required for graduation.

Each procedure has a "Basic Skills Qualification" describing the procedure and an assessment form to verify procedure competency. "Basic Skills Qualifications" are available on E-Value. Prior to seeking BSQ certification, a fellow should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the fellow performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the fellow. The fellow then returns the competency assessment to the Academic Coordinator.

CONFERENCES

Attendance

All fellows are expected to attend all quality/safety noon meetings, all scheduled sports medicine lectures for the residency, and all lectures of Medical Aspects of Sports (FMED312). In addition, fellows must participate in all Resident Education afternoons (4th Tuesday of each month), for which ultrasound is the subject matter.

1. Attendance for required lectures is 80%.
2. If you cannot attend because of rotation conflicts or otherwise, you must report it to the Academic Coordinator.
3. Personal commitments such as dental appointments, daycare, flat tire, etc., are not excused absences. Required attendance is 80%, allowing the fellow to not attend 20% of lectures to address personal commitments.
4. Remember...scheduled meetings are part of your job description...do your job.
5. If a fellow is on vacation, they are not expected to be at conferences, it is excused.
6. If you are not on vacation but have the day off per your preceptor, you are still expected to attend conference.

Teaching

Fellows have knowledge that will benefit residents, medical students, and students in undergraduate studies. Fellows will be required to assist in the instruction of musculoskeletal ultrasound and selected topics in Medical Aspects of Sports, and quality/safety topics as chosen by the fellow (refer to Quality and Safety Policy).

SCHOLARLY ACTIVITY

Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning.

The program and faculty will create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application and teaching.

The program's scholarship will reflect the mission and aims of the residency and the community it services.

Each fellow will complete a scholarly or quality improvement project during the program.

- Evidence of scholarly activity should include at least one of the following:
 - peer-reviewed funding and research;
 - publication of original research or review articles; or,
 - presentations at local, regional, or national professional and scientific society meetings.

Policies

CLINICAL COMPETENCY COMMITTEE POLICY

The program director must appoint the Clinical Competency Committee.

- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty, at least one of whom is a core faculty
 - The program director may appoint additional members of the Clinical Competency Committee.
 - These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows in patient care and other health care settings.

The Clinical Competency Committee will:

- review all fellow evaluations semi-annually;
 - determine each fellow's progress on achievement of specialty-specific Milestones and,
 - meet prior to the fellow's semi-annual evaluations and advise the program director regarding each fellow's progress; and
 - develop objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and community skills, professionalism, and system-based practice based on the faculty medicine milestone.

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

Approved by faculty February 6, 2019

Approved by GMEC February 26, 2019

DISASTER PLANNING POLICY

Policy

- This Disaster Planning is intended to augment existing sponsoring institutional policy. It is intended to protect the well-being, safety, and educational experiences of the residents/fellows.

Procedure

- Following declaration of a disaster, the Designated Institutional Official (DIO), Graduate Medical Education Committee (GMEC), Program Director(s) and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.
- To maximize the likelihood that trainees will be able to complete program requirements within the standard time required for certification in that specialty, steps will be taken to transfer the affected trainees to other local sites. If leadership determines that the sponsoring institution can no longer provide adequate educational experience for its trainees, the sponsoring institution will, to the best of their ability, arrange for temporary transfer of trainees to programs at other sponsoring institutions until the sponsoring institution is able to resume providing the educational experience.
- The Program Director will then give the trainees, who temporarily transfer to other programs because of a disaster, an estimated time that relocation to another program will be necessary. Should that initial time need to be extended, the trainees will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.
- If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.
- The Program Director will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.
- During and/or immediately following a disaster, the Sponsoring Institution will make every effort to ensure that the trainees continue to receive their salary and fringe benefits during any disaster event recovery period, and/or accumulate salary and benefits until utility restoration allows for fund transfer.
- Longer term funding will be determined based on the expected operations of the teaching sites, CMS and governmental regulations and the damage to the infrastructure of the finance and hospital operations.

Approved by faculty February 6, 2019

Approved by GMEC February 26, 2019

DOCUMENTATION POLICY

Policy:

- Collection of data allows the fellowship to determine strengths and weakness of the training program
- Data collected will be utilized in the ACGME accreditation process
- Data collected will be utilized by fellows to prove competency and make application for selected privileges in future employment

Procedure:

- Fellows are required to document ALL training room encounters in the E Value fellowship data bank
- Fellows are required to document ALL ultrasounds on a Microsoft Xcel template
 - Fellows are required to annotate 75 images for graduation

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

EDUCATIONAL LEAVE POLICY

Each fellow is allowed \$3,000 for educational conferences in each calendar year. To receive this allowance, the fellow must be in good academic standing. The following steps must be followed.

1. Leave requests must be signed by the Chief Resident and residency program coordinator six weeks prior to dates requested.
2. The fellow will have to pay the registration fee and be reimbursed after the conference.
3. Fellows are responsible for making their own travel arrangements.
4. All travel and lodging receipts must be kept and turned in to the residency coordinator to be reimbursed from Altru Health System. This includes:
 - hotel receipt
 - airline ticket stubs
 - canceled check for registration fee*
 - rental car/taxi
5. Altru Health System will provide reimbursement of the following expenses incurred by fellow physicians:
 - Tuition, travel and lodging, relating to meetings and educational courses which carry AMA and/or specialty approved credit
 - Professional journals and books
 - National AMA dues, professional society dues, non-North Dakota and Minnesota license fees and DEA registration fees
 - Continuing medical education materials which have MA and/or specialty-approved credit, not to include electronic devices and hardware
 - Meals will be reimbursed per IRS guidelines
 - Reimbursement will be provided for the following business-related expenses
 - Stethoscope
6. **The following provisions will govern the reimbursement of the expenses:**
 - Expenses will be reimbursed for costs incurred only by the requesting doctor, i.e., expenses incurred for a doctor's spouse or other persons, are not reimbursable
 - All expenses reimbursed must be verified with proper receipts **and submitted to the residency program coordinator who will submit the expenses** to Altru Health System. Credit card statements or records of credit card charges do not qualify as adequate substantiation of expenses because they do not provide detail
 - Reimbursement for business/education travel will be limited to domestic travel within the 50 United States
 - Travel expenses for Continuing Medical Education (CME) credits which can be obtained online, or in any manner where travel to another destination is not required to receive CME credit, i.e., Travel Medical Seminars, will be disallowed
 -

***Travel expenses will not be reimbursed if these steps have not been followed.**

Approved by faculty February 6, 2019
Approved by GMEC February 26, 2019

FATIGUE AWARENESS & PREVENTION POLICY

Altru's Family Medicine Residency Program requires that faculty, residents, and fellows are educated in recognizing the signs of fatigue. Education will include use of the American Academy of Sleep Medicine: Sleep, Alertness, and Fatigue Education in Residency (SAFER) program. Every faculty member, resident, and fellow will participate in this program and in addition will sign receipt and understanding of this Fatigue Awareness & Prevention Policy.

