2016-2017

ADULT RECONSTRUCTION FELLOWSHIP INFORMATION

Addendum to
University of Minnesota
Department of Orthopaedic Surgery
Program Manual
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This Fellowship Addendum refers to policies and procedures specific to the Adult Reconstruction Fellowship training program. Please refer to the Orthopaedic Surgery Residency Program Manual or the Institution Policy Manual located on the GME website at http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual for University of Minnesota Graduate Medical Education specific policies.

Should policies in the Adult Reconstruction Fellowship Manual conflict with the Institution Manual, the Institution Manual takes precedence.
**PROGRAM OBJECTIVES**

**Purpose**

The Adult Reconstruction Fellowship Program serves to provide appropriate training to individuals interested in the field of hip and knee surgery through the University of Minnesota Department of Orthopaedic Surgery.

**Description**

This twelve-month fellowship, accredited by the Accreditation Council for Graduate Medical Education (ACGME), consists of one twelve-month rotation at the University of Minnesota. The rotation involves time in the outpatient clinic and operating room devoted to patient care responsibilities. Time is reserved for research obligations as well. The case mix involves the entire spectrum of reconstructive procedure. There is an emphasis in complex revision arthroplasty, reconstruction after tumor resection, treatment of infected prostheses and osteonecrosis. A requirement for graduation from the program is completion of a research project and publication submission.

**Responsibilities**

The fellow functions as consultants to the orthopaedic residency staff. The fellow will work with the attending staff as well as the orthopaedic residents on service in caring for patients seen in clinic, admitted to the inpatient service, and in the operating room. The fellow is responsible for day-to-day management of assigned patients admitted to the Adult Reconstruction service. The fellow is also responsible for ensuring availability of radiographs and special tests prior to the undertaking of the surgery.

The services consists of a fellow and a 4th year resident who care for patients jointly including tasks such as operative notes, physical examinations, admission histories and physicals, chart notes, and discharge summaries. The fellow is only first assist on surgical cases when the PGY4 is absent or chooses not to do so.

The fellow attends scheduled clinic sessions and assist physicians in the evaluation and management of patients within the clinic. The fellow is given the opportunity to oversee and manage a clinic in conjunction with the attending staff wherein they can develop individual relationships with patients on a recurring basis.
## Program Objectives

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<th>Objective</th>
<th>Outcome Measures</th>
<th>ACGME Essential Competency</th>
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| Demonstrate mastery of key concepts and principles in the basic sciences and clinical disciplines that are the basis of current and future orthopaedic practice. | *Adult Reconstruction SAE Exam  
*Clinical rotation performance  
*Feedback from fellowship directors | Medical Knowledge                                    |
| Competently diagnose and provide options for the management of joint destructive conditions | *Clinical rotation                                     | Medical Knowledge Patient Care and Procedural Skills |
| Display mastery of surgical skills necessary for competent surgical management of end-stage arthritis of the hip and knee | *Structured examination of surgical skills in cadaveric lab  
*Operative case log  
*Clinical rotation feedback | Patient Care                                               |
| Contribute to personal and community continuing medical education         | *Evaluations from department grand rounds on adult reconstruction topic | Professionalism Medical Knowledge              |
| Demonstrate understanding of health systems and how physicians can work effectively in varied health care environments including:  
*use of electronic medical communication and database management for patient care  
*quality assessment and improvement  
*cost effectiveness of health interventions  
*assessment of patient satisfaction  
*identification and alleviation of medical errors | *Clinical rotation feedback from fellowship faculty  
*Clinical rotation feedback from inpatient nursing staff  
*Clinical rotation feedback from outpatient clinical staff | Practice-based Learning and Improvement Systems-based practice |
| Uphold and demonstrate in action/practice basic precepts of the medical profession in the subspecialty practice of adult reconstruction. | *Clinical rotation feedback | Professionalism                                  |
| Demonstrate ability to individualize patient care through the integration of knowledge from the basic sciences, clinical sciences, evidence-based medicine, and population based medicine with specific information about the patient and the patient’s life situation | *Clinical rotation feedback | Interpersonal and Communication Skills Professionalism |
| Demonstrate mastery of complex orthopaedic adult reconstruction clinical concepts, including the following:  
*history and physical examination of patient requiring routine and complex total joint replacement  
*history and physical examination of the young adult with a hip problem  
*workup and treatment of periprosthetic fractures  
*preoperative templating for primary, complex primary, and revision total joint arthroplasty  
*ligament balancing in the routine and complex total knee  
*implant selection in the young adult and adult  
*principles of postoperative rehabilitation  
*preoperative planning for the extirpation of the well fixed component | *Clinical rotation feedback | Patient Care and Procedural Skills Medical Knowledge |
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<td><strong>Demonstrate</strong> mastery of the modern research design which exhibits:</td>
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<td>*understanding of protected health information procedures, patient autonomy,</td>
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<td>and ethical research practice</td>
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<td>*understanding of basic statistical concepts including power analysis,</td>
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<td>study bias, statistical significance, and survivorship analysis</td>
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<td>*understanding of the process for submitting, revising, and publishing a</td>
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<td>manuscript</td>
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<td><strong>Competently</strong> evaluate and manage medical information and relevant</td>
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<td>medical literature</td>
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<td>*Participation in and evaluation of adult reconstruction conference and</td>
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<td>arthroplasty club</td>
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<td>*Clinical rotation feedback</td>
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Learning Objectives for the Fellowship:

Learning objectives that support the goals of the training program are provided. Because this is a year long training program the learning objectives are divided into quarters so fellows and faculty can gauge the fellow’s progress in learning and surgical skill acquisition. Each objective is referenced to the relevant ACGME core competencies. (PC: patient care, MK: medical knowledge, Prof: professionalism, SBP: systems-based practice, CS: communication skills, PBLI: practice based learning and improvement).

Months 1-3: Upon completion of the first the three months of training the fellow is expected to:

- Perform a history and physical examination for patient presenting for joint replacements (MK, PC, CS).
- Perform appropriate assessment of patients presenting with emergent conditions (PC, MK).
- Formulate an approach to the evaluation of patients with pain at various intervals after a total hip and knee replacement (PC, MK).
- Assess bony deficiencies about the pelvis and lower extremity (MK, PC).
- Understand the classification of acetabular and femoral deficiencies (MK, PC).
- Provide adequate written and verbal communication to peers, attendings, allied health professionals, and consultants so that they may continue the plan of care in an effective manner when the resident is absent from the floor or service (PC, CS).
- Maintain comprehensive, timely, and legible medical records (PC, CS, Prof).
- Submit an IRB application for a clinical study (PBLI, MK, CS).
- Develop a personal program of self-study and professional growth with guidance from a faculty advisor (PBLI, Prof).
- Be on-time for all clinical responsibilities (PC, Prof).
- Adhere to HIPPA requirements and confidentiality (PC, CS, Prof).
- Follow Hospital guidelines when completing all discharge and operating room reports (PC, SBP, CS).
- Follow the established practices, procedures, and policies of the Department and integrated and affiliated hospitals (PC, SBP, Prof).
- Respect the specific needs of his/her patients based on age, gender, race, and culture in formulating treatment plans (PC, SBP, Prof).
- Demonstrate respectful collaboration with their peers and allied health staff (PC, Prof, SBP).
- Present complications in interesting cases at teaching conferences including morbidity and mortality (PC, SBP).
Months 4-6: Upon completion of the second three months of training the fellow is expected to:

- Conduct appropriate preoperative planning of standard total hip/knee replacement (MK, PC).
- Interpret complex radiologic studies including CT scan, MRI and nuclear scans. (MK, PC).
- Understand the general principles and surgical technique for the cemented/cementless femoral and acetabular components (PC, MK, PBLI).
- Develop and implement a surgical plan for primary revision joint arthroplasty (MK, PC).
- Prepare a patient for surgery in the elective and emergent setting (PC, MK).
- Recognize and manage post-operative complications (PC, MK, SBP).
- Understand the major options for reconstruction of bony deficiencies of the pelvis and lower extremities (PC, MK).
- Understand the relative risks and benefits of cemented versus uncemented hip and knee replacements (PC, MK, PBLI).
- Remove complex hardware around the hip and knee (PC, MK).
- Perform a primary cemented hip and knee replacement (PC, MK)
- Perform a primary uncemented hip and knee replacement (PC, MK)
- Perform ligament balancing in the knee (PC, MK).
- Perform the removal of a well fixed prosthesis in the hip or knee (PC, MK).
- Discuss functional prognosis of the patient and family with attention to their educational, social, and personal beliefs (PC, SBP, Prof).
- Perform diagnostic evaluation of a painful prosthesis and develop management plans for painful prostheses (PC, MK).
- Effectively refer patients for post-operative rehabilitation after joint replacement (PC, SBP).
- Understand basic statistical concepts such as sample size, power, study bias, statistical significance, and actuarial life-table survivorship analysis (PBLI, MK).
- Serve as liaison for interdepartmental and interdisciplinary interactions (PC, Prof, SBP).
- Demonstrate advanced communication skills with patients and families undergoing surgical procedures (PC, CS).

Months 7 to 9: Upon completion of the third quarter of training the fellow is expected to:

- Understand the differences around cemented versus uncemented arthroplasty (MK, PC)
- Understand the indications within the uncemented arthroplasty domain regarding the use of fixation materials – porous coating, press-fit designs (PC, MK, PBLI).
- Describe and perform the different surgical exposures for primary hip/knee replacement and the extensile exposure sometimes required for complex joint replacement (PC, MK).
- Differentiate the bursal and soft tissue diseases about the hip/knee and then outline a treatment plan during office sessions, clinic and rounds.
- Distinguish other diseases predisposing to arthritis (Paget’s Disease, AVN, Charcot arthropathy, ochronosis)
- Perform surgical treatment options for reconstruction of bony deficiencies of the pelvis and lower extremities (PC, MK).
- Understand the use of validated outcomes instruments such as the SF 36, WOMAC, HHS (PBLI, MK, PC).
Months 10-12: In the final three months of training the fellow is expected to:

- Develop and implement a surgical plan for complex revision joint arthroplasty (MK, PC)
- Plan and execute complex operative procedures (PC, MK, SBP).
- Summarize the indications for hip/knee arthrodesis and illustrate the techniques commonly used (PC, MK, PBLI).
- Effectively the lead surgical team, assign tasks and manage their implementation (PC, CS, SBP).
- Understand the process for submitting, revising and publishing a manuscript (PBLI, CS).

Upon completion of the Fellowship, fellows are expected to:

- Obtain an accurate history and perform a thorough physical exam on patients with an inflamed knee (PC, MK).
- Generate differential diagnosis of inflamed knee condition with the pertinent positives and negatives of these disorders: rheumatoid arthritis, septic arthritis, acute/chronic osteomyelitis, primary/post traumatic, osteoarthritis, gout, pseudogout, SLE, Reiter’s disease, ankylosing spondylitis, PVNS, hemophilia, osteonecrosis (PC, MK, PBLI).
- Effectively assess critically ill patients, formulate diagnostic and therapeutic plan (PC, MK, SBP).
- Understand the principles of femoral and pelvic osteotomies (MK, PC).
- Prepare accurate preoperative plans for femoral and pelvic osteotomies (PC, MK).
- Understand the controversies that exist over the role of allograft bone (PC, MK, PBLI).
- Describe the indications for a resection arthroplasty and synovectomy of the hip (PC, MK, PBLI).
- Demonstrate effective communication skills with patients and families with recent diagnosis of malignancy (PC, CS).
EDUCATION

Goals

The goal of the program is to introduce the fellow to clinical, research and didactic material, so that they will be prepared to carry out complex, analytical and technically demanding processes relevant to the areas of hip and knee surgery. One must keep in mind that there is no unanimity of opinion about how to treat disorders of the hip and knee joint. Therefore, the fellowship has been critically organized to bring together the most useful and up-to-date information to each individual undertaking this endeavor.

