i. Introduction/Explanation of Manual

This Fellowship Addendum refers to policies and procedures specific to your training program.

Statement of inclusion of fellowship programs in Manual

This fellowship addendum outlines specific policies and procedures specific to your training program. Please refer to the Surgery Residency Program Manual for further departmental policies and procedures.

The Institution Manual is designed to be an umbrella policy manual. Some programs may have policies that are more rigid than the Institution Manual in which case the program policy would be followed. Should a policy in a Program Manual conflict with the Institution Manual, the Institution Manual would take precedence.


ii. Department of Surgery Mission Statement and Vision

Our Mission:

We Are Driven to Deliver:

- Compassionate Patient Care
- Pioneering Research
- Education of Surgical Leaders

Our Vision:

To be the preeminent department of surgery in Minnesota serving patients of the world where ground breaking research and exceptional training come together to produce the unrivaled care that we demand for our loved ones.

iii. Vascular Surgery Fellowship Program Mission Statement

To:

- Provide high quality, humane care to patients with non-cardiac vascular disease.
- Provide a high quality educational experience for fellows, residents and medical students in the care of patients with non-cardiac vascular disease.
- Provide excellence in the training and continuing education of physicians with a special interest in non-cardiac vascular disease.
- Provide an environment for performance of high quality research designed to improve our understanding of the pathophysiology of patients with non-cardiac

iv. Table of Contents

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SECTION 1 - STUDENT SERVICES

University Mailboxes and Campus Mail – University of Minnesota mail will be delivered to your mailbox in the Fellows’ Office. It is essential that you pick up your mail at least weekly. Your campus US Postal mail address is Vascular/Endovascular Surgery (MMC 195) 420 Delaware St. SE, Minneapolis, MN 55455.

E-Mail and Internet Access

Passwords are vital to computing safety. Here are some tips for choosing a good password.

Passwords must:

- Not contain all or any three character part of the user’s account name.
- Not contain the user’s first name, middle name, or last name.
- Be from 8-125 characters in length (some client software is limited to 32).
- Contain characters from three of the following four categories:
  - English uppercase letters (A through Z)
  - English lowercase letters (a through z)
  - Digits (0 through 9)
  - Nonalphanumeric characters (e.g., !, #, %)
- Not end in a space, although they may contain spaces (e.g. ‘3 Brown mice’)

FOR HELP IN E-Mail SET UP CONTACT

(612)-301-4357  More help options

To access your e-mail account - Any computer with Internet access can be used to access your email. (See below for setting up access from home.)

1. Go to http://www.mail.umn.edu/(if you forget this address, there is a link to this page on the Department of Surgery home page at http://www.surg.umn.edu).
2. Click on Check your e-mail via your Web browser.
3. Enter your X500 ID, NOT YOUR EMAIL ADDRESS.
   - Ex: If your e-mail address is smith999@umn.edu, your X500 ID is smith999.
4. Enter your password.
5. Click on Login.

HIPPA Compliance

Since 2003, identified faculty, staff, students, and volunteers have been required to complete training regarding the privacy of health information.

As part of the University’s ongoing commitment to comply with the HIPAA Privacy & Security Regulations, every University of Minnesota student, faculty member, researcher, and staff person who may have access to protected health information (PHI) and/or electronic protected health information (ePHI) must complete one or more online courses about privacy and data security. HIPAA training is managed through the GME On-boarding Checklist

If you want to use your personal mobile device (including smartphones and tablets) to access the University system, such as your University email or calendar, and you are part of the University Health Care Components, you will need to
register the device through OIT. For more information on University Health Care Components, see “Protection of Individual Health Information by U Health Care Components” Policy.

The University requires this registration in order to ensure that University information contained or accessible through your device can be secured. See related Appendix to Administrative Policy: Acceptable Use of Information Technology Resources- Guidelines for Use of Smart Phones for University Business. Any registered device that is lost or stolen must be reported to the University as stated in Administrative Procedure: Reporting Security Incidents and Making Notification. Registration of devices will involve:

- Creation of a pass code for access and management of device in the event of loss. (See policy)
- To initiate the registration process, contact your IT representative.

More Questions? Please contact the Privacy & Security Office at 612-624-7447.

**University of Minnesota (UMMC) Pagers** - The UMMC pager assigned to you remains your main pager for the duration of your training. The Fellowship Office will use that number to reach you for fellowship business. Do not turn it off when you rotate off site even if you also receive a site-specific pager. If your UMMC pager malfunctions go to the UMMC main Information Desk in the hospital lobby for assistance. Batteries are available from the Information Desk or the University Fellowship Program Office.

**Laboratory Coats** – Two University of Minnesota lab coats are supplied. Soiled coats may be dropped off in the "linen closet" hamper located on the 11th floor of PWB, Surgery Department. Laundry services are **not available for your lab coat at any other rotation sites**. Clean coats are returned to the "linen closet" 2-3 weeks later. The closet key is available from PWB-11-115.

**University of Minnesota (UMMC) Photo ID Badge** - Your University of Minnesota photo ID badge is obtained from the Parking and Transportation Department located at B-340 Mayo Bldg. They are open Monday - Friday from 7:30 a.m. to 4:00 p.m. and closed between 1:00 - 2:00 p.m. You will need your driver's license or passport. Your new badge will be available for pick-up after 3:00 p.m. 24-48 hours later. For questions or more information contact the Mayo Building Parking Office at 612-273-6674.

You will also be issued a “hang tag” indicating your status as a Fellows. You are expected to wear your badge, especially in patient care settings.

Your badge is pre-set up to provide you access to areas typically accessed by Vascular Surgery Fellows. Depending on the length of time away from the University site, your access may need to be re-authorized upon your return. If your access to these areas does not function, please contact the Fellowship Program Office at 612-625-1485.

Off-campus rotation sites will assist you in obtaining site-specific badges as needed.

**Tuition and Fees** – Tuition and fees are being waived at this time.

**SECTION 2 - BENEFITS**

**Stipends** - Residents/fellows will be paid a yearly stipend as stated in the offer letter and in the Program Manual. Residents/fellows will receive a paycheck biweekly. Residents/fellows are encouraged to use the direct-deposit system, as paychecks have the potential of being lost or delayed in the mail. Paychecks are mailed or credited to bank accounts of those using direct-deposit systems, on the pay dates listed below.

Annual Base Stipend: For a first year Vascular Fellow is $61,155 and for a second year; $62,111.

The University of Minnesota payroll is a 10-day delayed start system, paid every 2 weeks.

Bereavement Leave - May request from the program director up to 5 days (charged to vacation or sick leave) up to 5 days off to attend the funeral of an immediate family member, i.e. spouse, cohabiter, registered same sex domestic partner, child, stepchild, parent, parent of spouse, and the stepparent, grandparent, guardian, grandchild, brother, sister, or ward of the trainee.

Parental Leave - The resident/fellow (trainee - as birth mother, birth father, registered same sex domestic partner, adopter) must give notice, in writing, of intent to use parental leave and other leaves used in conjunction with parental leave to their program director at least four (4) weeks in advance, except under unusual circumstances.

Medical Leave - The resident/fellow (trainee) must give written notice to the program director of intent to use medical leave for serious illness/injury that requires an absence of greater than 14 days at least four (4) weeks in advance, except under unusual circumstances. The trainee may qualify for Short Term and Long Term Disability benefits.

Family Medical Leave - Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA). Trainees must check with their department/program to determine if they qualify. Leave shall not exceed 12 weeks in any 12-month period based on an academic year of 07/01-06/30. The trainee may qualify for Short Term and Long Term Disability benefits.

Holiday Leave - Holiday scheduling for trainees is rotation specific by program. The educational requirements and the 24 hour operational needs of the hospital are taken into consideration when scheduling holiday time off

Witness Duty/Jury Duty - Leave is provided, upon request to the program director, to residents/fellows (trainee) subpoenaed to testify before a court or legislative committee re- the University, federal or state government and/or to trainees who are called to jury duty. Pay is not lost during service. The program and trainee may write to the court asking for jury duty deferment based on hardship to same. The decision for deferment is made by the court.