There is a growing awareness that fatigue has an adverse effect on performance.

Fatigued residents/fellows typically have difficulty with:

- Appreciating a complex situation while avoiding distraction
- Keeping track of the current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/or anticipating consequence
- Maintaining interest in outcome
- Controlling mood and avoiding inappropriate behavior

Signs of Fatigue Include

- Involuntary nodding off
- Waves of sleepiness
- Problems focusing
- Lethargy
- Irritability
- Mood lability
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences at work
- Inattentiveness to details
- Impaired awareness

High Risk Times for Fatigue-Related Symptoms

- Midnight to 6 am
- Early hours of day shift
- First night shift or call night after a break
- Change of service
- First 2 to 3 hours of a shift or end of shift
- Early in residency or when new to night call

Response

Excess fatigue and/or stress may occur in patient care settings as well as non-patient care settings such as lecture and conference. In patient care settings, patient safety and well-being of the patient mandates implementation of an immediate and proper response sequence.

Attending physician:

- If the attending physician notices evidence of excessive fatigue and/or stress, the attending must release the fellow from any further patient care responsibilities at time of recognition.
- The attending should privately discuss their opinion with the fellow, attempt to identify the underlying reason for the fatigue, and discuss the amount of rest needed to alleviate the situation.
- The attending physician and fellow will coordinate the distribution of patient care responsibilities among the team and is expected to participate actively in completing the work.

- The fellow should use the options of rest at the hospital (call room) prior to driving home, obtaining a taxi to get home or having a fellow or other individual drive them home.

Fellows:

- Other fellows who notice a colleague's fatigue have the professional responsibility to notify the supervising attending or chief fellow without fear of reprisal.
- A fellow who feels fatigued has the professional responsibility to notify the supervising attending or chief fellow without fear of reprisal.

Program Director:

- If the removed fellow's absence results in immediate effect on other fellows (i.e. call) this should be accounted for immediately.
- The fellow's call schedule, duty hour report, patient care responsibilities, and personal problems/stressors will be discussed.
- The rotation will be reviewed for potential changes and improvements if deemed necessary.
- If the problem is recurrent or not resolved in a timely manner, the fellow may be removed from patient care responsibilities indefinitely and will likely be reviewed at the Clinical Competency Committee meeting to assist in determining what further evaluation needs to occur.

FATIGUE AWARENESS AND PREVENTION

I have read, understand and agree with the Fatigue Awareness & Prevention Policy of Altru Health System – Family Medicine Residency.

Fellow Printed Name

Fellow Signature

Date

Approved by faculty February 5, 2017
Approved by GMEC May 23, 2017

FELLOW/FACULTY WELLNESS POLICY

Goal

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician; and, require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team is an important component of professionalism; they are also a skill that must be modeled, learned and nurtured in the context of other aspects of residency training. Altru FMR has the same responsibility to address well-being as they do to evaluate other aspects of fellow competence.

Fellows and faculty members are at risk for physician distress and depression. The Residency Program, in partnership with the Sponsoring Institutions, have the same responsibility to address well-being as other aspects of fellow competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment model's constructive behaviors and prepares fellows with the skills and attitudes needed to thrive throughout their careers.

Policy

- Efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- Attention to scheduling, work intensity, and work compression that impacts fellow well-being.
- Evaluating workplace safety data and addressing the safety of fellow and faculty members.
- Policies and programs that encourage optimal fellow and faculty member well-being, and;
 - Fellows will be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Attention to fellow and faculty member burnout, depression, and substance abuse. The program will educate faculty members and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Fellows and faculty members will be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, will:
 - encourage fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another fellow, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence
 - provide access to appropriate tools for self-screening; and,
 - provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies and parental leave. The program will have policies and procedures in place that ensure coverage of patient care in the event that a fellow may be unable to perform their patient care responsibilities. These

policies will be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work.

PROCEDURE:

- Essence of being a fellow/faculty member
 - Fellows and faculty will have scheduled time in clinic (refer to “Clinic Schedule Guidelines”)
 - Fellows will be allowed progressive autonomy (refer to “Fellow Supervision Policy”)
- Scheduling and work intensity
 - Refer to Work Hour Policy
- Focus on quality and safety
 - Refer to Quality and Safety Policy
- Burnout, depression, and substance abuse
 - Fellows and faculty have access to the Employee Assistance Program (EAP) by phone, in person, or online 24 hours a day, 7 days a week 365 days a year allowing free, confidential support for depression, stress, anxiety, chemical dependency, physician burnout, relationship & parenting issues, legal & financial concerns, employee conflict, etc.
 - Phone: 1-800-383-1908
 - VITALWorkLife.com
 - Username: Altru
 - Password: Member
- Physician Wellness via AltruLink (<http://www.altrulink.org/physicians/physician-wellness/>)
 - Resources include the following:
 - Coaching and Support
 - The program is staffed by licensed social workers, psychologists, and peer coaches trained to provide support and consultation to other physicians/providers. Why a peer coach? It is no secret that providers often are reluctant to ask for help. However, providers will often consult physician/provider peer coaches when they are experiencing:
 - unusual levels of stress or anxiety;
 - sudden loss of temper or uncharacteristic outbursts;
 - negative feedback from peers, patients or staff;
 - concerns about substance abuse;
 - difficulty balancing the demands of family and practicing medicine.
 - Your peer coach can be a confidential and knowledgeable sounding board for a variety of work- and home-related issues.
 - Your Provider Wellness Resources benefit also includes unlimited access to online resources, including articles, downloadable audio files, interactive learning sessions, self-assessment tools and financial calculators.
 - To learn more, download a copy of our Physicians’ Coaching and Support fact sheet, contact us or call 877.731.3949
 - Concierge/WorkLife Assistant
 - In addition to the traditional counseling, and support for emotional issues, Provider Wellness Resources features virtual concierge services – the WorkLife Assistant. Concierge experts can assist you when you are at home or traveling. In fact, they can provide complete trip planning services. They also can:

- arrange for a house cleaner or schedule your car to be detailed;
- purchase tickets to an event (even those that are hard to get into) or find a romantic nightspot;
- find summer camps for your children or eldercare for a parent;
- find that perfect gift or send flowers;
- locate a rare bottle of wine or plan a retirement party.
- Etc.
- Consulting
- Physician Intervention
- Physician Wellness Resources
- Training and Education
- Sick and emergency leave
 - Refer to Sick and Emergency Leave Policy
- Medical appointments
 - Fellows who cannot schedule a medical appointment over the noon hour, or who have urgent health care needs, should contact the Program Coordinator with notification of time that will be missed for the medical appointment. The Program Coordinator will arrange for patient care coverage in the fellows' absence.
- Fellow Wellness Committee
 - One faculty member and 1-2 fellow representatives from each class-year
 - Budget \$5,000/academic year
 - At minimum, quarterly meetings
 - Plans wellness curricular activities for residents, fellows, and faculty
 - Arrange wellness didactic curriculum
 - Track workforce safety data with the assistance of the Program Coordinator

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FELLOW FAIR PROCESS AND GRIEVANCE PROCEDURE

Statement of Purpose

The role of a resident or fellow in the residency program at Altru Health System or the Altru Sports Medicine Fellowship, respectively, is educational in nature. A resident/fellow contract details a direct professional involvement with patients, other physicians and institutions, and reflects a role that is unique and sensitive. It is therefore acknowledged by Altru Health System and the resident/fellow that the following grievance and fair process rights shall be the sole and exclusive rights to which a resident/fellow is entitled.

The policies and procedures contained herein relate to the Altru Health System discipline of fellows. Also contained herein is the process by which a resident/fellow may grieve.

I. Policy on Discipline of Resident/Fellows:

A. Altru Health System

1. Residents/fellows can be disciplined for both academic and non-academic reasons. Forms of discipline include, but are not limited to: verbal reprimand, written reprimand, remediation, probation, extension of training, suspension, and dismissal. Suspension and dismissal can give rise to a hearing.

Grounds for such disciplinary actions include, but are not limited to:

- a. Demonstrated incompetence in professional activities related to the fulfillment of assigned duties and responsibilities associated with the position;
- b. Demonstrated dishonesty in any dealing with Altru Health System or in professional activities related to the fulfillment of assigned duties and responsibilities associated with the position;
- c. Inability to satisfactorily perform functions essential to rendering proper medical care to patients and otherwise required of physicians providing direct patient care;
- d. Personal conduct that substantially impairs the individual's fulfillment of properly assigned duties and responsibilities;
- e. Substantial incapacity (physical or mental) to perform properly assigned duties;
- f. Failure to improve performance in an area identified in formal counseling or a written warning;
- g. Failure to satisfactorily complete probation;
- h. Conduct which violates professional and/or ethical standards;
- i. Failure to fulfill any term of the employment contract or violation of Altru Health System or affiliated training site policies;
- j. Violation of:
 - 1) The rules of the Program in which the resident/fellow is assigned;
 - 2) The rules of the institution to which the resident/fellow is assigned; or
 - 3) The law.
- k. Inadequate medical knowledge, deficient application of medical knowledge to either patient care or research, deficient technical skills, or any other deficiency that adversely affects the resident's/fellow's performance; or
- l. Disruptive behavior.

2. When problems arise concerning a resident's/fellow's performance that may result in suspension or dismissal of the fellow by the Program Director, the following procedures shall be followed:
 - a. Initial Investigation: The Program Director shall conduct an initial investigation. At the discretion of the Program Director, the resident/fellow may be placed on administrative leave during the initial investigation.
 - b. Informal Resolution: Unless the situation requires immediate action, the Program Director and the resident/fellow shall meet to discuss the matter.
 - c. When an initial investigation has been conducted and no informal resolution has been achieved; the Program Director has the authority to:
 - 1) Suspend the resident/fellow; or
 - 2) Require remediation;/ or,
 - 3) Move to dismiss the Resident or Fellow.
 - d. Written Notice: Within forty-eight (48) hours of the decision by the Program Director to suspend, remediate, or move to dismiss the resident/fellow, the Program Director shall deliver or mail a written notice of the decision to the resident/fellow. If the decision is placed in the mail, it should be sent registered, return receipt.
 - e. Right to Hearing: The resident/fellow is entitled to a hearing for disciplinary actions of suspension, remediation or action to dismiss by submitting a written request for review by a Hearing Panel to the Program Director within five (5) working days after receipt of notice of the Program Director's decision. The Program Director shall promptly forward the written request to the Designated Institutional Official (DIO) who will then convene the Hearing Panel and schedule a date and time for the hearing, which is to occur within ten (10) working days after receipt of the written request for a hearing by the DIO.
3. Hearing Panel:
 - a. The Hearing Panel shall consist of five (5) physicians defined as those who currently hold staff or fellow privileges at Altru Health System. They shall be selected from at least four (4) physicians nominated by the resident/fellow and at least four (4) physicians nominated by the Program Director. The Program Director and the resident/fellow shall each confirm the willingness and availability of their nominees to participate before submitting their names.
 - 1) Two physicians, one of who may be a resident or fellow, selected by the DIO or designee from the physicians nominated by the aggrieved resident/fellow. If the resident's/fellow's nominees prove to be unwilling, unable or ineligible to participate the DIO may appoint two other physicians of his or her own choosing.
 - 2) Two physicians selected by the DIO or designee from the physicians nominated by the Program Director(s). If the Program Director's nominees prove to be unwilling, unable or ineligible to participate the DIO may appoint two other physicians of his or her own choosing.
 - 3) A physician from a different department, who will act As Chair of the Hearing Panel, designated by the Designated Institutional Official.

- b. Convening of the Hearing Panel and the conduct of the hearing shall proceed according to the "Hearing Procedures for resident/fellow Grievances."
- c. Decision by Hearing Panel: The Hearing Panel will make a finding of facts and then choose from the following options in arriving at a decision:
 - 1) Affirm the Program Director's decision;
 - 2) Reverse the Program Director's decision and reinstate the resident/fellow; or
 - 3) Reverse the Program Director's decision and reinstate the resident/fellow only after the resident/fellow has met certain, specified conditions precedent to reinstatement, which conditions shall include established time limitations for completion by the resident/fellow.

