University Of Minnesota

Graduate Medical Education

2015-2016
Abdominal Transplant Surgery Fellowship
Policy Manual

Policies, Guidelines, & Reference Listings
Department of Surgery
Division of Solid Organ Transplantation
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i. Introduction/Explanation of Manual

Historically, a rotation on Transplant Services has been a busy and challenging time for residents and fellows in training. The Transplant staff is aware of the challenges of this rotation and will assist you to succeed while working with us. Our goal is to assure that you consider this rotation a rewarding educational experience.

Organ transplantation is increasingly complex. The future success of transplantation relies upon continued research and development of both surgical technique and immunological pharmacotherapy. In an attempt to provide the consistency needed for this development, much of our post-transplant management is protocol driven. In addition to this Fellowship Manual, we have a separate orientation handbook with copies of our protocol forms, which are organ and problem specific. These protocol forms must be used for all admissions, discharges and procedures that are performed. You will also find copies of our organ specific immunosuppressive protocols. A general understanding of these protocols will help you to understand the management and care of these patients. However, protocols do not fit all patients, and one must be prepared to deviate when necessary for the good of the patients, and here staff expertise and your own learning experience are important. In the orientation handbook we are also including information regarding dictation of discharge summaries, operative reports, and procurement reports.

The dynamic nature of organ transplantation requires a multitude of people in varying roles to provide our patients with the complete care that they need. To help you develop a more complete idea of the system that exists we have provided a general description of many of these roles.

The enclosed material was assembled to help orient you to the way in which the transplant service works and establish our expectations of your participation. Please review this material and communicate with us any questions or concerns that you may have. The information contained in this Fellowship Policy Manual pertains to fellows in the Division of Solid Organ Transplantation. Please refer to the Institution Policy Manual located on the GME website at http://www.med.umn.edu/gme/instpolicyman/home.html for University of Minnesota Graduate Medical Education specific policies. Should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.

ii. Department of Surgery Mission Statement

The academic charge of the Department of Surgery at the University of Minnesota is to provide a superb environment to facilitate the training of individuals at all levels—medical student, resident, and fellow—in the discipline of clinical surgery and surgical sciences.

iii. Program Mission Statement

Our mission is to train accomplished surgeons in the implementation of preoperative, intraoperative, and postoperative management of patients and performance of transplant surgical procedures under the supervision of transplant staff.

iv. Definition of Types of Transplant Fellowship Positions

A requirement of the Transplant Fellowship at the University of Minnesota is completion of a surgical residency. Fellows who are foreign-educated and are in the United States on a J-1 (educational) visa are appointed to the position of Medical Fellow and are required to obtain a Minnesota Medical License but cannot be credentialed at the University of Minnesota Medical Center, Fairview. Fellows who have been US-educated or are in the US on an H1b (work) visa can be credentialed and are appointed to the position of Instructor of Surgery. There is no difference in the work required for each position, nor is there any difference in the education received while in the two-year fellowship. There are differences in the way salary or stipend is computed but no difference in actual pay.
SECTION I

STUDENT SERVICES


University Pagers

Solid Organ Transplant Surgery Fellows receive alphanumeric pagers, meaning the person paging you can either leave a call-back telephone number or a message using an Internet web site. Transplant fellows are assigned pagers according to the rotation they are on: kidney donor fellow, 8971; kidney recipient fellow, 8972; liver fellow, 8973; pancreas fellow, 8975, and are updated by the hospital switchboard as each fellow changes rotation. It is not necessary for you to physically change pagers.

You may need to pick up your pager at the front desk of the hospital but check with the Fellowship Coordinator in the Transplant Division Office before attempting to pick up a pager. (You usually are provided with the outgoing fellow’s pager.)

For malfunctioning pagers, please contact Lana in the Communications Office (952-924-1452) or stop at the Information Desk at the hospital.

New batteries may be obtained from the Transplant Division Office, 11-200 PWB.

The web site for sending text messages is available for all users. The Internet site for paging alphanumeric beepers is American Messaging at http://www.myairmail.com/. The same message can be paged out to multiple pagers using this website. This can be done by (a) putting a comma between multiple pager numbers in the “To” field (no spaces in between, see example below), or (b) once you have paged one number, you can click on the back arrow on the top task bar, change the pager number and send the message again.