Military Leave - Notify the program as soon as you are called to active military duty. The program director will notify both the individual RRC and the Board of this change in status. Reinstatement to program is eligible for up to 5 years. The appropriate PGY level following military leave is subject to review based on multiple factors. The Military Leave policy also covers criteria for leave for immediate family members of military personnel injured or killed in active service and leave to attend military ceremonies

Personal Leave of Absence - Written request to the program director must be made by the trainee at least four (4) weeks in advance, except under unusual circumstances. A trainee may be granted a personal leave of absence by the program director. Available vacation, sick or personal time off may used to ensure that the stipend is received during personal leave.

Professional Leave - Time off, not deducted from vacation or sick leave, may be provided. Fellows are encouraged to attend the Society of Vascular Surgery's annual meeting Year 1 and a review course for Board preparation in Year 2. Funding is provided for reasonable travel related expenses. Contact the program coordinator for assistance in making travel arrangements and completing the necessary paperwork. Funded travel for other meetings is on a per case basis and at the discretion of the program director. Additional time off may include, but is not limited to academic, CME, and/or interviewing.

Sick Leave - In the event of illness, the affected resident/fellow is personally responsible for notifying the faculty member of the affected clinic(s)/service(s) and the program director’s office as soon as the resident/fellow knows that the illness will cause an absence from clinical responsibilities. Sick leave will be approved only for legitimate illness. A physician’s note may be requested to support the resident/fellow’s request for sick leave. If the above policy is not followed, the
absence will be counted as vacation time. It is the responsibility of the resident/fellow and the program director to ensure that Board eligibility requirements are met within the original residency period or alternative arrangements are made.

**Vacation Requests** – Twenty week days of vacation per year are allotted by our program to Vascular Surgery Fellows. Fellows must complete and have approval by the Site Director and Program Director on the Vacation leave request form, which is located at [http://www.surgery.umn.edu/Divisions/Vascular/fellowship/home.html](http://www.surgery.umn.edu/Divisions/Vascular/fellowship/home.html), before time off is taken. Every effort will be made to accommodate reasonable requests. Vacations are discouraged during the last two weeks of the fellowship.

**Policy on effect of Leave for Satisfying Program Requirements** - ACGME requirements state that an accredited vascular/endovascular training program shall be 24 months. Any leave that results in an educational experience of less than 24 months will require the need extend training in order for you to successfully complete the program and be eligible to take the exam for Added Qualifications in Vascular Surgery.

**Insurance Information** - For comprehensive information on your insurance benefits please refer to the Office of Student Health Benefits website: [http://www.shb.umn.edu/twincities/residents-fellows-interns/m-residents-fellows-health-plan.htm](http://www.shb.umn.edu/twincities/residents-fellows-interns/m-residents-fellows-health-plan.htm)

Questions about your benefits may be directed to the Office of Student Health Benefits:

Office of Student Health Benefits  
University of Minnesota  
410 Church Street S.E., N323  
Minneapolis, MN 55455  
Phone: 612-624-0627 or 1-800-232-9017  
Fax: 612-626-5183 or 1-800-624-9881  
Email: umshbo@umn.edu

**Professional Liability Insurance** – Insurance is provided by the Regents of the University of Minnesota. Coverage is in effect only while acting within the scope of your duties as a trainee. **This program does not allow moonlighting.** Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence. Further information is available in the Institutional Policy Manual.

**Meal Tickets/Food Services** - "Meal Tickets" are available on a limited basis such as for instances of being called in on home-call or for an extended operative or patient care situation. At the University of Minnesota you are issued an electronic card pre-loaded annually for use at the University of Minnesota Medical Center (BridgesCafeteria – 8th floor) upon signing the Meal Card Policy for Use Form in the Vascular Surgery Program Office. For Abbott Northwestern Hospital, contact the Education Office at 612-863-4649 to obtain meal tickets while on rotation/cross call coverage. The VA Medical Center does not provide meals; however, full cafeteria and vending machines services are available for you to purchase items. Currently, meals are not supplied at Fairview Southdale, but there are vending machines outside the cafeteria, near the ER and also the Observation Unit for your use when the cafeteria is closed.

**Laundry Service** - Soiled lab coats can be dropped off in the hamper of the "linen closet" on the 11th Floor Philips Wangensteen Building (PWB), Surgery Department, University of Minnesota. **There are no laundry services available for your lab coats at the University of Minnesota Medical Center or at any other rotation site.** Clean coats may be picked up 2 – 3 later from the linen closet. The linen closet key is available from PWB 11-115.

**Worker's Compensation** - The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers’ Compensation insurance purposes. Regardless of the site at which you receive an on-the-job injury you must notify the pertinent Site Director and/or the Program Director as soon as possible. Steps must be taken to inform the
University as soon as it is practicable. *The University cannot pay bills for trainee treatment unless an injury report is on file.

**Area Claim Reporting Help**

Peggy Handt 612-624-6019 orm@umn.edu

**Parking** – The Fellowship Program Office will issue each fellow a parking card for the Oak Street Parking Ramp at the University of Minnesota. The card must be returned to Fellowship Program Office at the completion of training.

Surface parking at the VA is available at no cost. Park in designated for employee parking areas.

Fellows receive free parking at Fairview Southdale Hospital. Report to the Parking Office for your badge and to obtain parking information.

To park at Abbott Northwestern Hospital, fellows may contact the Education Office at 612-863-4649 to obtain parking passes and location information.

**SECTION 3 - INSTITUTION RESPONSIBILITIES**

The following is the link to the sample resident/fellow agreement on the Graduate Medical Education website: http://www.med.umn.edu/gme/ found under Resident and Fellow Resources link. Agreements are signed yearly.

**SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES**

**Complaints/Grievances** - Early resolution of problems/issues is mutually beneficial. To this end, the Program Director maintains an "open door" policy and holds frequent meetings with fellows. Contact the Program Coordinator if you need assistance obtaining one-on-one meeting time. The program has a collegial relationship with other Surgery Fellowships. Arrangements for neutral discussion may be made as needed/requested. See also, Resident and Fellow Resources at http://www.med.umn.edu/gme/ for Dispute Resolution Policy (contains Ombudsman info), Harassment-Academic Incivility, etc. You retain the right to take your issue to any of the above.

**Disciplinary Procedures** - The program will try to resolve problems at the program level if possible, but will not hesitate to refer to the guidelines and procedures outlined in the policies referenced above.

**SECTION 5 - GENERAL POLICIES AND PROCEDURES**

**Introduction**

Welcome to the University of Minnesota Vascular/Endovascular Surgery Program. Your educational experience will be based on several approaches to give you the background necessary to complete a fellowship in vascular/endovascular surgery:

1. Organized didactic experiences
2. Self-study of core materials
3. Directed and self-study of current vascular/endovascular literature
4. Patient care experience at an advanced level
5. Specific learning objectives are addressed in each site’s “specific goals and objectives”. Each of these topics will be addressed by didactic teaching, self-study, and teaching on rounds. You will be evaluated during each rotation and overall in several ways:
1. You are expected to display mastery of the material as evidenced by its accurate application in the patient care setting.  
2. You are expected to be able to teach mastered material to residents and students during clinical teaching rounds.  
3. You are expected to pass the American Board of Surgery exam in Vascular Surgery.  

The core Vascular/Endovascular Surgery curriculum is based on literature readings, as well as the following books: Rutherford’s Vascular Surgery, Owen’s Peripheral Interventions, Valentine’s Anatomic Exposures in Vascular Surgery, Stanley and Zweibel and Pellerito’s Introduction to Vascular Ultrasonography.  

