This manual is intended to acquaint otolaryngology residents and fellows with the programs and policies that are unique to this department. Information is included about policies, procedures, services, and administration. We hope you will use this information to enrich your academic experience here.

The information contained in this manual pertains to all clinical residents and fellows in the Department of Otolaryngology, except for those in the Facial Plastics and Reconstructive Surgery fellowship. Fellows in Facial Plastics and Reconstructive Surgery are hired as faculty, and are not governed by the policies in this manual.

The Department of Otolaryngology is committed to the overall objectives of the University of Minnesota and its Medical School in maintaining the highest standards of academic excellence in programs of undergraduate and graduate medical education, in the application of necessary clinical services to patients, continuing medical education for physicians, and basic and applied research to clinical problems.
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Direct corrections to:
Faith Courchane
Phone: 612-625-7692
Fax: 612-625-2101
Email: courc002@umn.edu
Mailing address:
Otolaryngology
Mayo Mail Code 396
420 Delaware St SE
Minneapolis, MN  55455
SECTION I. STUDENT SERVICES


CAMPUS MAIL/U.S. MAIL/MAILBOXES AT THE UNIVERSITY

Our mailing address is:

University of Minnesota Medical School
Otolaryngology, Mayo Mail Code 396 (or MMC 396)
420 Delaware Street SE
Minneapolis, MN 55455

The University’s campus mail system is free. Baskets for outgoing U.S. and campus mail are located on the receptionist’s desk in 8-240 Phillips-Wangensteen Building (PWB).

Every resident has a mailbox identified with their name in the Residents’ Room, 8-339 PWB. Residency coordinator Faith Courchane also has a mailbox in the Residents’ Room to enable residents to more easily return paperwork to her.

The fellows have mailboxes with the faculty in Room 8-240 PWB.

Mail is received Monday through Friday and distributed once a day. Residents and fellows are responsible for checking the mailbox regularly. Because of space limitations, it is asked that bulky items such as journals and packages be sent to your home address.

E-MAIL AND INTERNET ACCESS

University-assigned e-mail accounts are the Department of Otolaryngology’s and the University’s official means of communication with all students and employees. You are responsible for all information sent to you via your University-assigned e-mail account.

To protect patient privacy, you should not forward your University e-mail to a private e-mail account (to gmail, for example). Fairview, the University of Minnesota Physicians (UMP), and all of our affiliated hospitals are very sensitive to the issue of HIPAA information being transmitted through e-mail. Fairview and UMP are cataloging violations. These violations can be forwarded to the state licensing board and physician disciplinary boards, and can be subject to fines of up to $5,000 per incident.

Please make every effort to avoid violations. We have confirmed that you are protected when transmitting information about University patients ONLY when you are using your “@umn.edu” e-mail address.

The University provides an e-mail address to all eligible employees. Access is provided through:
Office of Information Technology (OIT)
Website: http://www.oit.umn.edu/help/
Phone: 612-301-4357
Email: help@umn.edu

Call the Technology Helpline at 612-301-4357 to activate your account and obtain your initial password.

Your e-mail account password and Internet ID are the ones used for many other functions on the Internet and campus, such as Human Resources Self-Service and your U-card.

To check your e-mail from any computer that has an internet connection type this into the web browser:

    mail.umn.edu

If you’d like to bookmark a page from which you can access your e-mail, use:

    www.myu.umn.edu

To change your password and manage other features of your e-mail account, type this into the web browser:

    myaccount.umn.edu

Computers in the Residents’ Room at the University, 8-339 PWB, provide internet access. Student Computer Facilities are available in a number of locations on the University campus. Check Office of Information Technology web site or call them for locations.

**FAX TRANSMISSION**

Fax equipment is available in Otolaryngology Departments at all of the affiliated hospitals. Please do not give out the following numbers, which are for fax transmission only:

- University of Minnesota Medical Center    612-625-2101
- University of MN Lion’s Research Building 612-626-9871
- Hennepin County Medical Center           612-630-8230
- Pediatric ENT Associates                 612-874-0985
- Regions Hospital                        651-254-3568
- Veterans’ Affairs Medical Center        612-727-5966

**FINANCIAL AID**

The Medical School Financial Aid Office is available to assist you with information about budgeting, terms and conditions of student loans, debt management, loan repayment options, etc.

Contact B.J. Gibson or Sheryl Houston at 612-625-4998.
HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING


Otolaryngology residents and fellows are required to complete the University of Minnesota Privacy and Security Training Programs for HIPAA Compliance. These are online programs. Instructions for accessing the training are included in the Institution Policy Manual at http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm.

TELEPHONE ACCESS AT THE UNIVERSITY

Residents and fellows on rotation at the University have access to the telephone in the Residents Room (8-339 PWB). This phone should be used for all campus and local calls. Do not use this line for long distance phone calls. Some other guidelines are:

To call on campus (624/5/6 telephone numbers), dial the last five digits of the number.
To call off campus, dial 8 and then the phone number.
To call the VA, dial 8-467 and then the extension number.

The phone at the receptionist’s desk in 8-240 PWB is restricted to her use to provide service for faculty and staff. Do not use this phone even if the receptionist is not present.

Telephones located in private offices are limited to the use of occupant.

TUITION AND FEES

The Medical School currently waives tuition and fees for residents and fellows registered in Medical School.

UNIVERSITY PAGERS/PAGING SYSTEM AT UMMC

Each resident and University-based fellow is assigned a 4-digit page code ID number through University of Minnesota Medical Center, which is retained until graduation. Alphanumeric pagers are available through Faith Courchane, 612-625-7692 or courc002@umn.edu.

Pager should be worn at all times throughout the day and when you are on call. When you are signed in the system allows you to indicate several options to inform callers of your availability.

Defective pagers should be traded in at the information desk in the main lobby of the University hospital (East or West bank) for a replacement.

The resident is responsible for the cost of the pager (currently $100) if it is lost or damaged beyond repair.

At the end of the residency, pager should be turned in to Faith Courchane or to the information desk in the main lobby of the hospital.
WEB PAGE, DEPARTMENT OF OTOLARYNGOLOGY

Department of Otolaryngology home page is located at www.ent.umn.edu.

Hover over “Residents” tab near upper right of page and then go to “Resident Call Schedules" for Otolaryngology Residency Web Board, which includes UMMC Call Schedules, information from the affiliated hospitals, and a variety of other information for residents and fellows, including forms for requesting leave or travel reimbursement. (Sign in as you would to University e-mail. Ask Faith Courchane if you need a “key” to logon.)

“Conference Schedule” link is also found under “Residents.”
SECTION II. BENEFITS

INSURANCE

Contacts for insurance information and forms are:

**Office of Student Health Benefits (OSHB)**

Website: [http://www.shb.umn.edu/](http://www.shb.umn.edu/)
(Choose “Residents/Fellows”)
Phone: 612-624-0627
E-mail: umshbo@umn.edu

**Surgery Administrative Center Contacts:**

Kathleen Olakunle, Visa/Visiting Scholar Coordinator
Residents Insurance Assistance
Notary Public
Phone: 612-625-5982
Fax: 612-625-1717
E-mail: olaku001@umn.edu
Office: 13-168 PWB

Kirk Skogen
Payroll Manager
Phone: 612-625-3954
Fax: 612-625-8080
E-mail: k-skog@umn.edu
Office Address: 13-107 PWB

Otolaryngology residents and fellows receive insurance coverage through the University of Minnesota Medical School as described in the Institution Policy Manual available through the Graduate Medical Education website, [http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm](http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm).

Institution Policy Manual includes sections on:

- Boynton Health Service
- Dental Insurance
- Health Insurance
- Employee Health Services
- FICA
- Life Insurance, Basic and Voluntary
- Disability Insurance, Short-Term and Long-Term
- Insurance Coverage Changes
- Pre-tax Flexible Spending Accounts for Health Care or Dependent Care
- Professional Liability Insurance
- Workers Compensation Benefits
LAUNDRY SERVICE

At all of the participating institutions, scrubs are the property of the institution and are laundered by the institution. Additionally, laundering of white coats is available at no cost to the resident or fellows through the ENT clinics at University of Minnesota Medical Center and the Veterans Affairs Medical Center.

LEAVE POLICY


Effect of Leave on Completion of Program

The Department of Otolaryngology follows American Board of Otolaryngology (ABOto) policy regarding the effect of leave on completion of the Residency Training Program. ABOto policy states:

“Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a circumstance occurs in which a resident absence exceeds the six weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.”

How to Request Leave

Fellows: Request leave from the Fellowship Program Director.

PGY1 Residents: Request leave from the HCMC Surgery Program. If they refer you to Otolaryngology, contact Faith Courchane.