In considering any reinstatement, the Hearing Panel should refer to Section I.A.5. "Limitation on Reinstatement."
- e. Confidential Hearing Record: A confidential hearing record will be maintained in the Office of the Chair of the Graduate Medical Education Committee (GMEC) and will consist of:
 - 1) A copy of the written notice sent to the resident/fellow of the action taken;
 - 2) A written summary of the hearing together with all documentary and other evidence offered or admitted into evidence;
 - 3) Any other materials considered by the Hearing Panel; and
 - 4) The written decision of the Hearing Panel. The written decision of the Hearing Panel will also be kept as part of the resident's/fellow's educational record.
- 4. Appeal to Designated Institutional Official:
 - a. The resident/fellow will have five (5) working days to submit an appeal in writing to the Designated Institutional Official. The appeal is to be filed using a form designated for the purpose.
 - b. An appeal to the Designated Institutional Official will trigger an automatic procedural review
 - c. Within fifteen (15) working days after receiving the written appeal, the Designated Institutional Official shall issue a written decision based upon the confidential hearing record and the procedural review. All information relevant to the hearing process will be available to the Designated Institutional Official for review, if necessary. The Designated Institutional Official may approve, reject, or modify the decision in question or may require the original hearing to be reconvened for the presentation of additional evidence and reconsideration of the decision. If the Designated Institutional Official requires the hearing to be reconvened, the reconsidered decision made by the Hearing Panel may again be reviewed by the Designated Institutional Official. If the Hearing Panel is not reconvened or if the Designated Institutional Official approves the Hearing Panel decision or modifies the Hearing Panel decision, the Designated Institutional Official's decision is final and unappealable.
- 5. Limitation on Reinstatement: Any decision, at any level of this appeal process, which includes a right to reinstatement must also include a specific timeline for completion of the conditions precedent to

reinstatement and such reinstatement must comply with the applicable rules governing the residency program involved.

6. Determination of Deadlines and Definitions: "Working days" are defined as Monday through Friday, excluding holidays. If the person responsible for making a determination is out of the office, the counting of "working days" is suspended until the decision-maker returns to the office.

II. Procedures for Grievance Brought by a resident/fellow:

- A. Grievance Defined: A grievance is defined as a problem specific to the grieving resident/fellow regarding policies, procedures, personnel, interpersonal relationships, non-renewal or other contractual concerns. The items listed under section I.A.1. in this document, cannot be grieved under this section.
- B. Informal Resolution: A Resident/Fellow with a grievance shall discuss the problem with the Program Director. If the grievance involves the Program Director, the Resident/Fellow shall discuss the problem with the Associate Program Director. If the grievance involves the Program Director and the Associate Program Director, the Resident/Fellow shall discuss the problem with the DIO. If the problem occurs within a hospital or ambulatory care setting, the Resident/Fellow shall first discuss the problem with the on-site supervising staff member unless the grievance involves the on-site supervising staff member, following which the site supervisor will discuss it with the Program Director. If the grievance involves the on-site supervisor, the Resident/Fellow shall discuss it with the Program Director. The DIO shall be informed of all informal resolutions.
- C. Formal (Written) Grievance: If the problem is not resolved informally, the grievance shall be submitted in writing to the Program Director stating the specific basis for the grievance and the relief requested. The Program Director shall submit a written response to the resident/fellow within ten (10) working days after receipt of the written grievance.
- D. Review of Grievance Decision: If the resident/fellow is not satisfied with the response received, the grievance may be submitted in writing to the DIO with the Program Director's response attached for review and final resolution. The DIO or designee shall provide the resident/fellow and the Program Director with a written statement as to the final resolution of the grievance within ten (10) working days after receipt of the grievance. This decision is not appealable.
- E. Determination of Deadlines: "Working days" are defined as Monday through Friday, excluding holidays. If the person responsible for making a determination is out of the office, the counting of "working days" is suspended until the decision-maker returns to the office.

This signature indicates I have read, understand, and agree to abide by this policy and its procedures.

Resident's/Fellow's Signature

Date

For the Contract Year

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

Approved by faculty February 6, 2019

Approved by GMEC February 26, 2019

FELLOW LEAVE POLICY

Vacation

1. Fellows shall receive three weeks (21 calendar days = 15 weekdays + 6 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by resident, training site, and Program Director. Vacation is non-cumulative from one year to the next.
2. Vacation requests should be submitted to the Chief Resident and the Residency Program Coordinator for approval. Fellows wishing to take leave must have leave requests turned in at least six weeks for which leave is being requested. Fellows with tardy leave requests may still take leave but must first **personally** arrange cover for call and clinic
3. Fellows may take no more than seven consecutive days per month without special permission or no more than two days per two-week rotation
4. It is advised that you do not take vacation during the obstetrics or FPTS rotations. If fellow requests a vacation leave during these rotations, the request must be submitted to the Program Director for review and final approval
5. Fellows may obtain an extra vacation day by being on call during holidays as specified through Altru Policy.

Meetings

Fellows shall receive one week (7 calendar days = 5 weekdays + 2 weekend days) of paid leave for professional meetings, annually and non-cumulatively. Leave taken under this section *does not* count towards the thirty (30) days of allowable leave in “Makeup for Extended Leave” as below. Further details are found in “Educational Leave Policy.”

Sick Leave/Absences

1. Refer to Institutional Sick Leave Policy
2. Residents will be granted sick or emergency leave as needed. Before taking emergency leave or sick leave, the fellow should contact the Chief Resident and the residency Program Coordinator
3. Fellows will accumulate one day of sick leave per month of work for a maximum of 12 calendar days of paid sick leave per calendar year for personal and dependent illness. Sick leave is noncumulative from one year to the next.
4. Fellows shall provide medical verification for absences due to illness when requested. Fellows who use all allotted sick leave may not meet ACGME or certification board requirements. Refer to “Make up for Extended Leave”

Additional Sick Leave

Additional *unpaid* sick leave may be granted with written permission from the fellow’s program director. Additional sick leave shall not be credited as training time and will result in makeup requirements as described in “Makeup for Extended Leave.”

Parental Leave Policy

1. Please refer to institutional Parental Leave Policy
2. A parental leave that results in a total time away from the training program of more than 30 calendar days for all reasons will result a requirement to make up lost time. The fellow may be subject to the provisions of “Make up for Extended Leave.”

Leave of Absence

1. Unpaid leave of absence may be granted for individual resident need at the discretion of the Program Director.
2. Any leave of absence or unpaid leave shall not be credited as training time and will result in makeup requirements as described in "Make up for Extended Leave"

Funeral Leave

1. Refer to institutional policy.
2. Funeral leave in this section counts towards the thirty (30) days of allowable leave in "Make up for Extended Leave."

Military Leave

1. Refer to institutional policy.
2. A fellow may be given credit for certain military leave if this is arranged and approved by the Residency Program Director and faculty. This will have to meet any and all guidelines of the ACGME, ABFM, and Altru Family Medicine Residency regarding continuity care, off-site rotations and military leave. Such leave cannot be longer than a 90-day period.