**Vascular / Endovascular Surgery Program**  

**A. Program Goals and Objectives**  
Fellowship requirements correspond with the requirements of the ACGME Vascular Surgery Program found at the following address:  

https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/450_vascular_surgery_07012007_u07012008.pdf  

Site specific "Goals and Objectives” for Year 1 and Year 2 for University of Minnesota Medical Center, VA Medical Center, Fairview Southdale Hospital, and Abbott Northwestern Hospital can be found by accessing:  


**B. Training/Graduation Requirements**  
1. The subspecialty program in vascular/endovascular surgery is 2 years in duration and contains all of the educational experiences and program content required for an accredited training program. A certificate of completion is awarded to all fellows who successfully complete the 2 year training as determined by evaluations assessing organizational, technical, clinical, interpersonal/communication, and administrative/management skills. Upon completion, fellows Board Certified in Surgery by the American Board of Surgery are eligible to take the exams for Added Qualifications in Vascular Surgery. **  

**See also item V for more detailed information regarding Board Certification.**  

2. The clinical experience includes opportunities to manage inpatients with a wide variety of diseases. The trainee will assume increasing responsibility for acutely and chronically ill patients.  

3. There are 24 months of direct patient care responsibilities. There are four 3-month rotations in year one of training. You will spend 3 months at the University of Minnesota Medical Center (Site 1); 3 months at the Minneapolis Veterans Health Care System {VA} (Site2), 3 months at Fairview Southdale Hospital (Site3), and 3 months at Abbott Northwestern Hospital (Site4) in Year 1. In Year 2 you will again rotate through Sites 1 – 4.  

4. The primary training site for the University of Minnesota program is the University of Minnesota Medical Center, Fairview. This site features accredited subspecialty programs in most specialties. Formal and informal interactions among trainees in these accredited programs and the Vascular/Endovascular Fellowship Program will occur.  

5. Trainees will have extensive exposure to the care of patients with non-cardiac vascular disease at all sites including University of Minnesota Medical Center; Minneapolis Veterans Health Care System, Fairview Southdale Hospital, and Abbott Northwestern Hospital during the training program.
6. Emphasis is placed on noninvasive laboratory training so that trainees may achieve Registered Physician in Vascular Interpretation (RPVI) certification which is required for Board Certification in Vascular Surgery. More information is available at the ARDMS Web site and from the Fellowship Program Director.

7. The University of Minnesota has policies in place that ensure appropriate educational resources will be devoted to vascular/endovascular surgery training.

**C. Program Curriculum/ Program Specific Content**

**Clinical Curriculum – Lecture Series on the following topics**

- Aneurysmal disease
- Peripheral occlusive disease
- Renal artery disease
- Visceral ischemia
- Carotid artery disease
- Innominate, subclavian, vertebrobasilar disease
- Thoracic outlet disease
- Acute arterial occlusion
- Diabetic foot problems
- Complications of vascular therapy
- Management of vascular trauma
- Venous thromboembolic disease
- Chronic venous insufficiency
- Lymphedema
- Extremity amputation
- Diagnostic techniques
- Use of endovascular therapy in the management of peripheral arterial disease
- Risk stratification and risk factors
- Coagulation disorders
- Diagnosis and management of miscellaneous vasculogenic disorders
- Nonatherosclerotic vascular diseases
- Arteriovenous malformations and arteriovenous fistulae
- Vascular access
- Sympathectomy/ Portal hypertension

**Basic Science Curriculum – Lecture Series on the following topics**

1. Embryology of the vascular system
2. Molecular biology
3. Physiology and pathophysiology of blood vessels
4. Hemodynamics and atherosclerosis
5. Peptide growth factors
6. Endothelial cells
7. Vascular smooth muscle cells
8. Macrophages
9. Platelets
10. Response of the arterial wall to injury and intimal hyperplasia
11. Atherosclerosis: theories of etiology and pathogenesis
12. Histopathologic features of nonarteriosclerotic diseases of the aorta and arteries
13. Regulation of vasomotor tone and vasospasm
14. Venous system of the lower extremities: physiology and pathophysiology
15. Structure and function of the lymphatic system
16. Diabetic vascular disease
17. Plasma lipoproteins and vascular disease physiology pathophysiology the relationship of lipoproteins to atherogenesis and clinical vascular disease
18. Cigarette smoking and vascular disease
19. Coagulation and disorders of hemostasis
20. Blood rheology and the microcirculation
21. Drugs in vascular disease
22. Scientific basis for balloon embolectomy
23. Basic principles underlying the function of endovascular devices
24. Vascular grafts
25. Statistics for the vascular surgeon
26. Aneurysmal disease of the abdominal aorta
27. Cerebral blood flow
28. Basic science of renovascular hypertension
29. Basic mechanisms in mesenteric ischemia
30. Hemodynamic basis of portal hypertension
31. Anatomy and physiology of normal erection
32. Skeletal muscle ischemia and reperfusion: mechanisms of injury and intervention
33. Spinal cord ischemia associated with high aortic clamping: methods of protection
34. Arteriovenous hemodialysis access
35. Arterial and vascular graft infection
36. Neuropathic and biomechanical etiology of foot ulceration in diabetics

Didactic Teaching - Didactic conferences consist of site-specific conferences (outlined in each site description) and program-wide conferences.

Program-wide Conferences

<table>
<thead>
<tr>
<th>Conference</th>
<th>Site</th>
<th>Required/Optional</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Site Evening Case Conference</td>
<td>Rotating locations</td>
<td>R</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Vascular Case Review Conference/Basic Science Review (See 1 below)</td>
<td>VA</td>
<td>R</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Review Conference/Morbidity and Mortality Conference (See 2 below)</td>
<td>All Sites</td>
<td>R</td>
<td>Monthly</td>
</tr>
<tr>
<td>Vascular Case Review Conference/Vascular Lab(3)</td>
<td>UMN</td>
<td>R</td>
<td>Monthly</td>
</tr>
<tr>
<td>Vascular Case Review Conference/Clinical Series(4)</td>
<td>ANW</td>
<td>R</td>
<td>Monthly</td>
</tr>
<tr>
<td>Vascular Case Review Conference/Journal Club(5)</td>
<td>FSD</td>
<td>R</td>
<td>Monthly</td>
</tr>
<tr>
<td>Conference Type</td>
<td>Venue</td>
<td>Frequency</td>
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<tr>
<td>General Surgery Grand Rounds</td>
<td>UMN</td>
<td>R (when on UMN rotation)</td>
<td>Weekly</td>
</tr>
<tr>
<td>Interventional Radiology Conference</td>
<td>All Sites</td>
<td>O</td>
<td>Weekly</td>
</tr>
<tr>
<td>Cardiology Conference</td>
<td>All Sites</td>
<td>O</td>
<td>Weekly</td>
</tr>
<tr>
<td>Neuro-Interventional Radiology Conference</td>
<td>UMN</td>
<td>O</td>
<td>Bi-Weekly</td>
</tr>
</tbody>
</table>

1. **Case Review Conference/Basic Science Review Conference** - Includes a didactic presentation utilizing the Association of Program Directors in Vascular Surgery (APDVS) Basic Science Curricula

2. **Vascular Case Review Conference/Morbidity and Mortality Conference** - Conducted at each site to allow review of local complications


4. **Vascular Case Review Conference/Education Conference** - Includes a didactic presentation following the APDVS Clinical curricula.


**Self Study** – Personal reading from required textbooks is highly recommended. Other textbooks are available in our Division of Vascular Surgery library at the University of Minnesota, Division of Vascular Surgery.

In addition, we have current journals and historical readings available to fellows. Contact the Vascular Fellowship Office for access.

Diehl Hall on campus has among its departments: AHC Learning Commons (computer training/technical assistance), Bio-Medical Library, and Wangensteen Historical Library of Biology and Medicine. You will also have access to the Veterans Health Care System Library with your “VA” badge.

Self-study assignments are located in New Innovations (RMS) under the Journal Section. Email reminders will be sent email regarding to remind you to complete over the two years of training. You are welcome to work ahead on assignments when you have available time. As you complete the various assignments, please enter completion dates or other requested data in your journal. Most of these assignments are based on ACGME core competencies.