Send A Message

To: 6128998971,6128998972
Separate multiple names/numbers with commas.

Subject: 
(optional)

Your Message:

E-Mail and Internet Access

http://www.oit.umn.edu/email/ for information regarding set-up. Please note, the Academic
Health Center does not currently use Gmail due to security issues regarding patients.

There are computers with Internet access for your use in the Transplant Division Office (11-200 PWB) and the on-call room, C431 Mayo.

**Important Web Pages:**
The University of Minnesota web page: [http://www.umn.edu/](http://www.umn.edu/)
The Department of Surgery’s home web page: [http://www.surg.umn.edu/](http://www.surg.umn.edu/)
The Division of Transplantation’s web page: [http://www.surg.umn.edu/divisions/tx/faculty.htm](http://www.surg.umn.edu/divisions/tx/faculty.htm)
   (for electronic Fellowship Program manual)
The UMN Graduate Medical Education office’s home web page: [http://www.med.umn.edu/gme/](http://www.med.umn.edu/gme/)
   (for electronic Institution Policy Manual)
The Medical School’s home page: [http://www.meded.umn.edu/](http://www.meded.umn.edu/)

There is a search bar on the upper right hand corner of the mail U of MN web page. You can use this to search for any U of MN employee or department.

**Campus Mail**
Your mailbox is located in the Transplant Division Office (11-200 Phillips-Wangensteen Bldg). You will have access to these boxes 24 hours a day via your University of Minnesota ID card once you have requested that access from Ann Marie Papas in the Division Office (625-5609). Please try to check your mailbox at least once a week.

Your primary campus mailing address is **Mayo Mail Code 195, 420 Delaware Street SE, Minneapolis, MN 55455**. Please have any magazines or journals, etc. sent to your home address, in order to ensure you receive your materials in a timely manner.

**University of Minnesota Identification Card**
You will need to obtain a U Card. This card will be programmed to allow you access to the Transplant Division Office after hours. The U Card identifies you as a student, staff or faculty member on the Twin Cities campus. This card can be used for a photo ID but also has other uses. Many of the card uses are for students (secured classroom access, dorm access, work hours tracking, etc.) For further information regarding the services available to you through your U Card, refer to the U Card website, [http://www1.umn.edu/ucard/umtc/home.html](http://www1.umn.edu/ucard/umtc/home.html)

To get a U Card, bring your driver's license, state ID or passport to the U Card office (they need two forms of ID). You will need to have your picture taken.

   **U Card Main Office**
   G22 Coffman Memorial Union
   Phone 612-626-9900
   Weekdays: 8:30 to 4:00pm

Before you go to the U Card Office, you need to verify that you are in the University system. Please check with Kirk Skogen (625-3954) in the Surgery Budget Office to verify this.
Access to Services

The U Card is a key that electronically identifies a cardholder's role within the University community, thus verifying eligibility for campus services. Here is a listing of campus departments that use the U Card for access to their services:

- The U Card is used by University libraries to determine eligibility for access to their materials.
- All Twin Cities campus library locations that extend borrowing privileges require the U Card.
- The U Card is required for access into the University Recreation Center and St. Paul Gym.
- The U Card is used for verification of student, staff or faculty status at the University Golf Course.
- The U Card is used to determine eligibility for Bursar services like check cashing.
- The U Card is used to determine eligibility to arts ticket discounts to Northrop events.
- The U Card is used to determine eligibility to athletic ticket discounts.

U Card Checking Account

The U Card, in partnership with TCF Bank, has negotiated an exceptional free-checking account package offered exclusively to members of the University of Minnesota community. The U Card checking account can save you both time and money. Your U Card can also be used as your ATM card and your calling card. Since the U Card never expires, you should hold on to it even after you leave the University. If you ever return as a student, staff or faculty member, your card will still be valid.

Take care of your U Card! There is an array of card holders to protect your card. Report lost or stolen U Cards immediately. There is a $15.00 replacement fee for lost, stolen, or damaged U Cards.

For further information about U Card, go to http://www1.umn.edu/ucard/umtc/home.html

In addition to the U Card information, you will also find information about sports, recreational facilities available for staff on campus, campus parking, cultural events, etc., on the University website. http://www1.umn.edu/twincities/

Academic Health Center Identification Card

All employees of the University who are in the Academic Health Center area are required to wear an AHC ID card at all times. See Kirk Skogen in the Surgery Budget Office (HR) to request this card. The same picture that is on your University of Minnesota ID card will be used for this ID card.