PGY2-5 Residents

1. Request leave for any purpose on the "Request for Leave Form," which is available 1) on page 10 (you can make a copy), 2) on the department’s web page www.ent.umn.edu (follow “Resident Intranet” link under “Info for Current Residents”; contact Faith Courchane if you need “key” to login), or 3) call Faith Courchane (612-625-7692) to have a form faxed, mailed, e-mailed, or left in your mailbox.

One month advance notice is required when requesting vacation or educational leave, and is appreciated when any type of leave is requested.

In case of emergency or illness, notify the Chief Resident on your clinical rotation, or research advisor during block time.

2. Collect signatures. For leave from a clinical rotation, you will need to discuss your request with the Chief Resident affected by your absence, as well as with the Chief of
the Clinical Service at the hospital to which you will be assigned. Only one resident at a
time can be on leave from each hospital.

For leave from a clinical rotation, your request form must be signed by a, b and c:

a. Chief Resident (not required at Children’s)
b. Chief of the Clinical Service
   CH: Sidman
   HCMC: Odland
   RH: Schmidt
   VA: Gapany
   UMMC PGY2: Levine
   University Children’s: not required
   Other UMMC Residents: not required
c. Program Director: Janus

For leave from a research rotation, your request form must be signed by a and b:

a. Research Advisor
b. Program Director: Janus

3. Notify conference moderators: The resident is responsible for informing conference
   moderator whenever leave time includes a scheduled conference meeting.

4. After the Program Director signs your leave request, a copy will be scanned and e-
   mailed to you.

Educational Leave

1. Educational leave may be used for professional presentations (paper or poster).

2. Either the Head of the Department of Otolaryngology at the University of Minnesota or
   the Otolaryngology Residency Program Director has the right to override approval for
   educational leave given at the site level in order to enforce the provisions listed in
   number 5, below.

3. Reimbursement is available for travel expenses incurred in order to make a professional
   presentation, but it must be requested in advance. Please See "Travel Reimbursement"
   on pages 12-13 for limitations and procedures.

4. After a resident has made one professional presentation (paper or poster) at a national
   meeting, that resident is eligible to use educational leave to attend one course per year.
   No reimbursement is available; the resident will pay course and travel expenses. A
   written explanation from faculty is necessary to describe the value of the educational
   experience to the program before the travel is authorized. The attendee will be
   scheduled to present for 45 minutes on the topic of the meeting.

   A request for leave to take additional courses may be approved on an individual basis by
   the Program Director.

   A maximum of one week per year is allowed.
5. Unless they are presenting at a conference, no more than one resident per clinical service should attend a meeting.

The order of priority to determine which resident(s) will be allowed to attend is:
  a. presenting a research paper
  b. presenting a clinical paper
  c. presenting a poster
  d. seniority in service
  e. first come, first served

6. Educational leave will cover:
   the day before
   the day(s) of the course or presentation
   the day after

If additional time is taken vacation must be used.

**Professional Leave for Employment/Fellowship Interviews**

Residents who plan to participate in a large number of fellowship interviews should save some vacation time for this purpose.

A maximum of seven individual days of leave during the course of the five-year residency may be used for employment or fellowship interviews. Time used above seven days must be taken from vacation time.

**Military Leave**

Military Leave is available for a total of 15 days per year.

**Sick Leave**

Sick Leave is available for a total of 15 days per year. In case of emergency or illness, notify the Chief Resident on your clinical rotation, or research advisor during block time.

**Terminal Vacation**

Terminal vacation (the last week of June) is an option for Chief Residents only, and is only available to those Chief Residents who will enter the military service or begin a fellowship July 1st. Not all Chief Residents can take vacation the terminal week. Arrangements must be made three months in advance. Total vacation (including terminal leave) must not exceed three weeks per year.
Unauthorized Leave

Assigned rotations and educational activities are mandatory. Unexcused or unsupported absences or unauthorized leave from mandatory clinical or educational activities constitute unprofessional conduct under the Discipline for Non-Academic Reasons policy (see Section 7 of Residency/Fellowship Agreement). The resident/fellow may be subjected to disciplinary actions in the form of verbal and/or written warnings, probation, suspension, or termination.

Vacation

1. Vacation time should be taken in one-week (7-day) blocks beginning on Monday and ending on Sunday.

   However, a single day of vacation for personal reasons (i.e., to attend a wedding) may be approved; a Leave Request Form must be submitted.

2. PGY2, PGY3, PGY4 and PGY5 residents receive three weeks per year, including Saturdays and Sundays. PGY3 residents: at least one of your three weeks must be taken during research block time.

3. An effort should be made to distribute vacation across all rotations: CH, UMMC, HCMC, RH, VA and the laboratory, to avoid placing a burden on any one location.

   An effort should also be made to distribute vacation time throughout the year, and to avoid especially popular times such as the month of June and Christmas week. Only Chief Residents are eligible to take vacation during the last two weeks of June. (See "Terminal Vacation" above.)

4. Residents are required to take the Otolaryngology Training Exam in the spring each year. The test is usually administered the first Saturday in March. (Probably March 7, 2015.) Keep this in mind when planning vacation.

   The Resident/Fellow Graduation Banquet is held in mid-June. All residents and fellows are strongly encouraged to attend.

5. If there is no conflict with other requests, the Chief of Clinical Service will sign your request.
REQUEST FOR LEAVE

I would like to take ________________ vacation/educational/other (circle one) leave days beginning ________________ through _______________________.

I will return to work on: ____________________________________________

The purpose of this time is: __________________________________________

_____________________________  ____________________________
Signature                  Date

PRINT NAME

--------------------------------------------------------------------------------

Approved by Chief Resident: ___________________________ Date: __________

Approved by Chief of Clinical Service: _______________________ Date: __________

Approved by Research Advisor: _____________________________ Date: __________
(Laboratory Rotation, only)

Approved by Program Director: _____________________________ Date: __________

Comments: __________________________________________________________________

Program Director must approve leave, regardless of hospital assignment. One month advance notice is required for vacation or educational leave, and is appreciated when any type of leave is requested.
LOAN DEFERMENT

Residency Deferment or Forbearance


Residents: Give residency deferment or forbearance forms to Faith Courchane, 612-625-7692. She will ask your Program Director to certify your status as a resident.

Fellows: Fellowship Program Director can certify your status in the clinical fellowship program.

Student Deferment

The Department of Otolaryngology cannot certify your student status. You may request certification of your student status directly from the University using form available at www.onestop.umn.edu (under “Grades and Transcripts” choose “Certification Letters”).

MEAL TICKETS/FOOD SERVICE

Residents/Fellows on duty must have access to adequate and appropriate food services 24 hours a day at all institutions.

Although Otolaryngology residents take call from home, University of Minnesota Medical Center, Hennepin County Medical Center (HCMC), and Regions Hospital provide meal credits for on-call residents; the Veterans Affairs Medical Center does not.

PARKING AT THE UNIVERSITY

For residents and fellows on University rotation, parking is provided. At the end of the rotation, ramp control card should be passed on to the resident or fellow who follows.

For residents and fellows who have scheduled rotations at the University and/or who are on-call at UMMC, after-hours and weekend parking is available in the UMMC Patient Parking Ramp.

UMMC after-hours and weekend parking is available during the Non-Peak Hours:
- Monday through Friday with entry between 3:30 pm - 5:30 am with exit by 9:00 am.
- Weekends - all day/evening with exit by 9:00 am Mondays.

To obtain after-hours/weekend parking at the UMMC Patient parking ramp on Delaware Street, residents/fellows must go in person to the UMMC Parking Office located in B-340 Mayo. Office hours are Monday through Friday, 7:30 am to 4:00 pm. The resident/fellow must bring the following to the UMMC Parking Office:
- UMMC ID Badge
- $25.00 deposit (refundable)
- Rotation Schedule, or
- On-call Schedule

The resident/fellow will be required to complete a "Request for Additional Special Parking" form.
Approval will be given immediately. UMMC parking personnel will appropriately key the resident/fellow parking card to allow for after-hours/weekend parking based on their rotation/on-call schedule.

If there is a change in the rotation or on-call schedule, the resident/fellow must bring a new schedule to UMMC to key their card for access to the UMMC Patient parking ramp.

Residents/fellows still parked in the ramp during Peak Hours will be charged the validated daily rate.

**STIPEND/PAYCHECKS**


Residents’ paychecks are mailed to their homes. If a different arrangement is needed, please contact Kirk Skogen, 612-625-3954 or k-skog@umn.edu. Direct deposit of paychecks is available. You may view current and past pay statements through the University portal at [https://www.myu.umn.edu/](https://www.myu.umn.edu/) or at the Human Resources Self-Service website, [www.hrss.umn.edu](http://www.hrss.umn.edu) (login as you would to University e-mail account).