Makeup for Extended Leave

The minimum amount of training time during the contract year is defined for some residencies by the Accreditation Council on Graduate Medical Education (ACGME) Program Requirements or by the requirements of relevant certification boards as 48 weeks or 11 months. In the case where any such requirements relative to Altru Family Medicine Residency program are not specific, the allowable combined total of Vacation Leave, Sick Leave, and any Additional Sick Leave taken during the contract year shall be 30 calendar days. For combined leave totals that exceed this amount, fellows shall be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of their residency program; however, for some programs, such an extension of program time may require the approval of the ACGME Residency Review Committee appropriate to that program. For combined leave exceeding 30 calendar days, a review by the Program Director shall be required. If it is determined that the fellow has not made enough progress in the program due to the amount of training time missed more than the thirty (30) allowable days as set out in this paragraph, the fellow may be required to make up training time.

Approved by faculty February 6, 2019

Approved by GMCEC February 26, 2019

FELLOW RECRUITMENT, APPOINTMENT, ELIGIBILITY AND SELECTION POLICY

All fellow candidates must be graduates of LCME or AOACOCA accredited schools of medicine, or have a valid ECFMG certificate, and meet current North Dakota Board of Medical Examiners criteria for licensure, and satisfactorily completed an ACGME Family Medicine Residency. All potential candidates will be screened for possible interview by the residency coordinator and forwarded to the program faculty for consideration. All candidates will be considered based on their academic achievements, communication skills, interpersonal skills, motivation, integrity, and in full accordance with all equal employment opportunity standards.

All interviewed candidates will meet with representative faculty and current residents/fellows during their interview. All candidates will receive a copy of a current contract, fellow duty policy and fellow leave policy. Upon completion of all interviews, candidates will be ranked by faculty and current fellows and the rank list submitted to the NRMP.

Upon learning of the match results, matched fellows will be contacted and sent letters of appointment and fellow due process agreement. Fellows are expected to make application for and obtain a North Dakota and Minnesota medical license prior to beginning training. Fellows are given a copy of the sports medicine fellowship handbook during orientation. All matched fellows will be subject to a background check and Altru Health System Human Resources employee policies and procedures and Altru Hospital by-laws, rules and regulations, not specified otherwise by residency policy.

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

Approved by faculty February 6, 2019

Approved by GMEC February 26, 2019

FELLOWSHIP SUPERVISION POLICY

The faculty is committed to supervision commensurate with fellow competency and complexity of care while the educational curriculum and faculty and call schedules are designed to ensure such supervision. Progressive increase in fellow responsibility with independence is provided individually on the basis of expertise in the six ACGME core competencies with incorporation of the family medicine specific milestones and determined by multiple evaluation modalities. Notwithstanding, patient care complexity may always exceed fellow's capability and should be recognized.

- General Supervision Policy
 - In each patient assignment, the fellow will identify the practitioner ultimately responsible for the patient's care.
 - That practitioner will be appropriately credentialed for his/her area of expertise.
 - The fellow will introduce himself/herself at the beginning of each patient encounter and inform the patient of his/her role in the healthcare team.

- Supervision will be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care.

- Level of Supervision
 - To ensure oversight of fellow supervision and graded authority and responsibility, the following classification will be used:
 - Direct Supervision – the supervising physician is physically present with the fellow and patient.
 - Indirect Supervision:
 - with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
 - with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
 - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
 - During orientation, fellow's skills will be evaluated in sports medicine simulation by a core faculty member and in the training room by Athletic Trainers as designated by core faculty. Information gathered will be provided to the CCC to determine initial level of supervision required.
 - The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow will be assigned by the program director and faculty members.
 - The program director will evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - Faculty members functioning as supervising physicians will delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.

- Fellows will serve in a supervisory role of residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.
- There are circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
 - Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- Faculty supervision assignments will be of enough duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
- Specialty Rotations
 - Specialty rotations will be directly supervised by the physician preceptor or physician group (i.e., orthopedist for orthopedics surgery) for the rotation.
- Procedures
 - All fellows will be allowed to perform procedures with oversight supervision commensurate with the summative evaluation from their Program Director upon completion of residency.
 - All new procedures for the fellow will have direct supervision until the fellow is considered competent to perform the procedure with oversight supervision
 - Each procedure has a “Basic Skills Qualification” describing the procedure and an assessment form to verify procedure competency. “Basic Skills Qualifications” are available on E-Value. Prior to seeking BSQ certification, a fellow should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the fellow performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the fellow. The fellow then returns the competency assessment to the Academic Coordinator.

Approved by faculty February 5, 2017
 Approved by GMEC May 23, 2017

GRADUATE MEDICAL EDUCATION POLICY

Policy

- Graduate Medical Education Committee (GMEC) oversight includes:
 - the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited program;
 - the quality of the GME learning and working environment;
 - the quality of educational experiences in the ACGME- accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;
 - the ACGME-accredited program's annual program evaluations and self-studies;
 - all processes related to reductions and closures of the ACGME-accredited program, major participating sites, and the Sponsoring Institution; and,
 - the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.
- The GMEC will review and approve:
 - institutional GME policies and procedures;
 - annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
 - applications for ACGME accreditation of new programs;
 - requests for permanent changes in resident/fellow complement;
 - major changes in the ACGME-accredited program's structure or duration of education;
 - additions and deletions of the ACGME-accredited program's participating sites;
 - appointment of new program directors;
 - progress reports requested by a Review Committee;
 - responses to Clinical Learning Environment Review (CLER) reports;
 - requests for exceptions to clinical and educational work hour requirements;
 - voluntary withdrawal of ACGME program accreditation;
 - requests for appeal of an adverse action by a Review Committee; and,
 - appeal presentations to an ACGME Appeals Panel.
- The GMEC will demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).
 - The GMEC will identify institutional performance indicators for the AIR, to include, at minimum:
 - the most recent ACGME institutional letter of notification;
 - results of ACGME surveys of residents/fellows and core faculty members;
 - and, each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations.

Procedure

- GMEC members will include:
 - DIO;
 - Program Director;
 - A minimum of two peer selected residents/fellows;
 - The individual or designee responsible for monitoring quality improvement and patient safety; and,
 - One or more individuals from a different department than that of Family Medicine.
- The GMEC will meet a minimum of once every quarter during each academic year.
 - Each meeting of the GMEC will include attendance by at least one resident/fellow member.
 - The GMEC will maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

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Approved by GMEC February 26, 2019

MEDICAL RECORDS POLICY

Office Charting and Coding

- Fellows are encouraged to complete outpatient clinic records within 24 hours of the patient encounter. A delinquency will be noted for any charts not completed within seven days of the encounter. A fellow with an outstanding chart(s) greater than seven days will be removed from their scheduled rotation and will require being present at the FMR clinic to complete the overdue chart(s). The fellow will be charged with ½ day of vacation.
- Altru Family Medicine Residency coders can identify unusual work patterns entering their coding queues as these increases in workflow commonly representing backlogs or delinquent charts. These are identified by fellow name and reported to the Program Director.