University of Minnesota Medical Center, Fairview Photo ID Badge

A photo badge for University of Minnesota Medical Center, Fairview is required for access to all patient care services. Once hospital privileges have been granted, the fellow should immediately obtain a photo ID. This can be obtained at the Parking and Transportation Office on the Fairview Riverside Campus, room M218 in the East Building (273-7275). They are open from 7:00 am to 4:30 pm Monday through Friday. There is a University campus office also, in room B340 Mayo Building. They are open from 7:30 am to 4:00 Monday through Friday.

To get to the Riverside campus from the University campus, board the shuttle (free) to the Riverside campus. The shuttle picks up and drops off at Variety Club Research Center (401 East River Parkway) on the University campus and drops you off at the East Building. This leaves every 15 minutes. The shuttle runs from 5:20 a.m. to 8:30 p.m. and schedules are posted near the boarding locations. Parking and Transportation is at the east end of the building near the Human Resources office. The office will have a list of Department of Surgery fellows.
You will be required to fill out a form giving your name, address, Social Security Number, etc., and your picture will be taken. Ask to have access to the Doctors' Lounge added to your ID when you obtain your badge.

IMPORTANT: Tell the parking office that you are an on-call physician. This will allow you to park in the Fairview Visitor Ramp (Harvard and Delaware) after 3:30 pm and before 5:00 am with your Fairview ID. This is a good option for night call. Your regular parking card is for the Oak Street Ramp at Oak and Delaware.

**Scrubs**

Scrubs for surgery are obtained by using your UMMC ID in the vending machine near the OR locker rooms.

**Lockers**

Obtain a locker by asking at the OR desk. You will need your own padlock.

**HIPAA Training**

All Transplant Fellows must complete the University of Minnesota’s HIPAA training. You will be assigned your sections to complete through your AHC Portal. Please contact Katie Sullivan, at (612) 626-9786, for any questions.

All individuals involved with health care and clinical research or support functions must complete the following courses:

Introduction to HIPPA Privacy & Security Videotape (7 Min)
Safeguarding PHI on Computers (70 Min)
Privacy and Confidentiality in the Clinical Setting (55 Min)
Privacy and Confidentiality in Research (35 Min)

See below for step-by-step instructions on how to complete your HIPAA training.

Technical Assistance is available by calling 301-HELP or 1-Help (internal) or the Privacy Office at 612-624-7447 or http://www.privacy.umn.edu

**Accessing the Online HIPAA Courses**

1. Go to [http://www.myahc.umn.edu](http://www.myahc.umn.edu) (for AHC affiliated people) or [http://myu.umn.edu](http://myu.umn.edu) (for all other people).
2. Select “Click here to Sign-in”, located in the upper left hand corner of the portal homepage.
3. Authenticate using your U of M Internet ID and password.
4. Confirm that authentication was successful by looking for the “Signed in as (your name)” in the upper left hand corner where you selected “Click here to Sign-in”.
5. Select my Toolkit.
6. Go the section titled “(Your Name) Projects To Do lists”.
7. Look for the title of the training course that you need to complete. Select the course and a new window will open up. You can begin taking the course.
8. After you complete the course, close the window to return to your To Do list. You can then proceed with the next course or if you are finished, you can log out of the portal.
9. If you have to quit the training in the middle of a course that is in WebCT, you can go back into the
course and select the “Resume Course” button in the upper navigation to get back to the page you were on.

10. You will receive an E-mail confirming your completion of the course. Print out the confirmation for your records and give the Plastic Surgery coordinator a copy for your files. Your completion of the courses will be tracked electronically.

11. Please remember to LOG OUT of the portal when you are finished. If you leave the computer while you are logged in, others could use your log in to access your private information such as HR information.

**Accessing the Introduction to HIPAA Privacy and Security Video**

1. From the To Do list choose the course link.

2. There are 3 options for viewing the video:
   - View the video using QuickTime, speakers or headset required (Recommended)
   - View the video with captions using QuickTime
   - View the video using Real Video, speakers or headset required

Choose the option indicated in the instructions from your privacy coordinator if viewing the video on your work computer. If viewing it in a computer lab, ask or look for instructions regarding the best format: QuickTime or Real Video. If viewing it on your personal computer, you may have to download QuickTime. A link is provided on the page to do this.