Base stipend rates for 2015-2016 are:

- PGY1  51,517
- PGY2  53,102
- PGY3  54,929
- PGY4  56,892
- PGY5  59,081
- PGY6  61,155
- PGY7  63,111

Once next year’s stipend rates have been approved (usually in December), they will be posted on the Graduate Medical Education website at:

[http://www.gme.umn.edu/residents/stipendinfo/home.html](http://www.gme.umn.edu/residents/stipendinfo/home.html)

Residents in this Department hold Medical Resident appointments which are renewed annually. Fellows hold Medical Fellow appointments.

Residents and fellows progress to the next postgraduate and stipend level at the beginning of each academic year (Academic year runs June 25th thru June 24th for otolaryngology residents. The academic year for fellows is July 1st thru June 30th).
TRAVEL REIMBURSEMENT

The Department will cover resident/fellow expenses for travel to a meeting to make a professional presentation (a paper or a poster). Expenses are covered for only 3 nights: day before, day of, and day after presentation. Arrangements for reimbursement must be made prior to the meeting. The following guidelines apply.

1. International meetings are not covered.
2. Request for travel must be approved by a faculty member and the Department (Teri Wolner) prior to travel:
   - After your paper/poster has been accepted for presentation, get a Request for Travel Form (see page 14) found on “Call Schedules” link of Department web page. Submit it to Teri Wolner for Department approval.
3. Resident/fellow is expected to keep expenses as low as reasonably possible (see examples below). Expenses that significantly exceed what others spent to attend the same meeting may not be fully reimbursed. If in doubt, discuss your plans with the Department Head. Allowable expenses include:
   - Registration fees for professional meetings
   - Airfare (Arrangements must be made at least 30 days in advance to take advantage of lower airfares. When a Saturday stay is necessary to secure a fare reduction, additional room and meal costs should be weighed against fare savings with the lowest total cost determining the choice.)
   - Hotel (Same-gender residents should share, 2 per room. Reimbursed at half of a double room rate.)
   - Taxi, or car rental if appropriate to get to a meeting (Residents should share, 2 or 3 to a cab, 4 to a car. Car rental will not be covered if a less expensive alternative is readily available.)
   - Parking
   - Meals (Actual expenses up to per diem rate.)
   - Long distance telephone calls concerning business matters (An itemized list explaining the reason for each call is required.)
4. Original, itemized receipts for all of the above expenses must be submitted to Teri Wolner for reimbursement.
REQUEST FOR TRAVEL FUNDS

Name ____________________________________ Date Submitted ______________________

Meeting ______________________________________________________________________

Dates of Travel ______________________  Destination _______________________________

Purpose (annual meeting, conference. If presenting paper/poster, include title of presentation)

________________________________________________________________________________

Estimated Expenses

Airfare: $______________

Hotel: $_____ per day x ______  _________________

Meals: _________________

Registration: _________________

Other: _________________

TOTAL $_________________

Original itemized receipts (not credit card charge slips) are required for reimbursement of all expenses, including meals. Meals will be reimbursed for actual cost but not more than the per diem for the individual city. University Policy dictates that alcoholic beverages are not reimbursable.

__________________________________________ ______________________
Faculty Sponsor Approval     Date

__________________________________________  ______________________
Bevan Yueh, M.D.        Date
Approval for Funding

Revised 10/07
SECTION III. INSTITUTIONAL RESPONSIBILITIES

Please refer to Institution Policy Manual at http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm for Medical School policies on the following: ACGME Resident Survey Requirements; ACGME Site Visit Preparation Services; Master Affiliation Agreements or Institution Affiliation Agreements; Program Letters of Agreement; Confirmation of Receipt of Program Policy Manuals; Designated Institution Official Designee Policy; Duty Hour Monitoring at the Institution Level Policy and Procedure; Experimentation and Innovation Policy; Funding; GME Competency Teaching Resources and Core Curriculum; Graduate Medical Education Committee (GMEC) Responsibilities; Graduate Medical Education Committee Resident Leadership Council Responsibilities; Institution and Program Requirements; Internal Review Process; International Medical Graduates Policy; New Program Process; Orientation; Visa Sponsorship Policy.
SECTION IV. DISCIPLINARY AND GRIEVANCE PROCEDURES


HARASSMENT

The Department of Otolaryngology strongly supports the University’s position on issues related to physical, sexual, or verbal harassment.

SPECIAL ISSUES COMMITTEE (NON-ACADEMIC)

This faculty committee considers serious non-academic infractions or charges made against a Department of Otolaryngology resident or fellow. The committee is charged to:

Consider the issues in a fair and timely manner,
Maintain and preserve confidentiality, and
Hear all aspects of the infractions or charges made.

Membership is composed of the heads of the affiliated Departments of Otolaryngology (or designee) with a University faculty member selected by the head. The resident or fellow involved may select his/her advisor, or another faculty member, as a member with voting status.

After careful deliberation, the final decision and recommendation of the committee is made in a written report to the Program Director.
SECTION V. GENERAL POLICIES AND PROCEDURES


ACLS/BLS CERTIFICATION REQUIREMENT, ENT RESIDENTS

Incoming Otolaryngology residents are required to obtain ACLS/BLS certification.

AUDIOVISUAL EQUIPMENT AT THE UNIVERSITY

The Department maintains audiovisual equipment in the Otolaryngology Conference Room, 8-335 Phillips-Wangensteen Building, for your conference presentations. Please notify Teri Wolner, 612-625-9996, when any of this equipment needs repair.

AUTHORSHIP GUIDELINES, DEPARTMENT OF OTOLARYNGOLOGY
Revised 4/12/08

Research and the publication of its results is the lifeblood of a major University. However, as research studies become more multidisciplinary, and the number of authors contributing to a publication has increased, credit and responsibility issues for authors have become controversial. Authorship disputes and misconduct in scientific research have damaged the reputation of individuals and institutions, and have fostered distrust by the public. In an attempt to address authorship issues before they arise, the department of Otolaryngology has prepared this guide for authorship credit based upon policies set forth by the University of Minnesota and the International Committee of Medical Journal Editors (ICMJE).

What are the criteria for authorship on a scientific publication?

Authorship credit should be based on (from ICMJE):

1) Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data.

2) Drafting the article or revising it critically for important intellectual content.

3) Final approval of the version to be published.

All authors should meet all 3 conditions. Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

Investigators should discuss these criteria with potential co-authors at the initiation of a study so that all individuals can discuss their role in the project and whether they will be able to meet the criteria for authorship. If they cannot meet the 3 conditions, then it should be made clear that their name will appear in the Acknowledgements section of the paper.

If an individual does not make a significant intellectual contribution to the work, and they are not involved in the writing and critique of the work, then he/she should not be an author. The
acceptance of “honorary” authorship by an individual is not ethical and could be detrimental if the work turns out to be fraudulent, as each author must take public responsibility for his/her work.

Author order is another important aspect of authorship, and the first or primary author is the major contributor and that person who has written the manuscript and met the three conditions of authorship. Students must be primary authors on their theses or dissertations. The last or senior author may be reserved for the principal investigator of the grant or laboratory and who has met the three conditions of authorship. The corresponding author, who may also be the primary or senior author, guides the manuscript through the editorial and publication process, and is the person who readers correspond with regarding questions or concerns. In addition, it is suggested that each author’s contribution to the research be described in the publication in order to clarify the credit and role of each author on the final publication.

**AWARDS**

Each year, residents are eligible to receive awards that include a financial gift. These awards honor academic activities and achievements, i.e., a professional presentation, a journal article or other achievement. Professional activities are recorded to become the basis for selecting recipients. The teaching award is based on written feedback from medical students.

The awards are:

- **Eivind Hoff Award** - for excellence in research and writing in otology/otolaryngology
- **Albert Hohmann Award** - to encourage excellence in resident research
- **Paparella Clinical Otological Research Award** - to the resident who has done the best research in otology
- **Melvin Sigel Outstanding Resident Teaching Award** - for excellence in teaching medical students

Residents also have the opportunity to select outstanding faculty and support staff to receive these awards:

- **Teacher of the Year** – awarded to a faculty for excellence in teaching residents
- **Staff/Support Person of the Year** – awarded to an ancillary staff member for excellence in supporting residents

**CHARTS/DICTATION/PATIENT PAPERWORK/PHOTOGRAPHIC DOCUMENTATION**

Charts must be kept current and it is important to remember that the Utilization and Review Committee may review them at any time. Residents/fellows are responsible for providing the following for all patients:

- Work-ups
- Progress notes
- Orders
- Summaries

Check with the staff person to be sure you have ordered appropriate studies.
Whether considering the medical, patient care, or legal perspectives, photographic documentation of all pre- and post-operative plastic, reconstructive, traumatic, and other unusual cases is advised. Photographic assistance, cameras, and film are available at all hospitals to record this information as part of the chart work.