The one-year fellowship program in adult reconstruction is designed to train qualified applicants in the principles and practices of adult reconstruction. This program strengthens the educational exposure for all orthopaedic residents by prominently utilizing the fellow as an educator and an assistant, in addition to providing the fellow with sufficient operative and clinical exposure.

Educational Methods

The fellow is given a graded series of responsibilities appropriate to his/her development (please program objectives table). These responsibilities include: medical student teaching, resident teaching, patient teaching, therapist teaching, emergency room evaluation and treatment delivery, clinical assessment treatment and delivery (both within the hospital and physician office setting), and finally, delivery of treatment in an operating room setting.

Controversies continue to exist over the role of allograft bone, cemented versus uncemented arthroplasty, and within the uncemented domain controversies exist regarding fixation materials – porous coating, press-fit designs, and so on. It is the intent of this fellowship to address these points – it is our belief that these questions, which are ultimately settled between patient and surgeon, would be better answered if the surgeon has first hand exposure to the various options.

Evaluation Procedures

Faculty members complete, electronically, evaluations of progress with the fellow every six months during the course of his or her training. The fellows are expected to be given direction by the attending physician with regard to the appropriateness of his/her involvement, observation, operative assistance, operator (surgeon-with assistance) or other. Three “360° Evaluation” will also be done by a registered nurses, one clinic nurse, one hospital nurse, and one operating room nurse.
Lectures and Conferences

The fellows are exposed to a series of lectures and conferences.

**Monday Mornings – M&M**
The fourth Monday of the month is reserved for M&M Conference held at the Orthopaedic Surgery Department.

**Tuesday Mornings – Adult Reconstructive Teaching Conference**
The fourth Tuesday of the month is reserved for the Adult Reconstructive Teaching Conference held at the Orthopaedic Surgery Department.

**Wednesday Mornings – Pre-op Planning**
The fellow, rotation residents, and program director meet weekly to plan the cases for the next week. Planning includes templating, intra-operative management, and post-operative care for patients. The previous week’s surgeries are also discussed.

**Thursday mornings – Bone & Soft Tissue Tumor Conference**
The fellow is exposed to the reconstructive cases at the Bone and Soft Tissue Tumor Conference. The imaging studies in combination with histology of any specimens are reviewed with the pathologist and other subspecialty disciplines (adult and pediatric oncology, radiation oncology).

**Friday Mornings – City-Wide Orthopaedic Grand Rounds**
Forty to fifty orthopaedic surgeons attend on a weekly basis. The topics are varied, but usually involve recent research from the University of Minnesota covering various aspects of Orthopaedics. The fellow will be expected to present one of these sessions on adult reconstruction topics.

**Friday Mornings - Adult Reconstruction Core Curriculum program** –
The only sessions the fellow attends are those that involve presentations on joint preserving reconstruction, primary hip, primary knee, revision hip and revision knee principles and case presentations, infected prosthesis and the painful prosthesis, and joint diseases.

The fellow is also expected to participate in undergraduate medical school teaching. The fellow is expected to act in the capacity of a clinical instructor to educate medical students in the lower extremity exam, extremity splinting, and basic orthopaedic principles pertaining to the lower extremity.
RESEARCH

The fellow will have access to the Clinical Outcome Research Center (CORC) at the University of Minnesota, which is located at the School of Public Health and possesses expertise in the areas of biostatistics, computer technologies, epidemiology, study methodology, health management and policy analysis. The staff is experienced, capable, responsive, and dedicated to helping the fellow in completing their research study.

The fellow will be allowed six hours per week to carry out research duties. The fellow will have research time and will meet with the fellowship director to monitor the progress of their project on a weekly basis.

The fellow is expected to do the required training for RCR (Responsible Conduct in Research). This is done via a CD program which is kept in the Adult Reconstruction Coordinator’s office.

Projects

The fellow is expected to participate in a minimum of one clinical research project and bring that project to fruition for presentation at a national meeting. In general, the project should be of sufficient quality to be submitted for publication in a peer reviewed journal.

The fellow is expected to develop a list of projects, which he or she would like to consider during the fellowship year. The list will be reviewed during the first week of the fellowship and at least one topic will be selected by the end of the first month of the fellowship. This will ensure that the fellow will have 11 months to initiate and to bring to fruition the project planned as well as have the opportunity to initiate and complete as well as present the project at a national meeting.