3. Once you complete the video, close the window and you will return to your To Do list to continue with the next training. The completion of the video will be tracked electronically. By the next day you should receive an E-mail confirming the completion of the introductory course.

**Doctor Number and UMMC, Fairview Computer Access**

You will need a doctor number to access information on the computer system in the hospital, to view patient electronic charts, and to dictate operative reports and discharge summaries. Charleen DiPancrazio in the Medical Staff Office (273-1945) will provide you with this number once your hospital privileges have been granted. The first five digits of this number are used for the dictation system. The fellowship coordinator will work with the Medical Staff Office to obtain this number for you.

You will also need to obtain information regarding dictating to the central dictation system. Information is included in the addendum to this handbook. There are a number of other systems that require passwords (Epic, OTTR, PACS) and access to these will be requested for you by the Transplant Division Office. Training for these systems can be accessed through the Fairview Secure Gateway, which requires a password but can be accessed from any computer. Fairview in-patient and outpatient services are in Epic.

**Office Space and Computers**

There are four computers in cubicles in the Transplant Division Office (11-200 Phillips-Wangensteen Building) that may be used by fellows. Room 11-200 is open from 8:00 am to 5:00 pm weekdays. At all other times, your University ID is required for access or a key code, which will be given to you once you start the program. Once you have obtained your University ID, Ann Marie Papas, the Office Manager will need to program this to allow you access to the room. Once you get your ID, please call Ann Marie (625-5609) and give her the number from the card. In addition, there is a computer in the on-call room in the Mayo Building that can be used for accessing the internet and patient information web sites.
SECTION II

BENEFITS


Stipends
Fellow salaries are determined each year. The basic annual stipend for the 2014-2015 academic year will be approximately $60,000. Before you start your fellowship, you will receive an offer letter stating the exact amount of the first year’s salary. There is a standard cost of living increase for the second year. The stipend levels are available at the GME website: http://www.gme.umn.edu/residents/stipendinfo/home.html

Fellows are paid through two different sources, University of Minnesota Physicians (UMP) and University of Minnesota. You will receive 2 paychecks, both of which are processed by the University of Minnesota payroll office and can be direct deposited. Paydays are every other week on Wednesdays. Payroll dates are stated in the Institution Policy Manual. Fellows are encouraged to use the direct deposit system. Paychecks are credited to the bank accounts of those using the direct deposit system on the morning of the payroll date. If you have any questions, please call Kirk Skogen at (612) 625-3954 in the Surgery Budget Office or e-mail him at k-skog@umn.edu.

Fellowship Policy on Leave
See University of Minnesota Vacation and Leave website for information on all leaves in addition to what is listed below.
http://www1.umn.edu/ohr/benefits/leaves/index.html

Bereavement Leave, Medical Leave, Jury/Witness Duty, Military Leave

Please see Administrative Policy: Bereavement Leave for Faculty and Academic Professional and Administrative Employees at University of Minnesota website:
http://www1.umn.edu/ohr/benefits/leaves/bereavement/index.html

See Administrative Policy: Military, Court Appearance, or Civic Duty Leaves for Faculty and Academic Professional and Administrative Employees at
http://www1.umn.edu/ohr/benefits/leaves/court/

See http://www1.umn.edu/ohr/benefits/leaves/military/ for information on Military Leave
Parental Leave: Family Medical Leave Policy/Childbirth or Adoption

A leave of absence for serious illness of the fellow; serious health condition of a spouse, parent, or child; or birth or adoption of a child shall be granted through formal request to the program director. The length of the leave will be determined by the program director based upon an individual’s particular circumstances and the need of the department, not to exceed 12 weeks in any 12-month period. The fellow shall be granted, upon request, up to six weeks paid maternity leave for the birth of a child or two weeks paid leave for adoption. After using paid maternity leave and all unused vacation, any additional leave will be without pay. Two weeks paid paternity leave will be granted upon request to the program director.

The fellow should exercise consideration in informing the program director as early as possible to allow scheduling of curriculum plans to accommodate the leave. It is the responsibility of the fellow and the program director to ensure that Board eligibility requirements are met within the original fellowship period or that alternative arrangements are made.