**Teaching** - An important part of education is the combined education of residents and students at a less advanced stage of training. You will teach residents and students during your rotations as appropriate. In addition, you will be assigned specific lecture topics to present at the Vascular Conferences.

**Research** - Clinical research may be conducted throughout the residency, but will be particularly emphasized during times when you do not have significant clinical responsibility. Each year the fellows will work on at least 1 clinical project, supervised by a faculty mentor. Time permitting, you may be able to be involved in various aspects of the project including concept, study design, data collection, data analysis, manuscript preparation, and/or manuscript presentation. Fellows may also be involved in on-going IRB and FDA approved clinical trials in order to become familiar with the process of project submission and the required reporting standards and guidelines.
**Administrative** - Each vascular/endovascular surgery trainee will acquire the skills required to organize, administer, and direct a Vascular/Endovascular Surgery Service and to work effectively as a member of an interdisciplinary team. In order to do this, each trainee will be given graded responsibility, as their level of competence dictates, for making decisions about admissions to the Vascular/Endovascular Service, appropriateness of care plan, and discharge from Vascular/Endovascular Service. Each trainee is expected to develop and understanding of quality improvement processes. Fellows are involved in M+M or other QI activities and will complete a QI project as a self-study project. Discuss QI projects in collaboration with the Program Director, who will sign off on the project.

**Practice Management** - The rotation sites give insights into an academic, government, community, and inner city practice location. Management readings are available in the Vascular Surgery “Library” at the University of Minnesota site. Fellows interested in more in-depth study of management may contact the Program Director.

**D. ACGME Competencies**

As an ACGME approved program we participate in the Next Accreditation System. All University of Minnesota Medical School Residency/Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the ACGME’s Residency Review Committee to ensure its residents/fellows demonstrate the following:

- **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health and in the performance and application the vascular/endovascular skills. Refer to Clinical Curriculum (Page 11)

- **Medical knowledge** of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care. Fellows to acquire advanced knowledge of the following aspects of vascular/endovascular care, particularly as they relate to the management of patients with hemodynamic instability, multiple system organ failure, and complex coexisting medical problems. Refer also to Basic Science Curriculum (Page 11)

- **Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to be able to meet the following goals:

  1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise  
  2. Set learning and improvement goals. Identify and perform appropriate learning activities  
  3. Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement  
  4. Incorporate formative evaluation feedback into daily practice  
  5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems  
  6. Use information technology to optimize learning  
  7. Participate in the education of patients, families, students, residents and other health professionals.

- **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals. Fellows are expected to:

  1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;  
  2. communicate effectively with physicians, other health professionals, and health related agencies;  
  3. work effectively as a member or leader of a health care team or other professional group;  
  4. act in a consultative role to other physicians and health professionals; and,  
  5. maintain comprehensive, timely, and legible medical records, if applicable.

Fellows must demonstrate **professionalism** as manifested through a commitment to carrying out professional
responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:

1) compassion, integrity, and respect for others;
2) responsiveness to patient needs that supersedes self interest;
3) respect for patient privacy and autonomy;
4) accountability to patients, society and the profession; and,
5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

**Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows must demonstrate the ability to:

1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2) coordinate patient care within the health care system relevant to their clinical specialty;
3) incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care as appropriate;
4) advocate for quality patient care and optimal patient care systems
5) work in interprofessional teams to enhance patient safety and improve patient care quality; and
6) participate in identifying system errors and implementing potential systems solutions.

**Next Accreditation System (NAS)**

With the New Accreditation System, the ACGME has engaged specialty groups to develop outcomes-based Milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies. A Milestone is a significant point in development. For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

NOTE: Milestones are NOT evaluations per se. The Clinical Competency Committee (CCC) for the Vascular Surgery Fellowship Program (current members are the Site Directors) uses evaluation forms, Mock Orals, VSITE findings, and/or other materials determine the Milestone scoring for each fellow. Fellows may be asked to complete a Milestones as a self-study and/or for use by the CCC. Milestones are submitted to ACGME twice a year by the Program Director.

See the 31 Milestones for Vascular Surgery at the following ACGME web site:

[http://www.acgme.org/acgmeweb/tabid/434/ProgramandInstitutionalAccreditation/Milestones/Milestones-SurgicalSpecialties.aspx](http://www.acgme.org/acgmeweb/tabid/434/ProgramandInstitutionalAccreditation/Milestones/Milestones-SurgicalSpecialties.aspx)

**E. Evaluation**

The Vascular/Endovascular Surgery Fellowship Program utilizes a 360° evaluation system for the fellows. Fellows review their own progress after each core rotation. Fellows are also evaluated by faculty and professional staff. The Program Director/or designee discusses evaluations with the fellows. The Program Director also conducts a mid-term and annual review session with each fellow. We are currently using a combination of hard copy evaluations as well as online evaluations through the New Innovations (RMS) website.

Following each completion of a rotation, Fellows evaluate rotations and faculty. Annual program review by Fellows will occur each June. At the final quarterly educational meeting evaluations are reviewed and discussed among faculty and each receives a copy of his/her evaluations. Training in the use of New Innovations (RMS) is provided to you and you will be given your login and password. For any questions related to this system, contact rmshelp@umn.edu or the Vascular/Endovascular Fellowship Program Coordinator at (625-1485).
F. Duty Hours
Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- Max Hours per Week
  - Duty hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities
  - Trainees in their final years (PGY 6, PGY 7) of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80 hour max.

- Continuous Duty Hours
  - PGY-1 trainees must not exceed 16 hours (Not applicable to this program)
  - PGY-2 trainees and above: must not exceed 24 hours. Trainees may spend an additional 4 hours to complete transitions in care. No additional clinical responsibilities following 24 hours of continuous in-house duty. A rest period of 14 hours is required.
  - Should an instance such as 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 may result in a scheduled instance of 24 hours continuous hospital duty hours the following must be accomplished to ensure patient and personal well being:
    - Communicate the need to remain on duty with Site Director and/or Program Director and document the reason for staying
    - Minimize personal fatigue
      - Eat healthy foods
      - Interact with co-workers/team members
      - Stay in well-lighted areas or use artificial light
      - Use distractions such as music, noise, cool air, etc.
      - Use caffeine during vulnerable periods
      - Nap (after 16 hrs and especially between 10 pm – 8 am (call rooms are located at all site; pre-scheduling may be required)
    - Utilize effective transitions in patient care
      - Patient workload may not exceed one patient
      - Remaining patients must be transitioned to other providers utilizing the Transitions in Care Guidelines
    - Utilize notification of attending guidelines as per “trigger” card during extended stay as needed (See Notification of Attending’s Policy)
    - Document duty hours in RMS with justification

- Duty Hour Exceptions
  - Duty hour exceptions of 88 hours per week averaged over a four-week period for select programs with sound educational rationale are permissible. Program must obtain permission from the Designated Institution Official and Graduate Medical Education Committee prior to submission to their Review Committee.
• **Mandatory Time Free of Duty:**
  - Trainees must have a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned during this time.
  - PGY-1 residents should have 10 hours and must have eight hours free between duty periods. *(Not applicable)*
  - Intermediate-level residents should have 10 hours and must have eight hours free between duty periods. There must be at least 14 hours free of duty after 24 hours of in-house duty.

**Reporting Duty Hour Violations**
In accordance with the Institutional Duty Hour Monitoring Policy trainees concerned about continuous duty hour violations by their program can contact the Designated Institution Official or send a confidential email to gmedhv@umn.edu.