As the result of referrals, we see many interesting cases. A prompt, courteous letter together with a follow-up to the referring doctor is important in establishing a good working relationship. This helps us to continue to receive significant and challenging cases. Usually the resident/fellow is responsible for this, but a few of the staff prefer to do their own. Check with the Chief Resident or staff physician to learn what is preferred.

**CHIEF RESIDENT RESPONSIBILITIES**

The PGY5 (chief) resident has many responsibilities. Some guidelines for these duties are listed below.

Oversee residents' participation in the entire otolaryngology service. Be aware of all patients on- and off-service, to assure they are being closely and responsibly followed;

Make proper distribution of the workload to assure all residents are free to attend the Monday evening and other required conferences;

Review all relevant lab tests, audiograms, and X-rays in addition to being informed on pertinent medical problems of all patients on the service. Supervise also the post-operative care of those patients under the direction of the attending surgeon;

Remember the patients are primarily those of the attending surgeon. They should be treated with dignity and respect at all times, and not just as "teaching opportunities;"

Conduct in the operating room should reflect concern for the total welfare of the patient. Conservation and good judgment always determine the limits of operative involvement for each patient.

**COMPUTER AND SOFTWARE AT THE UNIVERSITY**

Personal computers with ethernet connections to the Internet, LaserJet printers, a scanner, and software have been purchased for the exclusive use of Department of Otolaryngology residents/fellows. These are located in the Residents' Room, eighth floor, Phillips-Wangensteen Building.

Student Computer Facilities are also available in a number of locations on the University campus. Check Academic and Distributed Computing Services (ADCS) web site ([http://www1.umn.edu/adcs/](http://www1.umn.edu/adcs/)) or call ADCS (612-301-4357) for locations.

**CONFERENCES, COURSES, SCHOLARLY OPPORTUNITIES**

Department conference schedules are available from our website at [www.ent.umn.edu](http://www.ent.umn.edu) under “Info for Faculty” or “Info for Current Residents” on right menu.

The Department and University offer many opportunities for scholarly activity. For example, Prof. Ondrey teaches seminars in performing translational research. The biomedical library offers short courses in research and is available for assistance in literature searching. Public Health offers an online course in Biostatistics in spring, summer and fall terms. All medical records are online and data extraction and mining programs and services are available.
**CONTRACT: RESIDENCY/FELLOWSHIP AGREEMENT**

Residents/fellows are required to sign a Residency/Fellowship Agreement before each appointment year. The agreements are distributed prior to June 1 each year. Annual appointments will not be processed without a signed agreement.

A sample of the current Residency/Fellowship Agreement is posted on the web at [www.gme.umn.edu](http://www.gme.umn.edu) (Resident and Fellow Resources).

**DISPUTE RESOLUTION**

Disputes or conflicts that the resident/fellow has with any portion of the program should first be discussed with the program director. If the program director is unable to satisfactorily settle the issue, the department chair should become involved. Additionally, the Medical School has a Dispute Resolution Policy which provides for confidential and protected reporting and help resolving issues. The policy is available at:

[http://www.gme.umn.edu/residents/dispute/home.html](http://www.gme.umn.edu/residents/dispute/home.html)

**DUTY HOURS**


It is imperative that residents comply with ACGME duty hour requirements.

**ACGME Resident Duty Hours Requirements**

**Maximum Hours of Work per Week**

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

**Moonlighting**

Resident must obtain a medical license and private malpractice insurance in order to moonlight. Minnesota Board of Medical Practice prohibits use of the “Residency Permit” held by most of our residents/fellows for practice of medicine outside of the program for which it is issued.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

**PGY-1 residents are not permitted to moonlight.**
Written permission from the Program Director is required to moonlight: policy and form are available in the Institution Policy Manual located on the GME website at http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm

Mandatory Time Free of Duty

Residents must 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.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

(1) It is essential for patient safety and resident education that effective transitions in care occur. Residents 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.

(2) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

(3) In unusual circumstances, residents, 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.

(a) Under those circumstances, the resident must:

(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

(b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Intermediate-level residents [PGY-2 and PGY-3 residents as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
Residents in the final years of education as defined by the Review Committee [PGY-4 and PGY-5 residents; and fellows in Neurotology and Pediatric Otolaryngology] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

*Residents and Fellows please note: When you are asked to enter “justification” in the duty hour system for return-to-hospital activities with fewer than eight hours away, your justification should describe whether you were providing “required continuity of care for a severely ill or unstable patient, or a complex patient with whom you have been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family” as described in ACGME requirements above.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

As specified by the Review Committee, night float rotations cannot exceed two months in duration, and residents can have no more than three months of night float assignments per year. There must be at least two months between each night float rotation.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
Residents 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”.

**Recording Duty Hours**

Otolaryngology residents and fellows are required to record all duty hours using the online New Innovations Residency Management Suite (RMS). Hours entered into RMS will be used by the Program Director to monitor resident duty hours as required by ACGME; they will also be used by the affiliated hospitals to bill Medicare for the cost of resident training, and to reimburse the Department of Otolaryngology for the cost of resident salaries and benefits.

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

*Residents and Fellows please note:* When you are asked to enter “justification” in the duty hour system for return-to-hospital activities with fewer than eight hours away, your justification should describe whether you were providing “required continuity of care for a severely ill or unstable patient, or a complex patient with whom you have been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family” as described in ACGME requirements above.

Web address for RMS is [https://www.new-innov.com/login/](https://www.new-innov.com/login/). Institution login is “MMCGME.” If you’ve forgotten your user name or password, contact Faith Courchane (612-625-7692 or courc002@umn.edu).

It is imperative that residents/fellows keep duty hour logs up-to-date. On the fifth working day of each month, the affiliated hospitals will begin using data entered for the previous month to bill Medicare and to reimburse the residency/fellowship programs for residents’ and fellows’ salaries and benefits. The programs depend upon this reimbursement to fund the residency and fellowships.

**EVALUATION SYSTEM**

Otolaryngology residents and fellows use the online evaluation system in New Innovations Residency Management Suite (RMS) [https://www.new-innov.com/login/](https://www.new-innov.com/login/) to evaluate faculty and rotations and to review evaluations submitted about the resident/fellow. Institution login is “MMCGME.” If you’ve forgotten your user name or password, contact Faith Courchane (612-625-7692 or courc002@umn.edu).

Residents are able to view aggregated information from evaluations submitted about the resident by medical students within the online E*Value system at [www.e-value.net](http://www.e-value.net). Chief Residents also use E*Value to submit evaluations about medical students. If you don’t know or have forgotten your user name and password, enter your e-mail address at the bottom of the opening screen, and E*Value will e-mail them to you.
Please contact Faith Courchane if you have difficulty accessing or using the evaluation systems or if you would like to change the e-mail address that either system is using for you (612-625-7692 or courc002@umn.edu).

**GRADUATION BANQUET**

The resident/fellow graduation banquet is held in June. Residents and fellows are guests of the department and are strongly encouraged to attend. Graduating residents and fellows may invite up to three immediate family members as guests of the department. All residents and fellows may invite family members at their own expense. Graduating residents and fellows are honored, awards are presented, and outstanding service to the department is recognized at this annual event.

**GRAPHICS/PHOTOCOPIES/PHOTOGRAPHY**

When costs are related to a joint resident/fellow-faculty project and the faculty member approves the expense, it is the responsibility of the faculty member to pay the cost of photocopies, graphics, and photographic work. Each time work is to be charged, residents are required to obtain a department budget number from Teri Wolner, 612-625-9996.

**GUIDELINES FOR PROFESSIONAL INTERACTION**

In the course of your duties, you will be asked to consult on a patient with another service. Keep in mind that otolaryngology is not a primary care specialty and it often functions as a consultant service. While you may disagree with certain issues regarding the patient's management, it is important to remember who is the patient's primary physician. If a major disagreement occurs, it should be referred to your staff.

In resolving a dispute always present your opinions objectively as suggestions or recommendations. Avoid personal comments, derogatory remarks, or demands. Follow this same policy with any written remarks you make.

**KEYS/ACCESS TO LOCKED SPACES AT THE UNIVERSITY**

On weekends, if you need a key to the ENT Clinic at the University call Hospital Security, 612-626-4005.