Vacation Policy

Some Transplant Fellows are appointed to the faculty position of Instructor in the Department of Surgery, the vacation rate of 2 days per month for 11 months applies (22 days per year, weekdays only). Vacation time is used for attending conference for which you are not presenting your own original material (where you are not first author), interviews, and personal time. This vacation time cannot be carried over into the second year. Taking personal time during the months of January and July is strongly discouraged and you must obtain prior approval from the Program Director to get time off during these months. It is recommended that you take no more than one week of personal time off per rotation (one rotation lasts 6 months). The fellow is responsible for securing coverage for his/her rotation during the time he/she will be absent on vacation. If you are appointed as a medical fellow, you will need to clarify this with the HR personnel in the Department of Surgery. In general, medical fellows accrue 15 days of vacation per academic year.

Sick Leave Policy

In the event of illness, the affected fellow is personally responsible for notifying the faculty member of the service or Program Director’s office as soon as the fellow knows that the illness will cause an absence from clinical responsibilities. A physician’s note may be requested to support the fellow’s request for sick leave. If the above policy is not followed, the absence will be counted as vacation time.

Personal Leave of Absence

Please go to http://www1.umn.edu/ohr/benefits/personalleave/ for complete information on Personal Leave of Absence

Professional and Academic Leave

Please notify the Transplant Fellowship Coordinator when you will be absent for interviews. Vacation time will need to be used for interviews.

Time away from the hospital for academic leave, continuing medical education, and conferences is available in addition to the regular vacation time. The fellow must provide coverage for any time away from his/her fellowship rotation.
Policy on Effect of Leave for Satisfying Completion of Program

The American Society of Transplant Surgeons considers a fellowship in solid organ transplantation to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable training period is 24 months. Should absence exceed four weeks per annum for any reason, the circumstances and possible make-up time of this irregular training arrangement must be approved by the program director, and documentation of this approval must be provided to ASTS by the program director. No credit but no penalty is given for military, maternity/paternity or other leaves during training.

Unauthorized Absence from Work

When an employee is absent from work without authorization such absence shall be grounds for disciplinary action. An employee absent for three (3) consecutive work days without authorization has resigned. Immediately after the third day of unauthorized leave the employer shall send notice to the employee, by certified mail, of their resignation due to the unauthorized leave. However, a person may subsequently apply for a retroactive leave of absence without pay to cover the unauthorized time off, and such a request, made within ten (10) calendar days of the commencement of the unauthorized time off, shall receive reasonable consideration, particularly in those cases where a documented disability caused the absence and that fact is supported by a statement from a medical practitioner as defined in the Family Medical Leave Act which is to be submitted along with the leave of absence request.

Holidays

Please see http://www1.umn.edu/ohr/benefits/leaves/holiday/tcroc/index.html for calendars of University holidays. Since the Transplant Service works through holidays, fellows should arrange coverage for each other over holiday periods.

Health and Dental Insurance Coverage

See the Institution Policy Manual. Please contact Nicole Schell, at (612) 625-4837, for any questions.

Short/Long Term Disability Insurance

See the Institution Policy Manual. Please contact Katy Cotterman, at (612) 625-8763, for any questions.

Professional Liability Insurance

See the Institution Policy Manual. Please contact Katy Cotterman, at (612) 625-8763, for any questions.

Life Insurance

See the Institution Policy Manual. Please contact Katy Cotterman, at (612) 625-8763, for any questions.

Insurance Coverage changes

Please contact Katy Cotterman, at (612) 625-8763, for any questions.
**Meal Cards**

The University of Minnesota Medical Center, Fairview will provide Transplant Fellows with preprogrammed meal cards. Fellows have a monthly allowance of $90.00 on each card. Fellows will be given a card to last 12 months.

**Other Food Choices**

The doctors' lounge is located on the 2nd floor of the hospital. Your hospital ID will provide access to the room. You may have a complemetary breakfast there. If you eat any other meals there, you will be billed for these meals. The surgeons' lounge is near the operating rooms. There is usually breakfast type food there. Access this room by code 159.

**Lab Coats and Laundry Service**

You must purchase your own long white lab coats. This can be done through the University of Minnesota Bookstore, ground floor, Coffman Memorial Union. Request that your name and department are stitched over the breast pocket of the coat. Soiled coats that are labeled with your name can be dropped off in the linen closet in the Surgery Department for pick up by the laundry service (ask Christine Vincent or Colleen Powers in the Critical Care & Acute Care Surgery Office for the key to closet). These coats are picked up by the laundry service every week and clean coats may be retrieved the following week.