**Call:**
- **In-House Call** *(In-House call not applicable to this program)*
  - PGY-2 and up: every third night when averaged over a four-week period.
- **At-Home Call**
  - Time spent in the hospital must count towards the 80-hour week limit. At home call is not subject to the every third night limitation however trainees must receive one-in-seven free of duty when averaged over a four-week period.
  - At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident.
  - Trainees 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.
  - PGY-1 residents are limited to 16-hour shifts and are not allowed to take at-home call *(Not applicable)*

**Night float:** Trainees must not be scheduled for more than six consecutive nights of night float. Check with your individual RCs for maximum number of months of night float per year that may be allowed. *(Not applicable)*

**Duty Hours Tracking**
1. In accordance with the ACGME duty hour guidelines as above, duty hours are entered into New Innovations Residency Management Suite (RMS). Fellows are expected to keep duty hours up to date (i.e. entered daily). The website address is [https://www.new-innov.com/Login/Login.aspx?Hospital=MMCGME](https://www.new-innov.com/Login/Login.aspx?Hospital=MMCGME)

**G. Moonlighting**
  Moonlighting is not allowed in the University of Minnesota's Vascular/Endovascular Surgery Fellowship.

**H. On Call Schedules**
1. Call schedules for all sites are distributed on or before the first day of rotation at each site. Second year fellows will serve 6 months each as Administrative Fellow for call schedule preparation.
2. Vascular/Endovascular Fellows have no in-house call.

**I. On Call Rooms** - Not generally available as Fellows do not take In-House Call.

**J. Support Services**
1. Modern facilities are available at each of the primary training sites to support the Vascular/Endovascular Surgery training program. Major sites include:
a. University of Minnesota Medical Center  
b. Minneapolis VA Healthcare System (VA Medical Center)  
c. Fairview Southdale Hospital (sub-site Fairview Ridges for spine exposure)  
d. Abbott Northwestern Hospital (sub-site Minneapolis Children’s for vascular anomalies)

2. Patient care units at each training site are located in designated areas within the hospital and are designed specifically for the care of patients with non-cardiac vascular disease. Each hospital has the equivalent of a medical intensive care unit, a surgical intensive care unit and a coronary care unit. These facilities are judged adequate by the appropriate hospital accreditation organizations to care for patients with non-cardiac vascular disease.

3. For each unit where a Vascular/Endovascular Surgery trainee is assigned, the average daily census is approximately five per trainee. Each unit consists of specially trained nurses and technicians who are skilled in evaluation and management of patients with non-cardiac vascular disease. At each facility, supporting laboratory services are available to provide complete and prompt laboratory evaluation. Modern imaging services and an active emergency service are available as well as nutritional support services.

4. Resident Lounge - The Resident Lounge at University of Minnesota Medical Center, Fairview is located in Room 6-501 in Unit J and is available 24 hours per day for Residents and Fellows from all specialties. The room is accessible by punch code access. If no one is on duty, Hospital Security can supply the code, as it changes frequently. TV/VCR, computers, and phones with access to the main hospital are available. There is also a partially stocked kitchen with refrigerator, coffee/tea makers, microwave, and toaster. Consult the site coordinator at rotation sites for lounge information at off campus rotations.

5. Work-Out Room - A work-out room available for Residents and Fellows is located on campus in C496 Mayo Building. Obtain the entrance code from the General Surgery Chief Resident assigned to the Vascular Surgery Service. Contact site coordinators for information about access to facilities at other rotation sites.

K. Supervision, Faculty and Organization of the Staff

1. The Program Director for the Vascular Surgery Fellowship Program is Steven Santilli, MD, PhD, MBA; Professor of Surgery and Radiology. Dr. Santilli is Board Certified in Vascular Surgery. He may be contacted via the Program Office at 612-625-1485.

2. Faculty members are appointed by the Program Director. For the purposes of the Supervision Policy below, all faculty are being referred to as “attending.” (ACGME does define Core faculty as those who devote at least 20 hours/week to teaching, research, administration, and the critical evaluation of the performance and progress of our vascular trainees, while Attending faculty are those who spend fewer hours in teaching, research, and administration, but are equally engaged in patient care activities with fellows) All rotation sites for the Vascular Surgery Fellowship include Core and Attending faculty. (See page 34 for a list of faculty members)

Each site has also an appointed Site Director, Program Coordinator (primary site - U of MN) or Site Coordinator (rotation sites). (See list on page 34)

3. Vascular/Endovascular Surgery teaching staff are privileged to admit, treat, and discharge patients from the hospital.

4. A collegial relationship exists between the director of the Vascular/Endovascular Surgery training program and teaching staff in general surgery, transplantation, neurosurgery, cardiothoracic surgery, urology, orthopedic surgery, pulmonary/critical care medicine, and obstetrics and gynecology to enhance the educational opportunity for all trainees.
Supervisory Policy

- It is understood that fellows at all levels of training are to be supervised by a faculty member.

- As a Fellow progresses from PGY 6 to PGY7, it is expected that the Fellow will accept added responsibility while the faculty maintains ultimate responsibility.

- Graded responsibility under appropriate supervision is delegated to Fellows based on demonstrated merit and acquisition of medical knowledge and clinical expertise in clinical care with the ultimate goal of fostering independent decision-making and the provision of safe, quality patient care.

- Fellows are expected to be aware of the supervisory chain of responsibility at each site, but if concerns arise regarding the chain of responsibility or the quality of patient care, the Fellow may contact the Program Director or Director of Surgical Education, Department of Surgery University of MN.

- Levels of Supervision are established by the ACGME as follows:
  1. Direct Supervision – supervising attending is physically present with Fellow and patient
  2. Indirect Supervision –
     a. With Direct Supervision Immediately: supervising attending is in the hospital/patient care (e.g. clinic, angio) and is available immediately to provide direct supervision
     b. With Director Supervision Available: supervising attending is not physically on site/patient care area, but is immediately available by phone or pager to provide direct supervision
  3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided once care is given

Admissions/Consultations/Discharges/Inpatient Care

All admits and consults are seen by a surgical or vascular resident on the vascular team. The resident or fellow is then expected to notify the supervising attending regarding admissions, consults, transfer, change in patient clinical status, bleeding, discharge or death and arrange, as appropriate, for the patient to be seen by the attending faculty. Discussion of a fellow’s preliminary diagnosis and decisions regarding treatment of proposed treatment are made collaboratively by fellow and attending. No patient shall be accepted, admitted or discharged without the approval of the supervising attending.

Operating Rooms/Hybrid ORs

All cases requiring must first be discussed with supervising attending before scheduling. The attending must be physically present during the critical or key portion of the procedure. During the non-critical or non-key portion, the attending should be immediately available if the need arises. Depending upon the degree of difficulty of the case and the level of confidence of the fellow, the supervising attending may supervise the fellow as surgeon, first/second assist or as an in-room observer.

Outpatient Clinic

Patients in the outpatient clinic are seen by all members of the team. Fellows are expected to see patients in the outpatient clinic on assigned days with the supervising attending. Fellows are expected to see new patients, formulate a work-up and management plan and discuss the plan with the attending. Fellows also provide post-operative outpatient follow-up under direct attending supervision. Supervising attendings are present to provide supervision, consultation, and teaching.
• Vascular Fellow Responsibilities

1. The Fellow is considered the senior resident and may be delegated the responsibility of supervising other residents and medical students rotating on the service.
2. PGY6 and PGY7 Fellows are not on rotation at the same site
3. No overlapping clinical duties with the exception of p.m. home call where cross coverage between may occur.
4. The PGY7 makes & coordinates the Fellow call schedules taking into account the vacation schedules, cross coverage between two sites and any other scheduled activities. (Each PGY 7 has 6-months)
5. The PGY 7 is expected to exercise and exhibit increasing degrees of responsibility and independent judgment for clinical/surgical decision-making and perform more advanced/complex procedures under the supervision of the supervisory attending surgeon.