For security reasons, some areas of the eighth floor are kept locked. These include conference rooms, storage areas, and unoccupied faculty/staff offices. If you need access to these areas, the receptionist in 8-240 PWB (612-625-3200) will assist you.

**LABORATORY/PATHOLOGY/RADIOLOGY SERVICES**

Sites where otolaryngology residents/fellows rotate must provide appropriate laboratory, pathology, and radiology services to support timely, quality patient care in the program. This must include effective laboratory, pathology and radiologic information systems.
**LICENSURE/RESIDENCY PERMIT**


Residents and neurotology fellows are required to obtain and maintain a valid residency permit or medical license from the Minnesota Board of Medical Practice to participate in the training program. (Contact Faith Courchane, 612-625-7692.)

The Residency Permit is **not** a Medical License.

Pediatric Otolaryngology fellows are required to obtain a medical license from the Minnesota Board of Medical Practice.

Information on licensing can be obtained from:

Minnesota Board of Medical Practice  
University Park Plaza  
2829 University Avenue S.E., Suite 500  
Minneapolis, MN 55414-3246  
Phone: 612-617-2130  
Fax: 612-617-2166  
Web site: [www.bmp.state.mn.us](http://www.bmp.state.mn.us)

**MEDICAL BLOGGING AND HIPAA**

Residents/fellows are strongly cautioned that blogging, posting information on the web, or broadcasting e-mail messages that include medical information which could allow a patient or family member to identify themselves could open the resident to the possibility of fines and jail time.

Beyond HIPAA regulations and privacy laws, please use common sense to keep in mind that specific mention of individuals and hospitals can be hurtful. Remember that all electronic communications can be easily transmitted beyond their target audience. Do not write critically of others; imagine what it would be like for others to write critically of you in public forums.

Information including name of the doctor, hospital, or characteristics of the patient (age, diagnosis, personal details) should be removed. A post stating that a certain patient event occurred “last night” or “last week” may be a violation of HIPAA, while the term “recently” may be vague enough. Non-anonymous bloggers may wish to avoid presenting cases at all unless they’re radically altered or very generalized.

At a minimum, the following information must be removed:

- Names
- All geographic subdivisions smaller than a State including street address, city, county, precinct, zip code, and their equivalent geocodes
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

The section of HIPAA that appears to apply to medical bloggers is as follows:

**Wrongful Disclosure of Individually Identifiable Health Information**

SEC. 1177.

(a) **OFFENSE.**--A person who knowingly and in violation of this part--
(1) uses or causes to be used a unique health identifier;
(2) obtains individually identifiable health information relating to an individual; or
(3) discloses individually identifiable health information to another person, shall be punished as provided in subsection (b).

(b) **PENALTIES.**--A person described in subsection (a) shall--
(1) be fined not more than $50,000, imprisoned not more than 1 year, or both;
(2) if the offense is committed under false pretenses, be fined not more than $100,000, imprisoned not more than 5 years, or both; and
(3) if the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, be fined not more than $250,000, imprisoned not more than 10 years, or both.


**MEDICAL RECORDS**

A medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, the education of residents/fellows, quality assurance activities, and provide a resource for scholarly activity.

**MEDICAL TRANSCRIPTION AT THE UNIVERSITY**

University of Minnesota Medical Center utilizes a central dictation system. Instructions for transcription are available from the “Call Schedules” link on the Department web page. (Sign in as you would to University e-mail. Contact Faith Courchane if you’re asked for a “key” to login.) Contact Medical Transcription at 612-273-5557 with questions/problems.

**MEDICARE REGULATIONS: SUPERVISING PHYSICIANS IN TEACHING SETTINGS**

This department abides by the provisions of the Medicare Manual, Publication 100-04, Chapter 12, Teaching Physician Services. This means that a clinical faculty member must be present to supervise residents/fellows during the key part of any operating procedure.

**MONITORING OF RESIDENT/FELLOW WELL-BEING**

The program director and the teaching faculty will monitor resident/fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows.
The educational goals of the program and learning objectives of residents/fellows must not be compromised by excessive reliance on residents/fellows to fulfill institutional service obligations. The program director and faculty will arrange for appropriate backup support when patient care responsibilities are especially difficult and prolonged, and will make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.

**MOONLIGHTING**

Residents/fellows are expected to comply with the Medical School's Moonlighting Policy (Institution Policy Manual, [http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm](http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm)).

**Written permission from the Program Director is required to moonlight:** policy and form are available in the Institution Policy Manual located on the GME website at [http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm](http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm)

**OFFICE EQUIPMENT AND SUPPLIES AT THE UNIVERSITY**

Some staff members work in public areas and we appreciate that you respect the privacy of their workspace. Rather than use equipment on an individual's desk, please contact Teri Wolner, 612-625-9996, to arrange for what you need.

Office supplies are available from the storage closet in the hall outside 8-240 Phillips-Wangensteen Building.

**ON CALL SCHEDULES, RESIDENCY PROGRAM**

Our call schedules are designed to comply with the duty hour requirements of the Accreditation Council for Graduate Medical Education (ACGME). It is imperative that residents abide by these regulations.

Since the residency program must be able to prove compliance with these regulations, residents must also record all of their duty hours using the online duty hours reporting feature of New Innovations Residency Management Suite (RMS) at [https://www.new-innov.com/login/](https://www.new-innov.com/login/).

(If you have trouble accessing or using RMS, contact Faith Courchane, 612-625-7692 or courc002@umn.edu.) This is mandatory.

**Residents on Research Rotation**

Residents on research time will be on call at least every two weeks. This call will occur Monday through Thursday.

**Regions Hospital and the Veterans’ Affairs Medical Center**

Residents at Regions Hospital and the Minneapolis VA Health Care System (VA) will take call from home. Regions and the VA will have a joint call schedule. The chiefs will alternate as permanent back up and the junior residents will cover both hospitals. If a Chief Resident is not available to provide back up, the Chief Resident must notify both Dr. Gapany and Dr. Schmidt.
University of Minnesota Medical Center and Hennepin County Medical Center

Residents at University of Minnesota Medical Center (UMMC) and Hennepin County Medical Center (HCMC) will take call from home after 9:00 p.m. The resident on night call will remain in the hospital until at the earliest 9:00 p.m. or until all patient care issues are resolved. Should there be a seriously ill patient in the hospital, and it is felt that the resident needs to stay in the hospital, that decision will be made between the resident and the involved faculty. Hopefully this will not occur frequently. Residents not on call are encouraged to leave the hospital as soon as their tasks for that day are completed. They should not feel obligated to stay in the hospital once the work has been completed.

University of Minnesota Masonic Children's Hospital

Expectations regarding new patient consults seen at Masonic when on call: First call your chief resident, discuss the case with them, and make sure you have not missed something in your workup of the patient. Second, call the pediatric ENT staff. This goes for every new consult whether an inpatient or in the emergency department.

In addition, during call coverage, the chief resident is expected at all Operating Room cases at Masonic.

Resident Responsibilities While on Home Call

1. It is expected that the resident will reach the hospital within 20 to 30 minutes from the time they are called.
2. It is expected that if the weather is extremely bad, as during a winter snowstorm, the resident will stay in the hospital.
3. Residents on call on the weekend (Saturday or Sunday) should be present in the hospital from 8:00 a.m. to 11:00 a.m. for completion of rounds. If there are no apparent issues or problems requiring their presence in the hospital, they may leave at 11:00 a.m. and begin taking call from home.
4. It is expected that a resident on call who is called by the emergency room or any physician from the hospital and asked to come in to see a patient will come in. The decision about whether it is necessary to come in will be made jointly by the requesting physician and the resident. If there is doubt, the resident should come in rather than defer the case until morning. Junior residents who are called in should notify the Chief Resident of the reason for coming in if appropriate and if they have any specific questions. A thorough and complete consultation note should be placed on the chart.
5. If a patient is seen and will need to have operative intervention the responsible staff should be notified and must come in to see the patient. The only exception to this is in an extreme emergency such as a carotid blowout or airway obstruction, where carotid control or tracheostomy has to be performed on an emergency basis. Most tracheostomies and most bleeding problems can be temporarily controlled until arrangements have been made to take the patient to the operating room and the responsible faculty has arrived at the hospital.
6. Chief Residents at all hospitals will take back-up call. They should be aware, however, that if, for example, the resident on-call is called to the University, and a serious problem occurs at HCMC, the Chief Resident will be expected to go to HCMC to resolve the urgent problem, rather than wait for the case to be completed at the University.
On-Call Room Assignments, UMMC

See Institution Policy Manual, http://www.gme.umn.edu/InstitutionPolicyManual2013/index.htm, Duty Hours/Prioritization of Call Rooms for more information on obtaining a room in which to sleep at University of Minnesota Medical Center.