**Parking**

The Transplant Division provides a parking contract for Ramp C on Oak Street and Delaware for Transplant Fellows. A parking card will be given to you when you start your fellowship and should be used for the duration of your 2-year fellowship. Should you lose this card, report it to Parking and Transportation Services, 612-626-7275. Their web site is: http://www1.umn.edu/pts/.

**Cellular Telephones**

Fairview is providing smart phones for all fellows. Each fellow will hand off his/her Blackberry to the incoming fellow. Check with Sara Cerza in the Director of Transplant Services (Fairview) Office (612-626-7958, scerza1@fairview.org ) for further information about this. If you choose not to use the phone that has been provided for you, you will not receive reimbursement by Fairview or the University for another smart phone or cell phone.

**Travel Policy**

Transplant Fellows at the University of Minnesota are strongly encouraged to perform clinical and/or basic science research during the course of their 2 years of training. The division supports the research experience by committing funds for fellows to attend a major national meeting. Acceptance of an abstract for presentation in poster or oral format at a meeting will entail travel expenses that will be reimbursed by the Transplant Division. It is also possible to attend a meeting without having had an abstract accepted. However, the University of Minnesota will only provide reimbursement for travel to meetings for which you are the first author and are presenting original work. Travel to all meetings must be approved by Dr. Timothy Pruett, Division Head. The Fellowship Coordinator initiates travel authorization forms.

Service coverage must be arranged prior to travel and all affected personnel must be notified about coverage. Beeper messages should be adjusted accordingly. The senior fellow must be notified of all prospective travel.
Overseas Travel

Overseas trips are determined on an individual case-by-case basis but in most cases are discouraged due to prohibitive costs.

Pre-travel Instructions

Prior to any travel a travel authorization document must be filled out, signed by both the division director and the department chair. Forms will be completed by the Transplant Fellowship Coordinator and the fellow and returned to the Department of Surgery Budget Office. Estimated expenses should be reflective of actual expenses that will be incurred.

If travel is for abstract presentation, please enclose a copy of the letter indicating acceptance of your abstract and a copy of the abstract itself.

For all fellow travel, support will be reimbursed according to the Travel Reimbursement Schedule in compliance with the Department of Surgery guidelines, as noted below:

Travel Reimbursement Schedule (minimum levels)

1) Per diem (hotel plus meals, varies per city) subject to actual expenses and allowable limits as per University of Minnesota guidelines (see http://travel.umn.edu/perdiemrates.php#domestic); We suggest that you share a room with one of your colleagues whenever possible.

2) Airfare (must be lowest rate possible) and include a Saturday night stay if the meeting ends on Saturday or begins on Sunday). The reimbursement for a Saturday night stay will always be allowable, if the difference between airline ticket cost for non-Saturday and a Saturday stay exceeds $130.00. Full reimbursement for the hotel room (not to exceed $130.00) will occur for Saturday night. Often meeting hotel rates are higher than this and allowances will be made for increased costs.

3) Reasonable ground transportation at city of destination, i.e. taxi to and from airport to hotel or rental car if cost benefit shows savings for staying at another hotel for a reduced rate.

Post-travel Instructions

A reimbursement form will need to be filled out once travel is complete. Receipts will be needed for all reimbursable expenses, i.e., hotel, airfare, taxi, parking at airport, and meals. Please turn in your receipts to the Transplant Fellowship Coordinator upon completion of the travel. A reimbursement form will then be generated and you will be asked to sign it. Reimbursement will be electronically deposited in your bank account within a few weeks.

Worker's Compensation

All University staff, including residents and fellows, should report Workers Compensation related injuries through the University. First Report of Injury should be completed by the supervisor in the new electronic reporting system here: http://webapps-prd.oit.umn.edu/froi/ (and log in with x500). The Supervisor Incident Investigation Report should be completed within 3 business days, and can be accessed through the Workers Compensation University policy under forms/instructions. http://www.policy.umn.edu/Policies/hr/Benefits/WORKERSCOMP.html

Please contact Katy Cotterman at (612) 625-8763 for any questions.
SECTION III

INSTITUTION RESPONSIBILITIES

SECTION IV

DISCIPLINARY AND GRIEVANCE PROCEDURES

Fellow Grievance Policy

The Division of Transplantation encourages fellows to communicate directly with any of the staff members regarding problems or concerns that they may be experiencing. In particular, if there are logistical problems in their current rotations, conflicts with staff, or issues regarding fellow evaluations, The Program Director, Dr. Raja Kandaswamy, will address general concerns affecting more than one rotation.