At no time should charts or radiographs be removed from a clinic or taken home without specific written permission from the clinic supervisor or medical records department.

Library

The fellow is able to access an orthopaedic library with adult reconstruction references at both the University Biomedical Library (Diehl Hall) and Fairview University Medical Center, Riverside campus, as well as the Veterans Affairs Medical Center. The University Library system is available to the fellow and houses an extensive list of periodicals and fixed references.
Medical Student/Resident Education

At no time should the fellow’s experience impinge upon the residents’ experience which takes priority. At the direction of the program director, the fellows teaching activities include:

1. Presentation of formal didactic grand rounds.
2. Performing rounding and review of patient care activities with the residents.
3. Intra-operative activities teaching residents and medical students about the nature of the surgical procedure being performed.
4. Outpatient clinical teaching of residents and medical students in the outpatient clinic when they perform consultations on patients.
5. Intra-operative teaching of nurses and scrub technicians regarding the technical aspects of surgical procedures.
SPECIFIC PROCEDURES AND CLINICAL RESPONSIBILITIES

**Admissions**

Patients are frequently admitted to the hospital as day-of-surgery admission. Pre-operative medical evaluation is often done by an outside family physician or referral source. The fellow is responsible for the availability of x-rays and related patient data and that the patient has been seen in the preoperative holding area. If the case is being done with a resident in addition to the fellow, the fellow should review the indications and salient physical findings with the resident prior to proceeding with preparation of the patient for surgery. The fellow is expected to review radiographs and anatomical details with the resident both before as well as during the case without staff encouragement.

**Surgery**

As noted above, the fellow is expected to maintain a general awareness of all patients preparing for surgery. This is done in conjunction with the attending staff secretary and nursing assistants. The fellow should be certain that any specialized equipment needed is available by contacting the operating room area directly. The fellow should avail him/herself of all resources necessary to ensure that they are familiar with the equipment being utilized for a particular surgical procedure.

**Daily Rounds and Post-Operative Care**

In general, Adult Reconstruction patients do remain in the hospital post-operatively. Significant complications can occur in the post-operative period; therefore, fellows are expected to be prompt, courteous and vigilant with respect to patient related problems and telephone calls from the nursing station and/or residents. When in doubt, any questions regarding patient management should be brought directly to the attention of the staff surgeon or the person on call.

The patients in the hospital will be cared for both the resident on service, and at the University of Minnesota Medical Center site, by the fellow as well, working as a team. But, it is expected that the fellow will maintain awareness of all patients hospitalized following surgery. Discharge medications may vary among attending physicians; when in doubt, it is best to check with the attending physicians, specifically regarding discharge medications to be given to a particular patient.

**Evening and Weekend Coverage**

Hospital patients are seen every day by the resident as well as the fellow. On weekends, the resident rounds on the 1st, 3rd, and 5th weekend, and the fellow on the 2nd and 4th weekends. The program director rounds with the resident or fellow every Saturday morning. The fellow is expected to be available for calls and surgery on nights and weekends as attending staff surgery schedules demand.

The fellow does not participate in “in house” on-call duties.
Clinics

The fellow will assist attending staff in clinical evaluation of patients. Over the course of one year, the fellow will be exposed to multiple problems while assisting the attending physicians. They will, thereby, gain a breadth of experience, both with respect to clinical problems as well as management techniques. When a patient is seen by a fellow, it is expected that the fellow will complete dictation on that patient and complete appropriate charting.

Medical Records

Discharge summaries, operative notes, and clinic notes are to be done promptly by the fellow. The fellow is expected to maintain a log of all surgical patients that she/he is involved with, including the patient’s age, diagnosis and surgical procedure(s) and to submit them to the Accreditation Council for Graduate Medical Education (ACGME) surgical case log.

Moonlighting

The fellow is not allowed to participate in moonlighting activities during their fellowship.