To request a call room at UMMC-Fairview:

Before 2:00PM - call 612-626-6330 and leave:
1. name (including spelling)
2. program
3. status (Resident or Fellow)
4. pager number

After 2:00PM - request in person in C496 Mayo Building (Resident Exercise Room)

OPERATING ROOM RULES AND PRECAUTIONS


In the Operating Room and on the floor, residents/fellows are expected to observe the established rules concerning the universal precautions for dealing with body fluids. Please cooperate with nurses in observing these rules which are formulated for everyone's protection.

If disagreements occur, whether involving other residents/fellows, anesthesiologists, or the O.R. nurses, it is best to resolve these issues following surgery. Handle the discussion in a location outside the operating room.

PATIENT EXAMINATION - OPPOSITE GENDER

The following rules apply when conducting a patient examination:

1. If there is any question about what is appropriate, always have a nurse present in the room.
2. At no time should the door be closed when only a patient and physician are present.
3. Routine examination of the head and neck by male or female residents may be conducted without the presence of nursing staff in the room.
4. Examinations other than head and neck where the patient is the opposite gender (i.e., male resident/female patient or female resident/male patient) require a nurse in the room.

PERSONAL EMERGENCY


If an emergency (whether financial, medical, or personal) should arise, residents/fellows are encouraged to discuss the situation with the faculty Chief at their hospital, with their Program
Director, or with Department Head Dr. Bevan Yueh. They will determine whether special arrangements can be made to assist in these situations.

**PERSONAL LIBRARY**

It is important to begin to establish a personal library of both ordinary and unusual cases. Photographs or slides should document these. Other information such as lecture materials, charts and graphs will accumulate. These will be useful to you throughout your career if you organize them in an orderly way.

Begin to develop a library of standard texts and atlases, as well. These are expensive purchases, so discussions with faculty and other students will help you decide on the best choices. Two sources of excellent and inexpensive monographs are the American Academy of Otolaryngology-Head and Neck Surgery and AFIP.

Knowledge of current literature is essential, and it is wise to establish now a lifelong habit of reading the relevant journals. If you have not already done so, subscribe to several good ENT journals. Examples include:

- Archives of Otolaryngology-Head and Neck Surgery,
- Laryngoscope,
- Head and Neck Surgery,
- Annals of Otolaryngology.

Make good use of the library facilities and the internet to familiarize yourself with other source materials.

**PRIVACY ACT**

All students at the University of Minnesota have rights under the Family Education Rights and Privacy Act of 1974. This act was designed to protect the privacy of education records, and to provide guidelines for the correction of inaccurate or misleading data through formal or informal hearings. However, when needed to carry out job functions such as Medical School registration, or to establish an on-call roster, the information must be provided to hospital and department staff.

Students have the right to file a complaint concerning alleged failure of the University to comply with the Act. Additional information is available by contacting the Office of the Registrar, 150 Williamson Hall, 625-5333.

**ROTATION SCHEDULE**

The Resident Rotation Schedule is determined by the Program Director with the advice of faculty, residents, and staff. It is developed by staff and the Chief Residents for the coming year, and is announced in June. Schedule changes require consent of the Program Director.

Although schedules may vary from one individual to another, the goal is a balanced schedule. PGY2 through PGY5 residents spend 42 months on clinical ENT rotations and 6 months on research rotation. The resident's clinical needs and proficiencies, as measured by semi-annual meetings of the Resident Review Committee, determine the hospitals at which they spend their clinical rotations. PGY1 rotations are scheduled by the General Surgery programs after
consultation with the Otolaryngology Program Director, and are intended to meet ACGME requirements for the PGY-1 year of Otolaryngology.

**ROUNDS**

While making rounds, residents/fellows are responsible to know all pertinent history concerning the patient, including past surgery and current indications for surgery. Faculty questions concerning a patient should be answered with referenced citations.

**SECURITY/SAFETY**

Appropriate security and personal safety measures must be provided to residents/fellows at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

The University of Minnesota Police Department provides a free Campus Escort Service. Available 24 hours a day, seven days a week, the Escort Service can be reached at 612-624-WALK (4-WALK from any campus phone). An escort will be dispatched to your location and will accompany you anywhere within the campus vicinity.

In addition, the University offers the Motorist Assistance Program, a FREE program designed to help Twin Cities Parking and Transportation Services customers who are legally parked in any University parking facility. This includes University meters, surface lots, ramps, garages, loading zones, and vendor stalls. This program does not include Fairview-University Hospital parking facilities. After calling 612-626-PARK (7275), individuals will receive assistance with unlocking vehicles when the keys are locked inside, changing flat tires, jumpstarting vehicles, and can be given referrals upon request to a service station when the problem is beyond the scope of our staff. Hours of Operation are Monday through Friday from 7 a.m. to 10 p.m. Service is not available on weekends or official University holidays.

**SUPERVISION**

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

a) This information should be available to residents/fellows, faculty members, and patients.

b) Residents/fellows and faculty members should inform patients of their respective roles in each patient’s care.

The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.

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

Levels of Supervision

To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:

a) Direct Supervision – the supervising physician is physically present with the resident and patient.

b) Indirect Supervision:

(1) 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.

(2) 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.

(3) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. As specified by the Review Committee, each program must define those physician tasks for which PGY-1
Residents may be supervised indirectly with direct supervision available, and must define "direct supervision" in the context of the individual program. Each program must define those physician tasks for which PGY-1 residents must be supervised directly until they have demonstrated competence as defined by the program director, and must maintain records of such demonstrations of competence.

Examples of defined tasks for which PGY-1 residents may be supervised indirectly and examples of defined tasks that PGY-1 residents should have direct supervision until competency is demonstrated:

Indirect supervision is allowed for:

a. Patient Management Competencies

1. evaluation and management of a patient admitted to the hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests
2. pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests
3. evaluation and management of post-operative patients, including the conduct of monitoring, specifying necessary tests to be carried out, and preparing orders for medications, fluid therapy, and nutrition therapy
4. transfer of patients between hospital units or hospitals
5. discharge of patients from the hospital
6. interpretation of laboratory results

b. Procedural Competencies

1. carry-out of basic venous access procedures, including establishing intravenous access
2. placement and removal of nasogastric tubes and Foley catheters
3. arterial puncture for blood gases

Direct supervision is required until competency is demonstrated for:

a. Patient Management Competencies

1. initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required)
2. evaluation and management of post-operative complications, including hypotension, hypertension, oliguria, anuria, cardiac arrhythmias, hypoxemia, change in respiratory rate, change in neurologic status, and compartment syndromes
3. evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including monitoring, ventilator management, specification of necessary tests, and orders for medications, fluid therapy, and enteral/parenteral nutrition therapy
4. management of patients in cardiac arrest (ACLS required)
b. Procedural Competencies

1. carry-out of advanced vascular access procedures, including central venous catheterization, temporary dialysis access, and arterial cannulation
2. repair of surgical incisions of the skin and soft tissues
3. repair of skin and soft tissue lacerations
4. excision of lesions of the skin and subcutaneous tissues
5. tube thoracostomy
6. paracentesis
7. joint aspiration
8. advanced airway management
   a. endotracheal intubation
   b. tracheostomy

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

As specified by the Review Committee, the workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. During the residency/fellowship education process, surgical teams should be made up of attending surgeons, residents at various PGY levels, medical students (when appropriate), and other health care providers. The work of the caregiver team should be assigned to team members based on each resident’s level of education, experience, and competence.

All members of the caregiver team should be provided instructed in:

1. recognition of and sensitivity to the experience and competency of other team members;
2. time management;
3. prioritization of tasks as the dynamics of a patient’s needs change;
4. recognizing when an individual becomes overburdened with duties that cannot be accomplished within an allotted time period;
5. communication, so that if all required tasks cannot be accomplished in a timely fashion, appropriate methods are established to hand off the remaining task(s) to another team member at the end of a duty period;
6. signs and symptoms of fatigue not only in oneself, but in other team members;
7. compliance with work hours limits imposed at the various levels of education; and,
8. team development.

Teamwork
Residents 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.
As defined by the Review Committee, effective surgical practices entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care.

Residents must collaborate with fellow surgical residents, and with especially faculty, other physicians outside of their specialty, and non-traditional health care providers to best formulate treatment plans for an increasingly diverse patient population.

Residents must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed within the hours assigned, or, if that is not possible, residents must learn and utilize the established methods for handing off remaining tasks to another member of the resident team so that patient care is not compromised.

Lines of authority should be defined by programs, and all residents must have a working knowledge of expected reporting relationships to maximize quality care and patient safety.