• Faculty Supervision Responsibilities

1. Attendings must accept responsibility for the Fellow assigned to his/her patients.
2. The attending is responsible for ensuring that Fellows are permitted to exercise progressive responsibility, conditional independence, decision making to the level of individual competence.
3. The attending is responsible for involving Fellows under his/her supervision in the care of patients (including care in OR, units/wards, outpatient setting) in a manner that is commensurate with the Fellow’s level of competence.
4. A Fellow may be delegated varying degrees of responsibility for the care of a patient by the attending, but the attending is ultimately responsible for patient’s safety, care, outcome, & well-being of the patient.
5. The attending also bears the ultimate responsibility for the conduct and management of the patients by the Fellow.
6. The Vascular Surgery Fellowship Program of the University of Minnesota adheres to and monitors compliance of their trainees at all sites in keeping with the ACGME duty hour standards as outlined in the revised (July 2011) ACGME Common Program Requirements. Program-specific guidelines as outlined by the Residency Review Committees (RRCs) will be followed. The Program is monitored by the sponsoring institution, the University of Minnesota (Graduate Medical Education) with respect to duty hour requirements through regular review of duty hour violations in RMS. An Internal Review process and annual review of program manuals ensures the proper policies are in place.

Graded Responsibility

Fellows are encouraged to assume increasing levels of responsibility commensurate with their progress in experience, skill, knowledge and judgment. Upon successful completion of the fellowship program, Fellows have the skills necessary to assume a lead role on a Vascular/Endovascular Surgery Service
Lines of Responsibility

University of Minnesota Medical Center, Fairview

Vascular/Endovascular Site Director

Rumi Faizer, MD

Vascular Attending On Call

↑

Vascular Surgery Fellow

↑

General Surgery/ Resident/Intern

↑

Patient

VA Medical Center

Vascular/Endovascular Site Director

Steven Levin, MD

Vascular Attending On Call

↑

Vascular Surgery Fellow

↑

General Surgery/ Resident/Intern

↑

Patient
**Fairview Southdale Hospital**

Vascular/Endovascular Site Director  
**Timothy Gavin, MD**  
Vascular Attending On Call

↑

Vascular Surgery Fellow

↑

General Surgery/ Resident/Intern

↑

Patient

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**Abbott Northwestern Hospital**

Vascular/Endovascular Site Director  
**Jason Alexander, MD**  
Vascular Attending On Call

↑

Vascular Surgery Fellow

↑

General Surgery/ Resident/Intern

↑

Patient
Patient Care

1. Notification of Attending (UMP “Trigger Cards”) Each fellow receives a card with Attending Physician Notification Guidelines listed. Trigger card is to be kept with your ID Badges. Although the cards are provided by University of Minnesota Physicians, the guidelines apply to all hospital sites. The text of the card reads:

This card lists certain changes in a patient's status or other events that should prompt you to contact the attending physician. This is not meant to be an all-inclusive list; rather it is a guideline to assist in decision-making.

- Admission to the hospital
- Transfer to ICU or higher level of care
- Unanticipated intubation or ventilator support
- Development of new significant neurological changes (e.g. CVA, seizure, new onset of paralysis, acute decline in level of consciousness)
- Development of new significant cardiac changes (e.g. CODE, serious arrhythmia, PE, hemodynamic instability)
- Development of major wound complications (e.g. dehiscence or eviscerations)
- Medication or treatment errors requiring clinical intervention (e.g. invasive procedure(s), increased monitoring, new medication (except Narcan))
- Unanticipated blood transfusion without prior attending knowledge or instruction (before or after operation)
- Development of any clinical problem requiring an invasive procedure or operation
- Patient, family, or clinical staff request for attending notification
- Death

1. Transition of Care – Patient “Handoff”

General Guidelines

Behaviors

- Sign out must be an active process, including a written and/or verbal component, 100% of the time. It is the responsibility of the individual signing out to discuss the patients with the covering resident. Triggers for absolute face-to-face sign-outs include, but are not limited to: patient instability and complex – patients requiring detailed collaborate review of data.

- Sufficient time allotment for the sign-out process is required for adequacy of information exchange. Individual discretion is highly encouraged, with some variability anticipated based on the status and size of the service list. It is expected that individuals on either the receiving or providing end of the information will actively participate until both parties feel comfortable that the pertinent points have been appropriately addressed.

- Prioritization should be given to the sickest patients, including threshold and plans for evaluation of care. In 22 circumstances where it will provide the best continuity of care for sick patients, the two parties are encouraged to review patient data, imaging, and/or exam findings together.

- The “chain of command” must be clearly identified along with provision of pertinent contact numbers.

- Each morning by 7 a.m., it is expected that the primary team will contact the post-call individual to ask about any overnight events. This exchange is expected to be verbal and can occur via telephone. The post-call individual is also highly encouraged to proactively alert the primary service of any major events overnight; however, it remains the responsibility of the primary team to contact the post-call individual every day.
Requirement elements of the sign-out list

The sign-out process for all services covered by Vascular Fellows must include all the following elements. The structure and format used may have some flexibility at the discretion of the specific site.

- Patient name
- Patient MRN
- Patient sex/age
- Patient location
- Attending surgeon
- Diagnosis
- Procedure(s) and date(s)
- Focused PMH
  - Examples of key elements; diabetes, CAD, dialysis dependence, etc
- Focused medications
  - Antibiotics and what they are being treated for
  - Anticoagulants
  - Beta blockers
  - Diuretics
- Any other meds that may affect management of acute issues overnight
- Tubes/drains/lines
- Active issues/complications
  - Active issues should be listed on the written sign-out and individually discussed in terms of status and overall plan for each issue during the verbal exchange.
  - Surgical patients are presumed to be full code in the perioperative period’ thus, it will be expected that if a patient has a DNR/DNI status, comfort care, etc. this will be noted as an active issue.

Things to do, including pending labs and studies and who should be informed of results and when, and if they want to know results even if normal.

Chain of command for patients on the service is that the Fellow on call is responsible for all patients. The attending on call is also covering all of the patients. Contact numbers for attendings and fellows are noted and readily available. We have the information on the monthly calendar. It is your responsibility to know where staff on-call information is located at all rotation sites.

Identification of the member of the primary team who will be receiving sign-out and rounding on the service the following morning, particularly on weekends/holidays.

University of Minnesota Medical Center

*Sign out for the University of Minnesota Medical Center is via verbal communication between the residents and staff. This occurs each night starting at 5 PM and again 7 AM the following morning.*

Minneapolis Healthcare System (VA Medical Center)

*Sign out for the Minneapolis VA Medical Center is via verbal communication between the fellow, and staff. This occurs each night starting at 5 PM and again 7 AM the following morning.*

Abbott Northwestern Hospital

*Sign out for Abbott Northwestern Hospital occurs in two ways. Pertinent and acute information is provided verbally between fellows and between fellows and staff. Sign-out is also provided within the Abbott Northwestern*
online medical record. Each patient on the vascular surgery list within the medical record has an area of notes provided by physicians regarding pertinent patient care issues and plans, etc.

Fairview Southdale Hospital

Sign out for Fairview Southdale Hospital is through pertinent and acute information provided verbally between fellows and between fellows and staff. Each patient on the vascular surgery list within the medical record has an area of notes provided by physicians regarding pertinent patient care issues and plans, etc.

L. Laboratory/Pathology/Radiology Services

Laboratory, pathology, and radiology services are readily available through University of Minnesota Medical Center - Fairview. Below is the contact information and location of each of these medical services:

Fairview Diagnostic Laboratories
Mayo Medical Building, Room D-293
420 Delaware Street SE, MMC 198
Minneapolis, MN 55455
Tel: 612-273-7838, Fax: 612-273-0183

Pathology
Pathology Department-UMMC
Mayo Medical Building, Room C-477
Tel: 612-273-5920

Surgical Pathology- VA
Room 2Q-107
Tel: 612-467-3416

Pathology Department- Abbott Northwestern
Tel: 612-863-4670

Radiology
Radiology Department- UMMC
Harvard at East River Road (UMMC), Room 2-300
Tel: 612-273-6004

Interventional CV Radiology, UMMC-2-300
Tel: 612-273-5040

Radiology Engineering, UMMC 2-493
Tel: 612-273-6801

Radiology Film Desk, UMMC 2-403
Tel: 612-273-5777

VA Medical Center Radiology Department- VA Room 1R-128
Tel: 612-467-2938
M. Medical Records

HIPAA Training is required. Site-specific training in the use of electronic medical record systems is also required. See more information/instructions on page 5 above. Similar policies are in place at all rotation sites. Site-specific training may be required.