Hospital Charting

- The medical records department routinely advises faculty of delinquencies with expectation that such delinquencies will be addressed.
- Admission H&P's and daily progress notes should be completed at the time of service. Discharge summaries should optimally be completed within 48 hours from the time of discharge.
- Any medical records within the hospital not completed within seven days, the fellow will be contacted by the Program Director.

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MOONLIGHTING POLICY

Only fellows with a current full, unrestricted license to practice medicine are permitted to moonlight. Prior to moonlighting the fellow must request and receive a letter from the Program Director granting them permission to do so. **All moonlighting hours must be below the 80-hour duty hour limit when added to their residency or fellowship duty hours.**

Fellows are responsible for assuring they have malpractice insurance coverage for all moonlighting activities.

ATLS is required for moonlighting.

Moonlighting activity must not interfere with fellowship activities, either directly by overlapping schedules, or indirectly by undue fatigue and stress. Specifically, fellows may not use sick leave to recover from moonlighting activities. If a fellow was moonlighting and it interfered with clinical expectations this would be addressed with a meeting between the fellow and the Program Director or a designee of the Director. Any comments made by other residents, fellows, by the Chief Resident or by attendings, either submitted verbally, written or listed on the monthly rotations evaluation would be addressed with the fellow individually.

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NON-COMPETITION POLICY

Policy

- The residency/fellowship (trainee) agreement is a required, binding contract between the trainee and the institution. The effective date of the initial agreement is the first mandatory date the trainee is required to report to their GME training program.
- If the resident/fellow is in satisfactory standing, the agreement will be automatically renewed on an annual basis for the duration of the training program.
- There are no restrictive covenants on the post-training employment opportunities of trainees. Residents/fellows are free to compete for any physician or academic positions in any geographic area following completion of their training.

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PATIENT DISMISSAL POLICY

Reasons for Dismissal

- Persistent failures
- Noncompliance with treatment plan (prescription agreement plans)
- Rude, disruptive, unreasonably demanding, or threatening behavior
- Seductive behavior toward staff or physician
- Sentinel event (verbal threat, violence, criminal activity)
 - o Ground for termination with only one violation
- Other violations deemed appropriate by physician

Procedure for dismissal and policy

- Written notice (certified mail) of letter outlining practice dismissal and ability to be available for emergent basis for medical needs for next 30 days.
- Letter template is available in epic (“A Medication Agreement Dismissal Letter”). Modify letter appropriately if cause for termination is other than “Medication Agreement” violation.
- If there is a combination of three dismissals from FMR, FMC, FM EGF, or FMS the patient “will no longer be seen by Altru Family Medicine.” This statement should be added to the letter.
 - o The “three strike policy” is from 1/30/14 onward
- If the physician feels that a single dismissal is cause for patient to no longer be seen by Altru Family Medicine, they can have case reviewed with Department Chair and Medical Director for review and decision. (not needed for sentinel events)
- Fellows who determine that dismissal is necessary must discuss the case with the Program Director, write the dismissal letter, and review the letter with the Program Director. The Program Director will then place an FYI in the patient’s medical record specifying “patient may no longer be seen by residents,” or “patient will no longer be seen by Altru Family Medicine.”

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PROFESSIONALISM POLICY

Goal

Physicians, residents, fellows, and medical educators are expected to consistently demonstrate professional behavior. Professional competence is the habitual use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served. Altru FMR endeavors to achieve professional competence.

Policy

- Residents, fellows, and faculty will demonstrate respect, compassion, and integrity residents, fellows, and faculty will demonstrate a responsiveness to the needs of patients that supersedes self-interest and a commitment to excellence and on-going professional development
- Residents, fellows, and faculty will demonstrate a commitment to ethical principles, confidentiality of patient information, informed consent and business practices
- Residents, fellows, and faculty will demonstrate sensitivity and responsiveness to patient' culture, age, gender, and disabilities
- Residents fellows, and faculty will recognize impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team
- The Residency, in partnership with their Sponsoring Institutions, will provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.

Expectations

- Work hard and put forth best effort always.
- Be on time to all rotations, educational opportunities, meetings, patient care activities, rounds, etc. If a resident is going to be late due to an unavoidable circumstance, they will notify the person in charge as soon as reasonably possible that they will be late and when they expect to arrive.
- Be diligent in-patient care activities and address issues in a timely fashion (except when away on vacation or on an away rotation). Residents will adhere to the following guidelines.
 - Address routine patient telephone and medication requests by 5:00 pm of the next business day.
 - Address urgent patient telephone, lab or medication requests by 5:00 pm daily.
 - Notify patients of all test results (immediately by phone for life-threatening results, within 24 hours by phone for those that are significantly abnormal, all others within one week by phone, letter, or My Chart). Document notification appropriately.
 - Finish documentation of office encounters and forwarded to the attending preceptor within 24 hours to ensure they are closed within 72 hours.
 - Complete patient paperwork or forms as necessary.
- Be attentive and actively engaged in all educational activities (e.g., rounds, conferences).
- Be prepared and ready for discussions related to patients.
- Complete assignments in a timely fashion.
- Treat patients, medical students, residents, staff, and faculty with courtesy, respect and dignity.
- Praise others in public, provide constructive feedback in private, and avoid gossip.
- Commit to total honesty and integrity. Examples include the following.

- Residents and fellows are where they are supposed to be.
- Document only what is performed and what occurred.
- Do what is right even when nobody is looking.
- Residents and fellows are accountable for what they do and don't do
- Do not blame others.
- Do not lie.
- Show up prepared.
- Commit to teamwork, evidenced by the following.
 - As part of teamwork, residents will be responsible for their work first. If someone needs help, they will willingly assist without complaining.
 - Residents and fellows will recognize and appreciate contributions of all team members.
 - Residents and fellows will help set and understand team goals.
 - Residents and fellows will learn how to give and receive feedback graciously.
- Commit to excellence in patient care.
- Demonstrate “ownership” of patients.
- Place the safety of patients first and before personal interests.
- Conduct safe and complete patient handoffs.
- Make an honest effort to read daily on something medically-related and engage in a pattern of life-long learning by actively asking and answering questions.
- Use sick leave for which it is intended – a personal or family illness.
- Assurance of personal fitness for work, including:
 - Management of time before, during, and after clinical assignments
 - Recognition of impairment, including from illness, fatigue, and substance use in themselves, their peers, and other members of the health care team
- **The potential hazards of copy-forward will be recognized. Copy-forward increases efficiency for documentation purposes; however, copy-forward can result in documentation that is inaccurate and does not reflect care that was provided and/or misrepresent current patient status. Copy-forward may be utilized, however, information must be authenticated.**
- Read and follow all policies as outlined in the Residency Handbook.