Supervisory Lines of Responsibility for Care of Patients, Otolaryngology Residency

University of Minnesota Medical Center (UMMC)/Hennepin County Medical Center - At UMMC, Dr. Janus is Program Director for Otolaryngology Residency Training. At HCMC, Drs. Maisel and Odland are Local Program Directors for Otolaryngology Residency Training.

Residents on UMMC, HCMC, and lab rotations have a combined resident call schedule. Junior residents (PGY-2, 3 and 4) rotate call, covering both hospitals. Chief residents (PGY5) provide back-up call. If activity at the two hospitals cannot be handled by the on-call resident the appropriate chief resident and staff will be called.

UMMC and HCMC each have a chief resident call schedule and a staff call schedule. The PGY2 resident calls the Chief Resident first. The junior resident may call the faculty directly. Faculty on call must be available at all times. Faculty must come in for all serious cases, or when the patient is taken to the operating room.

Minneapolis VA Health Care System (VA)/Regions Hospital (RH)

At the V.A., Dr. Gapany is the Local Program Director for Otolaryngology Residency Training. At Regions Hospital, Dr. Schmidt is the Local Program Director for Otolaryngology Residency Training.

Residents on VA and RH rotations have a combined resident call schedule. Junior residents (PGY-2, 3, and 4) rotate call, covering both hospitals. Chief residents (PGY5) provide back-up call. If the on-call resident cannot handle activity at the two hospitals the appropriate chief resident and staff will be called. Faculty are available for back-up call and must come in when a seriously ill patient is seen or admitted, and whenever any patient is taken to the operating room.

SUPERVISION, NEUROTOLOGY FELLOWSHIP

In the clinic, most cases are first seen by residents or fellows who are supervising medical students. Residents and fellows present their history and physical, analysis of data, differential
diagnosis and plan. Then all patients are seen by the faculty. Faculty assist in the process, duplicate critical portions and remain responsible for the patient’s care.

In the hospital the residents round on a daily basis and often see patients multiple times per day dependent upon the health of the patient. Fellows are expected to respond to problems that might arise in the hospital. If any concern exists, the faculty are available to discuss the case and see patients. Faculty are required to see their patients at least every other day while they are in the hospital. They are expected to round with the residents and approve their notes.

A great responsibility is expected in the operating room. At the beginning of the year, faculty are present and perform a large portion of the case. Faculty supervise every procedure. The degree of supervision is dependent upon the fellow and the faculty. In the operating room the faculty must be present prior to induction of anesthesia and the resident doctors are expected to prepare the case for surgery. Fellows are expected to guide the junior residents through early portions of the case and to perform later parts of the operation. Graded responsibility means that each individual fellow has the full attention of the faculty until they are certain that the fellow can perform the procedure without difficulty. As the year progresses and the faculty watch the fellow develop skills they may elect to give the fellow greater freedom and responsibility. This will occur over a period of time and during the second year it is expected that the fellows will be able to operate more independently.

The fellowship is a small program. Doctors Adams, Huang and Levine meet on a regular basis and discuss issues concerning the Fellowship. Faculty will always be available and Drs. Adams, Huang and Levine carry cellular telephones and pagers. University of Minnesota provides electronic messaging which is also available. Faculty readily distribute their home telephone numbers and cellular numbers to the fellows and residents. Residents and fellows are informed of call changes and Drs. Adams, Huang and Dr. Levine are always available. The fellows always know how to reach faculty because of clear communication before they leave the hospital. Residents and fellows are able to reach faculty 24-7-365. There is always a faculty neurotologist available.

**Supervisory Lines of Responsibility for Care of Patients, Neurotology Fellowship**

All patient care is supervised by qualified faculty. Fellows are provided with rapid, reliable systems for communicating with supervising faculty. On-call schedules for teaching staff are structured to ensure that supervision is readily available to fellows 24-7-365.

Dr. Samuel Levine is the Program Director for the Neurotology Fellowship, which is based at the University of Minnesota Medical Center.

At Regions Hospital, Dr. Christopher Hilton is the Local Program Director for the Neurotology Fellowship.

The Neurotology fellow may travel to other clinical sites (Hennepin County Medical Center, the V.A. Medical Center, St. Joseph’s Hospital) a few times per year to participate in interesting cases that present there. In these cases, the fellow will be under the supervision of the University of Minnesota neurotology faculty member who travels with the fellow to the site to participate in the case.

The faculty are ultimately responsible for every patient seen and every operation performed.
SUPERVISION, PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP

Both operative sites (Children’s Hospital and the University) have strict procedures regarding presence of faculty at all procedures. All surgical cases will be under a full time faculty's name and that faculty member will need to be present otherwise a case will not be allowed to start. Both hospitals’ governance require faculty to be present in the operating room area during the entire case.

Supervisory Lines of Responsibility for Care of Patients, Pediatric Otolaryngology Fellowship

Dr. James Sidman is the Program Director for the Pediatric Otolaryngology Fellowship, which is based at Childrens Hospitals and Clinics of Minnesota in Minneapolis.

At University of Minnesota Children’s Hospital, Dr. Brianne Roby is the Local Program Director for the Pediatric Otolaryngology Fellowship.

SUPPORT SERVICES AT CLINICAL SITES

Sites where otolaryngology residents/fellows rotate must provide patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, in a manner appropriate to and consistent with educational objectives and patient care.

Laboratory/pathology/radiology services must be appropriate to support timely and quality patient care in the program. This must include effective laboratory, pathology, and radiologic information systems.

TEACHING

Teaching Medical Students

Residents/Fellows are an essential part of the teaching of medical students. It is critical that any resident who supervises or teaches medical students must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. Therefore, we’ve included in this manual the URL to the objectives for the Clerkship(s) specific to our Department.

Otolaryngology Clerkships:

https://www.meded.umn.edu/clerkships/OTOL_7200.php

VISA POLICY

For residents and fellows admitted to ACGME-accredited programs in the Otolaryngology Department, acceptable visa types are the same as those permitted by the University of Minnesota Medical School in the Graduate Medical Education Institution Policy Manual.
WHITE COATS

The receptionist in 8-240 Phillips-Wangensteen Building, 612-625-3200, orders white coats for otolaryngology residents and fellows. Residents and fellows may request two white coats every other year (beginning with the PGY1 year).
SECTION VI. ADMINISTRATION


DEPARTMENT AND PROGRAM ADMINISTRATIVE CONTACT LIST

<table>
<thead>
<tr>
<th>Department of Otolaryngology</th>
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<tbody>
<tr>
<td>Bevan Yueh, MD, MPH</td>
<td>Head, Dept of Otolaryngology</td>
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<tr>
<th>Otolaryngology Residency</th>
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<tbody>
<tr>
<td>Seth Janus, MD</td>
<td>Residency Program Director; Site Director, UMMC-F; Site Director, Regions</td>
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<tr>
<td>James Sidman, MD</td>
<td>Site Director, Childrens Mpls</td>
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<tr>
<td>Rick Odland, MD, PhD</td>
<td>Site Directors, HCMC</td>
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<tr>
<td>Markus Gapany, MD, and Manuela Fina, MD</td>
<td>Site Directors, VA</td>
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<tr>
<th>Neurotology Fellowship</th>
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<tr>
<td>Samuel Levine, MD</td>
<td>Fellowship Program Director</td>
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<tr>
<td>Tina Huang, MD</td>
<td>Associate Program Director</td>
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<tr>
<td>Christopher Hilton, MD</td>
<td>Site Director, Regions</td>
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<th>Pediatric Otolaryngology Fellowship</th>
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<tr>
<td>James Sidman, MD</td>
<td>Fellowship Program Director</td>
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<tr>
<td>Brianne Roby, MD</td>
<td>Site Director, UM-Masonic Children's Hospital</td>
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SUPPORT STAFF

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<tr>
<th>Department of Otolaryngology, University of Minnesota</th>
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<tbody>
<tr>
<td>Faith Courchane</td>
<td>Program Associate (Residency/Fellowship Coordinator)</td>
</tr>
<tr>
<td>Teri Wolner</td>
<td>Administrative Director</td>
</tr>
<tr>
<td>Joey Best</td>
<td>Executive Assistant to Dr. Yueh</td>
</tr>
<tr>
<td>Damita Galbearth</td>
<td>Receptionist</td>
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<tr>
<th>Surgical Administrative Center (SAC)</th>
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<tr>
<td>Kirk Skogen</td>
<td>Payroll Manager</td>
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<tr>
<td>Kathleene Olakunle</td>
<td>Visa Coordinator</td>
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<tr>
<th>Department of Otolaryngology, By Hospital Site</th>
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<tbody>
<tr>
<td>Erik Bjerke</td>
<td>Children’s Mpls, Peds ENT</td>
</tr>
<tr>
<td>Julie Gallant</td>
<td>Hennepin County Med Ctr</td>
</tr>
<tr>
<td>Deb Collier</td>
<td>Regions Hospital, GME</td>
</tr>
<tr>
<td>Kristin Brochman</td>
<td>Regions Hospital, ENT</td>
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<tr>
<td>Faith Courchane</td>
<td>Univ of Minnesota</td>
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<tr>
<td>Karen Waldof</td>
<td>VA System, EMR Access</td>
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FROM THE DEPARTMENT OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

OTOLARYNGOLOGY FACULTY

Professor and Head
Bevan Yueh, M.D., M.P.H.