Telephone Messages From Patients

When the fellow rounds during the weekend and receive calls from patients, he/she should maintain a phone log of contacts with patients and document it in the record. If questions arise that require management on a weekend, it is expected that the fellow would contact a staff member on call. Or, if it can be deferred, the fellow should contact the appropriate staff surgeon the next working day morning.

Electronic Communication and Privacy

Texting/SMS or non-University of Minnesota (UMN) server routed email is not considered confidential. Do not put any patient health information in it. Use your UMN email address for work instead of another address.

While emails routed entirely within the UMN servers are not exactly confidential either, the attorneys have allowed patient health information to be included. Please attach a disclaimer as well. Example: “DO NOT READ THIS EMAIL IF YOU ARE NOT THE INTENDED RECIPIENT. The information in this email and any attachments may contain confidential and/or privileged material. If you are not the intended recipient, your review, forwarding, copying distribution, or any other use of disclosure of any information in this email is prohibited. If you receive this email in error, please destroy and delete this message from any computer and contact us immediate by return email.”

Full policy details that you should know are listed at: http://www.privacysecurity.umn.edu/policies/home.html

Do not store any patient health information on laptops or transportable media (portable drives, flash memory media, etc). Keep all research related files updated under the proper project related folder on the orthopaedic department server. It is secure and backed up daily. Do not keep active research files elsewhere for over 24 hours without back up to the server. Violations of the above put the department/University at risk and will be dealt with firmly.
**MISCELLANEOUS**

**Meal Tickets**

The Adult reconstruction fellow does not receive meal tickets.

**Duty Hours**

It is the policy and practice of the program to maintain equitable scheduling for the fellow in order to provide them with adequate time for research and other necessary activities.

**Supervision of Fellows**

The fellow is supervised by the attending physician on call or in charge of the clinical activity. The University of Minnesota Medical Center complies with known lines of responsibility for the care of patients from fellows to attending physicians. The fellow is to be provided with reliable systems for communication and interaction with supervisory physicians and fellows are responsible for contacting supervisory physicians for all areas of patient care. The fellow has the opportunity to assume increasing responsibility for patient care, under direct faculty supervision (as appropriate for a fellow’s ability and experience), as they progress through a program. The institution is responsible for sufficient institutional oversight to ensure that fellows are appropriately supervised. The fellow is to be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility accorded to each fellow is determined by the teaching staff. The fellow is not used as a backup attending physician and is not used as a means of extending the practice volume of the attending surgeon.
FELLOWSHIP BENEFITS

Vacation and Conference Time

Two weeks of vacation and one week of conference time will be allocated each year. This includes time for interviews, business, and other miscellaneous days off. Additional time may be requested and approved by the staff if specific arrangements are made in advance. These activities should be coordinated through the Fellowship Director. The fellow’s absences should be scheduled with prior consideration of any attending staff absences. The only exception to this would be the fellow presenting papers at the same meeting as the attending. Extenuating circumstances do arise and will be dealt with fairly when appropriately presented to staff.

CME conferences will be reviewed on a case by case basis.

Unused vacation time/conference time will not be paid out to the fellow at the end of their fellowship.

Travel

The fellow is encouraged to present a research paper relative to research done at the University of Minnesota at the academic meeting conferences and submit his/her request to attend these meetings well in advance. If travel for presentation at a meeting is desired, approval for time away and reimbursement must be approved by the program director. The fellow will be provided up to $1500 for transportation, hotel, and registration. Travel expenses encompass the following guidelines.

- Transportation shall be reimbursed at economy class.
- Registration and course fees are paid at cost.
- Transportation, taxis, parking, etc., are paid at cost.
- Reimbursement for conference travel will be for one meeting per year.
- All receipts for expenses accrued by the fellows are to be submitted to the Fellowship Coordinator.

Industry Sponsored Courses

Travel and time away will not be approved for industry sponsored courses.

Photography

The fellow will have the opportunity/responsibility to take photographs and are allowed copies of slides completed in conjunction with projects and patient documentation. The fellow is not to involve outside agencies for photographic endeavors without first consulting with the Program Director. The fellow may photograph x-rays that are appropriate to research or education needs, and may retain copies for their own files.