Procedure

- The Program Director will meet with incoming residents/fellows during orientation to discuss punctuality, timely completion of medical records, on-call responsibilities, communication, unusual sick leave patterns, confidentiality, falsification of information in EMR, adherence to ethical principles, compassion, integrity, respect, and responsiveness to patient needs
- All rotation evaluations completed by the attending physician will have questions pertaining to professionalism. In addition, evaluations on resident/fellow performance will be completed by other fellows for select rotations, and nursing staff at FMR. Residents /fellows may review the monthly evaluation. All evaluations are reviewed monthly by all faculty members. In addition, the Clinical Competency Committee reviews all monthly evaluations to provide a summative evaluation no-less-than twice yearly. The summative evaluation will be reviewed with the resident or fellow by a scheduled meeting with a faculty member
- Patient satisfaction survey questions will address professionalism. Survey results will be shared with the residents and fellows at the bimonthly business meeting
- Residents/fellows will receive directive regarding professionalism at monthly practice management and bimonthly ethics conferences
- Breeches in professionalism will result in referral to the Fellow Progress Committee
- **Untruthfulness may result in immediate termination from the residency** or fellowship at the discretion of the Program Director

- Residents are expected to perform no less than two scholarly activities during training as a means of ongoing professional development. Scholarly activity fulfillment will be reviewed with faculty at twice-yearly evaluation

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PROGRAM CLOSURE/SIZE REDUCTION POLICY

In the event of the Sponsoring Institution reduces the size or closes the residency, the Sponsoring Institution will:

- inform the GMEC, DIO, and affected residents/fellows as soon as possible; and
- allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution or assist them in enrolling in (an)other ACGME- accredited program(s) in which they can continue their education.

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PROGRAM EVALUATION COMMITTEE POLICY

The program director must appoint the Program Evaluation Committee (PEC):

- The Program Evaluation Committee
 - will be composed of at least two program faculty members, at least one of whom is core faculty, and should include at least one fellow;
 - will have a written description of its responsibilities; and,
 - acting as an advisor to the program director, through program oversight;
 - review of the program's self-determined goals and progress toward meeting them;
 - guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
 - review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The program, through the PEC, will document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.

Annual Program Evaluation (APE)

The program must monitor and track each of the following areas as part of the program's continuous improvement process:

- curriculum
- progress on the prior year's action plan
- ACGME letters of notification, including citations, areas for improvement, and comments;
- Quality and Safety of patient care;
- Aggregate fellow and faculty;
 - well-being;
 - recruitment and retention;
 - workforce diversity;
 - engagement in quality improvement and patient safety;
 - scholarly activity;
 - ACGME Fellow and Faculty Surveys; and,
 - written evaluations of the program
- Aggregate faculty;
 - Evaluation; and
 - Professional development
- performance of program graduates on the certification examination; and,
 - At least 75% of fellows who completed the program in the preceding five years, and were eligible, must have taken the certifying examination.
 - At least 75% of a program's graduates from the preceding five years who took the certifying examination for sports medicine for the first time must have passed.
- program quality
 - Specifically, fellows and faculty must have the opportunity to evaluate the program.

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored.

- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
- The action plan will be discussed with the fellows
- The action plan will be submitted to the DIO

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QUALITY AND SAFETY POLICY

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Altru FMR will prepare residents and fellows to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents and fellows who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents and fellows will demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents and fellows will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for residents, fellows and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

A faculty member will be selected by the Program Director as the FMR Director of Quality and Safety

Definitions

- **Near-miss:** an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortuitous break in the chain of events prevented an injury, fatality or damage; in other words, a **miss** that was nonetheless very **near**
- **Adverse event:** medical errors that healthcare facilities could and should have avoided

Policy

SAFETY:

- Educate residents, fellows and faculty on the difference between near-miss and adverse event
- Educate residents, fellows, and faculty of the importance of identifying near misses within the practice environment AKA “good catch”
- Create an opportunity to report near-misses and adverse events in a structured and open environment
- Develop initiatives to improve quality through a root cause analysis of near-misses and adverse events
- Residents, fellows, and faculty will participate in inter-professional teams to promote and enhance safe care
- Residents, fellows and faculty will receive training in how to disclose adverse events to patients and families. They will have the opportunity to participate in disclosure of patient safety events, real or simulated

QUALITY:

- Residents, fellows, and faculty will participate in Altru’s quality improvement programs, including an understanding of health care disparities.
- Residents, fellows, and faculty will participate in quality improvement initiatives at FMR and demonstrate impact.
- Residents, fellows, and faculty will receive feedback on individual and system performance for quality initiatives
- As requested by Altru Quality and Patient Safety, fellows and a faculty member will participate in hospital-based RCA’s
- RCA’s will be done at FMR on an as-needed basis

Procedure:

SAFETY:

- Residents, fellows, and faculty will report near-misses and adverse events at FMR.
 - ~~Near misses will be filed and tracked over time with the Academic Coordinator~~
 - Near misses and adverse events will be reported through Clarity and tracked over time with the Academic Coordinator
 - All near-misses and adverse events will be reviewed at the quarterly near-miss/adverse event forum. All clinic staff including the nurses, ancillary supporting staff, Academic Coordinator, Residency Coordinator, residents, fellows, and faculty will be in attendance. Near-misses and adverse events will be discussed. Consensus opinion will determine which near-miss and/or adverse events require root-cause analysis. Teams of residents and/or fellows will be assigned with a faculty member and the Altru Care Management Division to perform root-cause analysis and present their findings at the following near-miss/adverse event forum
 - Residents, fellows and faculty will receive education from the Care Management Division regarding the process of root-cause analysis
 - Encourage ongoing reporting by offering incentives for the first reported near-miss or adverse event and every five thereafter.
- Residents, fellows, and faculty will report errors, unsafe conditions, and near-misses at Altru Hospital.
 - Residents, fellows, and faculty will file reports through Clarity
 - Reports through Clarity will be handled per hospital protocol
 - If it is determined that the submitted report requires root cause analysis, residents, fellows, and/or faculty will be involved in the hospital process, and report findings at the near-miss/adverse event forum
- Twelve didactic noon lectures are dedicated to discuss patient safety/quality initiatives.
 - Educational Lecture discussing the importance of identifying near misses
 - Quarterly, a team of three residents will identify an area of interest pertaining to patient safety. Seventy-five charts will be reviewed. Prior to chart review, fellows will determine the threshold they believe is necessary to satisfy that FMR is providing “safe care.” The threshold will be approved by the participating faculty member. Quarterly, a quality-safety forum will be held where the team of fellows will educate other faculty and fellows on the safety issue of interest. Results will be discussed from the chart review. If FMR has not achieved the threshold set by the fellows, another chart review will occur 6 months following to establish that “safe care” is being provided
 - Once yearly, the sports medicine fellows will perform a chart review specifically identifying a safety topic in sports medicine and follow above protocol
 - Quarterly, a near-miss/adverse event forum will occur
 - Other lectures will be reserved for further review of root-cause analysis that has been performed
- A second and third year resident will serve on the Patient Safety and Infection Control committees at Altru. They will provide committee reports at bimonthly business meetings.