Professor
George S. Goding, Jr., M.D.
Peter A. Hilger, M.D.
Samuel C. Levine, M.D.
Robert H. Maisel, M.D.
Rick Odland, M.D., Ph.D.
Andrew J. Oxenham, Ph.D.*
Peter A. Santi, Ph.D.
James Sidman, M.D.

Associate Professor
John H. Anderson, M.D., Ph.D.
Holly Boyer, M.D.
Sebahattin Cureoglu, M.D.
Markus Gapany, M.D.
Samir Khariwala, M.D.
Jizhen Lin, M.D.
Frank G. Ondrey, M.D., Ph.D.
Frank L. Rimell, M.D.

Assistant Professor
Meredith Adams, M.D.
Emiro Caicedo-Granados, M.D.
Henry Chang, M.D.
Harley Dresner, M.D.
Manuela Fina, M.D.
David Hamlar, M.D., D.D.S.
Christopher Hilton, M.D.
Jennifer Hsia, M.D.
Tina Huang, M.D.
Seth Janus, M.D.
Timothy Lander, M.D.
Amy Anne Lassig, M.D.
Hubert H. Lim, Ph.D.*
Abby C. Meyer, M.D.
Deirdre Michael, Ph.D.
Stephanie Misono, M.D.
Brianne Roby, M.D.
Derek Schmidt, M.D.
Robert Tibesar, M.D.
Vladimir Tsuprun, M.D.
William E. Walsh, M.D.

Professor Emeritus
Arndt J. Duvall, M.D.
Steven K. Juhr, M.D.
Robert H. Margolis, Ph.D.
David A. Nelson, Ph.D.
Michael M. Paparella, M.D.

*joint appointments
OTOLARYNGOLOGY RESIDENTS AND FELLOWS

OTOLARYNGOLOGY RESIDENTS

Class of 2016
Matthew Greulich, M.D.
M. Abraham Kazemizadeh Gol, M.D.
Colin Neumann, M.D.
Wade Swenson, M.D.

Class of 2017
Hannah Qualls, M.D.
Nicholas Wirtz, M.D.
Robert Yang, M.D.
Qi Zhang, M.D.

Class of 2018
Phi Doan, M.D.
Jeffrey Dorrity, M.D.
Ashok Jethwa, M.D.
Fareeda Taher Nazer Hussain, M.D.

Class of 2019
Victoria Jordan, M.D.
Peter Karempelis, M.D.
Bin Li, M.D.
Emily Waselchuk, M.D.

Class of 2015
Rotation scheduling for PGY1s is delegated to Surgery Program Director at HCMC (Dr. Joan VanCamp)
Tanisha Hutchinson, M.D.
Joel Stanek, M.D.
Kristin Stevens, M.D.
Omotara Sulyman, M.D.

OTOLARYNGOLOGY FELLOWS

Facial Plastic and Reconstructive Surgery 2015-16
Jon Robitschek, M.D.

Neurotology 2015-17
Beth Kelly, M.D.

Pediatric Otolaryngology 2015-16
Lauren Bohm, M.D.
LOCAL AND NATIONAL ORGANIZATIONS

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL  60654
Phone: 312-755-5000
Web site: www.acgme.org

American Academy of Otolaryngology--Head and Neck Surgery
1650 Diagonal Road
Alexandria, VA  22314-2857
Toll-free: 877-722-6467
Direct: 703-836-4444
Web site: www.entnet.org

American Board of Otolaryngology
5615 Kirby Drive, Suite 600
Houston, TX  77005
Phone: 713-850-0399
Web site: www.aboto.org

American Neurotology Society
Kristen Bordignon, Administrator
1980 Warson Road
Springfield, IL 62704
Phone: 217-638-0801
Fax: 217-679-1677
Email: administrator@americanneurotologysociety.com
Website: www.americanneurotologysociety.com

American Society of Pediatric Otolaryngology
Phone: 877-360-5490
Email: ASPO@facs.org
Website: www.aspo.us

Minnesota Academy of Otolaryngology
PO Box 314
Lakeland, MN  55043
Phone: 612-670-7810
E-mail: office@maohns.org
Web site: www.maohns.org/about.htm

Minnesota Board of Medical Practice
University Park Plaza
2829 University Avenue SE, Ste 500
Minneapolis, MN  55414-3246
Phone: 612-617-2130
Email: medical.board@state.mn.us
Web site: wwwf.bmp.state.mn.us
SECTION VII. FELLOWSHIP ADDENDUM

FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY FELLOWSHIP

Fellowship Director

Peter A. Hilger, MD, FACS
Facial Plastic and Reconstructive Surgery Specialist, PA
Hilger Facial Plastic Surgery
Centennial Lakes Medical Building
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Accreditation

ACGME accreditation is not yet available in this subspecialty. This fellowship is approved by the American Academy of Facial Plastic and Reconstructive Surgery.

University Affiliation: University of Minnesota, Department of Otolaryngology

Application

Applications are managed through the San Francisco Matching Program (www.sfmatch.org).

If applicants require additional information, please contact the fellowship director. Previous fellows are available to discuss the experience in our fellowship.

This program does not accept international medical graduates for training.

Start Date: July 1

Program Duration: One year

Fellows Per Year: One

Licensing Requirements: Minnesota medical license required

Appointment Level

Non-tenure track faculty, instructor level, Department of Otolaryngology, University of Minnesota.

Benefits

Health: Standard faculty health insurance is available for the fellow and family.
Malpractice: A full malpractice coverage as well as payment of the malpractice tail is included.
Operating Privileges

Operating privileges are available and required for University and affiliated hospitals as well as several surgery centers within the Twin Cities community.

Operative Experience/Clinic Responsibilities/Case Load

Our fellows are provided with an outstanding clinical experience in the broad scope of facial plastic surgery. The Division of Facial Plastic and Reconstructive Surgery within the Department of Otolaryngology at the University of Minnesota has three (3) fellowship trained faculty, a pediatric otolaryngologist and a head and neck free flap surgeon as faculty that relate regularly with the fellow. The facial plastic fellowship will relate primarily to these members, but certainly other faculty members within the department will participate in the teaching a clinical experience for this fellowship.

The clinical experience will include exposure to the Cleft Lip/Palate, Craniofacial and Skull-Base Clinics at the University and Minneapolis Children’s Hospital. In addition, the maxillofacial trauma services at the University and its affiliated hospitals will provide clinical exposure to approximately 100 major maxillofacial injuries per year. Similarly, significant numbers of delayed and late post-traumatic facial reconstructive cases are available as well. The faculty also has an ongoing relationship with several Moh’s cutaneous surgery services in the Twin Cities and reconstruction of approximately 150 cases per year is an expected part of the clinical experience of the fellow. A small animal laboratory is available to practice microvascular techniques and 30 to 50 free flap procedures are performed yearly.

Aesthetic surgical experience is an essential part of the fellowship with several hundred cases per year being performed by the Division of Facial Plastic Surgery. In depth exposure to all facial cosmetic techniques is provided including Rhinoplasty, Blepharoplasty, Rhytidectomy, Brow Lift, Profile Enhancement, Skin Resurfacing as well as non-surgical Facial Rejuvenation Techniques.

Research/Scholarly Activity

Research opportunities are also available with ongoing research currently being carried out in basic science areas as well as clinical research. A free flap laboratory was established in 1995.

The fellow is required to submit a scholarly paper to the American Academy of Facial Plastic and Reconstructive Surgery Fellowship Committee. The paper has to be of such quality that it would be suitable for publication in a peer-reviewed journal.

Teaching Responsibilities/Resident Supervision

As an instructor in the Department of Otolaryngology at the University of Minnesota the fellow is expected to participate in regular teaching conferences as well as supervising residents on reconstructive cases at university affiliated hospitals.

Call Responsibilities

The fellow is expected to take call one weekend per month and a weeknight at one of the affiliated hospitals.