N. Security/Safety

The Security Monitor Program (SMP) is a branch of the University of Minnesota Police Department. SMP offers a walking/biking escort service to and from campus locations and nearby adjacent neighborhoods. This service is available completely free to students, staff, faculty, and visitors to the University of Minnesota – Twin Cities campus. To request an escort from a trained student security monitor, please call 624-WALK shortly before your desired departure time and walk safe.

University of Minnesota Medical Center also employs security officers who are on duty 24 hours a day to respond to emergencies and to escort persons to and from the parking facilities. Call 612-273-4544 if you wish to have an escort, and a security officer will meet you at your location.

Contact individual Site Coordinators for other site-specific safety programs.

O. Radiation Safety

Protective Lead and goggles are located for Fellow use at each of the four training sites. A self-study in Radiation Safety is required and will be arranged by the Fellowship Program Office. You will be issued dosimeters by the University of Minnesota Radiation Safety Department. Wear your dosimeters at all sites and turn in to the Program Office at the University of Minnesota at the end of each month.

P. Monitoring of Physician Well Being and Resident Assistance Program

The Vascular/Endovascular Surgery Fellowship Program is committed to monitoring the well-being of the Fellows in the training program. Daily contact between faculty and Fellows provides opportunities to observe Fellows on a regular basis for signs of fatigue, distraction, tardiness, or other signs that could indicate overwork or personal problems. The GME office provides orientation for all incoming residents/fellows that includes Physician Well-Being.

Sand Creek is the provider secured by Graduate Medical Education as the Resident Assistance Program (RAP) provider. RAP is available for you and your immediate family members. RAP services include short-term counseling for help with:
program-related stressors
• Relationship concerns
• Financial worries
• Mental health/Chemical use issues
• And more . . .

Sand Creek’s counselors have particular expertise in dealing with the needs of residency/fellows in training programs. In contacting them, you will receive confidential help in determining the problem, what should be done, and how to go about it.

Your counselor will keep everything strictly confidential. Nothing is disclosed to your faculty or to others without your written consent.

There is no charge associated with assessment and short-term counseling services provided through the RAP. If additional services or more specialized services are indicated, you will be referred to other outside resources for help.

Your RAP counselor will help you locate appropriate, affordable resources based on your needs and preferences. Health insurance plans usually provide some coverage for mental health and chemical dependency concerns. Calls to Sand Creek are answered 24 hours a day by either Sand Creek counselors, or, if their offices are closed, by a back-up service consisting of licensed mental health professionals.

For your convenience, Sand Creek has several offices around the metro area or you may meet a counselor at your rotation hospital. Appointments are scheduled throughout the day. Evening hours are also available.

Sand Creek
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651-430-3383 or 1-800-632-7643
See also: http://www.med.umn.edu/gme/residents/rap

Q. BLS/ACLS/ATLS
All trainees must have current BLS certification. It is also highly suggested that you maintain ACLS, particularly for your VA rotation. Effective 2014, it is a requirement for Board Certification in Vascular Surgery that you have taken ATLS, although it need not be current at the time of the Board exams. (See also Section V. below). BLS/ACLS training are available at no cost at the VA Medical Center, but offerings are limited. Contact the Site Coordinator at 612-467-2047 for assistance in scheduling. BLS is also offered through the University of Minnesota Emergency Medicine Department at a fee of $50.00. ATLS is offered at several area hospitals. You can contact the following:
  1. Regions Hospital - www.regionsems.com or Ellaina Wales at 651-254-7786
  2. North Memorial Hospital – Go to their website and find a list of courses under Healthcare Professionals at www.northmemorial.com
  3. Hennepin County Medical Center – HCMC EMS Education. Contact person is susan.altmann@hcmed.org

R. Visa Sponsorship
The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs; therefore, the Vascular Surgery Fellowship Program sponsors only J-1 visas. We do not sponsor H-1B visas. Those holding a J-1 visa must have enough time remaining on their visa to complete the University of Minnesota Vascular Surgery Fellowship’s 2-year training program.

S. Communication Policy
  1. All general announcements and information will be disseminated via University e-mail.
  2. Fellows are required to maintain an active e-mail address and access it at least twice weekly.
  3. Fellows may use a personal e-mail address in lieu of their University X.500 address but must forward their
University address to their personal address.

**T. Grand Rounds Compliance**
All fellows are required to attend and participate via discussion and scheduled presentations at weekly Vascular Disease Conference. Refer to pages 12-13 in this manual for a list of other required and optional conferences/grand rounds and their locations. Attendance at weekly General Surgery Grand Rounds is mandatory, (presentation of Vascular M&M as requested) unless duty hours conflict, for Vascular Fellows during their University of Minnesota rotation. Other Fellows may attend as able.

**U. Dress Code Policy**
All Department of Surgery residents/fellows will comply with the University of Minnesota, Medical School, Graduate Medical Education Committee Dress Code Policy listed below.

In addition, all Department of Surgery residents/fellows will dress appropriately such that while attending conferences and when participating in all training activities shirts/ties and business attire are worn. Post call residents must be neatly groomed and clean.

Full GME Policy: [http://www.med.umn.edu/gme/- Institutional Policy Manual link](http://www.med.umn.edu/gme/-). Briefly:

- Residents/fellows to be neat, clean, and orderly at all times during the performance of training program activities.
- Jewelry, clothes, hairstyle, fragrances etc appropriate to hospital/clinic.
- ID badge(s) to be worn (and visible) during clinical and administrative duties
- Scrub suits for designated area, e.g. Operating Room, IR; all other areas, a white coat must be worn over the scrub suit.
- **Safety for Vascular Surgery trainees includes radiation safety** – protective lead and goggles are available at all sites. Radiation badges will be issued/returned monthly to the University of MN.

**V. American Board of Surgery – Requirements for Certification in Vascular Surgery**
Certification of Added Qualifications in Vascular Surgery by the American Board of Surgery attests that one has acquired a detailed knowledge of the discipline and has developed technical and other skills to the degree that the individual may be judged to deserve recognition as a Specialist in Vascular Surgery with the ability to provide that care to patients. Fellows may take the exam after successfully completing the fellowship. The exam has a written and oral components.

The Vascular Surgery Qualifying Examination (QE) is offered annually. It is an 8 hour/one day test consisting of approximately 300 multiple-choice questions to assess a surgeon's cognitive knowledge. Results are available between 4-8 weeks post exam.

**Changes for 2015**
- Successful completion of the General Surgery QE or Surgical Principles Exam is no longer a prerequisite for this examination. Core surgery content will instead be integrated into the 2015 Vascular Surgery QE. The content outline for the 2015 exam is now available. See [www.absurgery.org/xfer/VS-ITE-QE-RECERT.pdf](http://www.absurgery.org/xfer/VS-ITE-QE-RECERT.pdf)
- Graduates of independent programs will be required to have an approved application to the General Surgery QE before applying for the Vascular Surgery QE. All application requirements must be met and it must be signed by the general surgery program director.