QUALITY:

- Twelve didactic noon lectures are dedicated to discuss patient safety/quality initiatives.
 - Quarterly, a team of three fellows will identify an area of interest pertaining to quality patient care. Seventy-five charts will be reviewed. Prior to chart review, fellows will determine the threshold they believe is necessary to satisfy that FMR is providing “quality care.” Quarterly, a quality-safety forum will be held where the team of fellows will educate other faculty and fellows on the quality issue of

interest. Results will be discussed from the chart review. If FMR has not achieved the threshold set by the residents, another chart review will occur 6 months following to establish that “quality care” is being provided.

- Once yearly, the sports medicine fellows will perform a chart review specifically identifying a quality topic in sports medicine and follow above protocol
- Quality topics chosen will align with the mission of the sponsoring institution
- Dashboard data, patient satisfaction data, performance on CMS Quality Measures, and individual/clinic CG-CAHPS scores will be reviewed with the fellows/fellows at bimonthly business meetings.
- A second and third year fellow will serve on the Altru Quality Council, readmission committee, and PCMH committee. They will provide committee reports at bimonthly business meetings.
- Understanding healthcare disparities will be discussed during bimonthly ethics conference and care provided at the jail, Third Street Clinic, Valley Health Center, New American physicals, and patients from the Douglas Place.

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

Approved by faculty February 6, 2019

Approved by GMEC February 26, 2019

TRANSITIONS OF CARE POLICY

Goal:

- Transitions of care refer to the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Ineffective care transition processes lead to adverse events and higher hospital readmission rates and costs. Altru Sports Medicine Fellowship carefully monitors transitions in care to improve effectiveness of the transitions which provide for the continuation of safe, quality care for patients in all settings.

Policy:

- Altru Sports Medicine Fellowship will demonstrate effective standardization and oversight of transitions of care
- Fellows will be competent in communicating with team members in the hand-over process
- Transitions of care will be minimized to the extent possible given the context of duty-hour restrictions by the Accreditation Council for Graduate Medical Education (ACGME)

Procedure:

- Fellows are a member of the Altru Family Medicine Center call team
 - Transitions in care from the fellow to another member of the call team, or vice versa, will occur via written or verbal communication to facilitate both continuity of care and patient safety
- Schedules will be available to inform all members of the health care team of attending physicians and fellows currently responsible for each patient's care.

Approved by faculty February 5, 2017
Approved by GMEC May 23, 2017

VENDOR POLICY

Policy

In accordance with guidelines set forth by the [American Medical Association Statement on Gifts to Physicians](#), acceptance of gifts from industry vendors is discouraged. Any gifts accepted by residents/fellows (trainees) should not be of substantial value. Accordingly, textbooks, modest meals and other gifts are appropriate only if they serve a genuine educational purpose. Acceptance of gifts should not influence prescribing practices or decision to purchase a device. Any gifts from patients accepted by trainees should not be of substantial value.

Approved by faculty February 6, 2019
Approved by GMEC February 26, 2019

WORK HOUR POLICY

General

The fellowship program is compliant with ACGME work hour policies. Compliance is monitored by the duty hours log maintained in the electronic database at E-value.net. This database is reviewed regularly, and anomalous entries and discrepancies challenged and explained. An Academic Coordinator, Program Director, Assistant Program Director and designated faculty members have oversight responsibility. In addition, hard copy of the work hours log is reviewed by all faculty on a monthly basis.

Fatigue and sleep deprivation

There is required attendance at a presentation on fatigue and sleep deprivation by a sleep disorder specialist.

Accommodation and subsistence

Fellows are provided with food service, a study area with electronic database connectivity, and a private sleeping area, the latter separated from patient care areas.

Work Hour Regulations

- Duty hours will be limited to **80 hours** per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Duty hours are reported by fellows no less frequently than every 10 days. Duty hour reports are reviewed by three faculty members and the academic coordinator monthly. In addition, the chief resident is responsible for monitoring duty hours on a weekly basis. Fellows who are at risk of averaging greater than an 80-hour work week over a four-week period have their work schedule modified to ensure compliance. The Program director is responsible for notifying the DIO of duty hour non-compliance, who provides action plan recommendations to ensure duty hour compliance
- Duty periods of fellows may be scheduled to a maximum of **24 hours of continuous duty in the hospital**
- Fellows will be on at-home call with the Family Medicine call team and with their supervising physician for any rotation, at the discretion of the supervising physician.
 - Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
 - At-home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.
 - Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- Fellows who provide on-site coverage for athletic events will report hours spent on the side-line and in the training room.
- Fellows who provide on-site coverage for athletic events will report hours spent providing direct care for the athlete.
- Onerous activity resulting from such call will require relief from responsibilities.
- **All of the foregoing is monitored through E-value.net and the timely entering of data is a fellow professional responsibility.**
 - Failure to record accurate duty hours through E-value within seven days will result in a verbal and email warning. An additional day of call will be assigned to the fellow for each day that the fellow fails to record duty hours beginning at 10 days of deficiency.

- It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - Care of all other patients will be handed over to the appropriate team once the fellow is in violation of a work hour regulation.
 - The fellow must properly document in E-value the rationale for the work hour violation.
 - The violation will be reviewed by an appointed faculty member, discussed with the fellow, and appropriate faculty documentation in E-value is completed.
- The fellow will also be provided a mandated rest period following the work hour violation, as appropriate for the type of violation

Mandatory Time Free of Duty

- Fellows will be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
- It is desirable that fellows have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
 - Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by fellows must be monitored by the program director.
 - Such circumstances will be submitted through E-Value.

Approved by faculty February 5, 2017

Approved by GMEC May 23, 2017

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OTHER

Fellows are employees of Altru Health System. Fellows are expected to abide by all Altru policies including, but not limited to, medical treatment of minors, subpoena procedures, and substance abuse. Fellows may reference policies through Altru.org.