**Abbreviated General Requirements for Certification of Added Qualifications:**
• Accredited Program: Complete an ACGME accredited program in vascular surgery.
• Approved Application (5+2 Applicants Only): See 2015 Changes - Need an approved application to the General Surgery Qualifying Exam, for applicants who graduated from an independent program (5+2 pathway).
• Training Time: Have acquired no fewer than 48 weeks of full-time clinical activity in each year of the vascular surgery training program. See Leave Policy at www.absurgery.org
• ACLS, ATLS and RPVI: Have been certified in the programs Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Registered Physician Vascular Interpretation® (RPVI®). Current certification is not a requirement. Proof of (past) certification is.*
• Professional Activity: Be actively and primarily engaged in the practice of vascular surgery; as per full surgical privileges in this discipline at an accredited health care institution, or be currently engaged in pursuing additional graduate education in another recognized surgical specialty. Exception - active military duty.
• Operative Log: Submit surgeon and assistant surgeon report that is deemed acceptable to the ABS in volume, and spectrum/complexity of cases. Includes 250 major vascular reconstructions. Cases must be from the fellowship training and verified by the program director.
• Medical License: A medical license is NOT required to apply for the Vascular Surgery QE, but candidates must possess a full and unrestricted U.S. or Canadian medical license to take the Vascular Surgery Certifying Exam. Applicants are required to immediately inform the ABS of any conditions or restrictions in force on any active medical license they hold.

Seven-Year Limit
• Applicants who completed training in the 2012-2013 academic year or thereafter will have no more than 7 academic years following completion of training to become certified in vascular surgery. If they delay in applying, they will lose exam opportunities.

*ACLS is available at one or more rotation sites if you never completed training. See page Section Q., page 27. Your fellowship training is designed to assist you in becoming eligible for the RPVI examination given by the American Registry for Diagnostic Medical Sonography (ARDMS). See http://www.ardms.org/ for more information or talk to the Program Director.

W. Case Log
Fellows are required to keep their case logs on the ACGME website. The case log system utilizes CPT codes or ICD-9-CM codes (ICD-9) to track resident/fellow experience (including IR procedures and imaging). The Residency Review Committees have indexed these codes into categories for evaluation. Any CPT or ICD-9 code can be entered in the application but only those codes the RRC has selected will be evaluated for experience. The system has been designed to allow residents and fellows to enter procedures on a regular basis at their convenience. Continue to enter all cases and imaging procedures even when minimums have been satisfied. The site is secured by encryption certificate obtained through the Verisign Corporation.


Following are Case Log tracking forms for your convenience

The form below may be useful as tally for your experience.
### Vascular/Endovascular Surgery Case Log

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### SECTION 6 - ADMINISTRATION

**Vascular Surgery Fellowship Sites and Contact List**

**From University Telephones, Dial “8” for an outside line; From Hospital Telephones, Dial a “9”**

Program Office- University of Minnesota Medical Center: *(Physical address)*

VFW Room V156  
406 Harvard St SE  
Minneapolis, MN 55455  
Office Telephone: 612-625-1485  
Office Fax: 612-626-4150

*(Mailing address)*  
Vascular Surgery, MMC 195  
420 Delaware St SE Minneapolis, MN 55455  
Office Telephone: 612-625-1485  
Office Fax: 612-626-4150

Program Director – Steven M Santilli, MD, PhD, MBA, Affiliate Professor of Surgery and Radiology  
Dr. Santilli may be reached via the Program Office (612) 625-1485 or by pager 612-818-0531 or 612-467-2065  
Physical Address: Minneapolis Veterans Health Care System  
Room 2J-100  
One Veterans Drive, Minneapolis, Minnesota 55417  
Mailing Address: as per Program Office above

Program Coordinator – Connie Lindberg  
Physical and Mailing Addresses as per Program Office information above,  
Telephone and Fax as per Program Office above

Site Directors and Site Coordinators
Site # 1
Site Director, Rumi Faizer, MD
University of Minnesota Medical Center: *(Physical address)*
VFW Room V156A
406 Harvard St SE
Minneapolis, MN 55455

*(Mailing address)*
Vascular Surgery, MMC 195
420 Delaware St SE Minneapolis, MN 55455
Office Phone: 612-625-1485
Office Fax: 612-626-4150

Site #2
Site Director, Steven Levin, MD
Minneapolis VA Healthcare System (VA Medical Center)- Vascular Surgery Section 112K
One Veterans Drive
Minneapolis, MN 55417
Office: 612-467-2047
Fax: 612-727-5693
Jonathan Rahn, Program Assistant
Office: 612-467-2047

Site #3
Site Director, Timothy Gavin, MD
Fairview Southdale Hospital (Physical Address)
6405 France Avenue, Suite W440
Edina, MN 55435
Office: 952-927-7004
Fax: 952-927-5146

*(Mailing Address)*
Surgical Consultants/Fairview
Administrative Office
3400 West 66th Street, Suite 350
Edina, MN 55435
Office: 952-832-0805
Fax: 952-832-5597
Diane J. Andersen, Site Coordinator 952-897-9880

{Christopher Roland, MD: Fairview Ridges Hospitals (Spine Exposure –Fairview Ridges)} Address as T. Gavin’s

Site #4
Site Director, Jason Alexander, MD
Minneapolis Heart Institute Abbott Northwestern Hospital
800 East 28th Street
Second Floor, Heart Hospital
Minneapolis, MN 55407
Office 612-863-6655
Dawn Mier, Site Coordinator
<table>
<thead>
<tr>
<th>Faculty</th>
<th>Site #</th>
<th>Position</th>
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<tbody>
<tr>
<td>Peter Alden, MD*</td>
<td>4 as above</td>
<td>Adjunct Assistant Professor, Surgery, U of MN</td>
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<tr>
<td>Jason Alexander, MD*</td>
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<td>Adjunct Assistant Professor, Surgery, U of MN</td>
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<tr>
<td>Rumi Faizer, MD*</td>
<td>1 as above</td>
<td>Associate Professor of Surgery, U of MN</td>
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<tr>
<td>Timothy Gavin, MD*</td>
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<td>Daniel Ihnat, MD*</td>
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<td>Adjunct Associate Professor of Surgery, U of MN</td>
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<tr>
<td>Jill Johnstone, MD*</td>
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<td>Steven Levin, MD*</td>
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<tr>
<td>Jesse Manunga, MD*</td>
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<td>C. Phifer Nicholson, MD</td>
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<td>William Omlie, MD*</td>
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<td>William Payne, MD</td>
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<td>Steven Santilli, MD, PhD, MBA*</td>
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<td>H.L. Saylor, MD</td>
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<td>Elliot Stephenson, MD</td>
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<td>Timothy Sullivan, MD*</td>
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<tr>
<td>Jessica Titus, MD</td>
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</table>

*Current ACGME Core Faculty
Other University MN Useful Contacts
Diane Cassady Vascular Surgery NP, (VFW Rm V177) 612-626-4893
Pager 612-899-4408

Vivian Fernandez, Vascular Nurse Coordinator, RN (VFW V160) 612-625-3771
Pager 612-899-9087

Noninvasive Vascular Lab, 1D, PWB 612-625-2326
Vascular Clinic, 1E, PWB 626-6729
UMMC Operator 612-273-3000
OR Control Room, UMMC 612-273-5343
4D SICU 612-273-3044
AHC Help Desk (Computer Problems) 612-626-5100
Fairview Technology Service Center 612-672-6805
University Information 612-625-5000
Slides & Photography Jerry Vincent 612-625-9463

Department of Surgery Administrative Contacts

David Rothenberger, M.D.
Professor and Chair, Department of Surgery
Room 11-132, Phillips Wangensteen Bldg
Phone: 612-626-1999

Jeffrey Chipman, M.D.
Associate Professor
Associate Program Director, General Surgery Residency
Program Director, Surgical Critical Care Fellowship
Room 11-115, Phillips Wangensteen Bldg
Phone: 612-625-7911

Emily Langerak, MA
Education Manager
(612) 624-7149
**Confirmation of Receipt of your Fellowship Addendum for Academic Year 2015-2016**

By signing this document you are confirming that you have received and reviewed your Fellowship Addendum for this academic year. This policy manual contains policies and procedures pertinent to your training program. This receipt will be kept in your personnel file.

Fellow Name (Please print) ________________________________________________

Fellow Signature ________________________________________________________

Date __________________

Coordinator Initials ________________

Date __________________

Date __________________