Fellows may log grievances either at their quarterly rotation review or they may contact the residency coordinator in order to obtain a grievance form, to be completed and returned the University offices for the Program Director’s review.

Fellow Disciplinary Policy

Fellows who are hired as instructors are employees of the University of Minnesota. As such, disciplinary actions will follow the University guidelines, as they relate to Progressive Discipline.
SECTION V
GENERAL POLICIES AND PROCEDURES

Fellowship Program Curriculum

Responsibilities of the Transplant Fellow

There are 4-5 fellows at any given time, with the pancreas fellow being senior and responsible for delegation of duties when cross-coverage of services is required.

The main role of the fellow will be to function as the primary physician in charge of the section of the transplant service for which he or she is assigned (donor/vascular access; kidney; liver; pancreas). The attending staff surgeon will provide advice and guidance to facilitate this role, and rounds should be made with the attending surgeon on a daily basis. All fellows will have clinical and teaching responsibilities. They will be expected to participate in research activities, either clinical or laboratory based.

Clinical Responsibilities:

- Primary surgeon for all surgery cases on the Transplant Service.
- Preoperative, intraoperative, and postoperative decision-making in all Transplant Surgery patients.
- Day-to-day coordination and supervision of the Transplant Surgery Service. As stated previously, the fellow shall function as the primary physician responsible for the transplant patients with advice and guidance from the attending staff physicians. The house staff (residents and interns) will be under the direct guidance of the fellows and will help them on all aspects of patient care. However, the day-to-day coordination of the Transplant Service remains the responsibility of the fellow.

These daily responsibilities include:

1. Morning rounds on all patients—these should be prior to the start of scheduled operative cases. This is crucial for the proper running of the service, timely decision-making, and discharge planning.
2. Daily supervision of immunosuppressive protocols
3. Instruction of house staff and students on rounds
4. All patients coming to the Transplant Center should be seen initially by the fellow so that the resident remains free to supervise the ward. If the fellow is in the OR the responsibility should fall to the attending and then the resident.
5. Presentation of complications in weekly Morbidity and Mortality Conference
6. Communication with patients, family, and referring physicians
7. Participating in ward activities such as chart notes, discharge summaries, admissions, etc. (especially when the workload is heavy for the residents on the service)
8. It is the fellow’s responsibility to see that all discharge summaries are dictated the day of discharge. The Transplant Discharge dictation code is 55, which is a faster transcription route. The summary may be dictated by the fellow, resident, physician assistant, nurse clinician, or staff, but it must be done.

Teaching responsibilities:

The fellows should actively participate in the teaching of house staff. There are several opportunities for this:

1. During daily ward rounds, bedside teaching should be performed on a regular basis.
2. Intraoperatively: As the fellows function as the primary surgeon for all transplant cases, there is ample opportunity for intraoperative teaching. The fellows should be able to guide the residents through the basic portion of many procedures including opening and closing of
incisions, initial dissection for transplant nephrectomy, dissection of iliac vessels, vascular anastomoses, access procedures, etc.

3. Didactic teaching sessions can be organized by the fellow for the house staff on the service on a regular basis, preferably weekly. This should complement the sessions that are already organized for the residents by the attending staff.

4. There are didactic teaching sessions organized for the residents every Wednesday—the fellow should ensure that the residents are freed up to attend these mandatory sessions. Further information regarding didactic lectures can be found in the orientation handbook.

Lectures and Conferences

Complete departmental conference schedules are mailed electronically to all faculty members on a monthly basis. The conference schedule is also available on the Department of Surgery web site: [http://www.surg.umn.edu/Conferences/home.html](http://www.surg.umn.edu/Conferences/home.html).

Conferences are organized by the faculty and held to allow discussion of topics selected to broaden knowledge and evaluate current information in the wide field of surgery and transplantation. Conferences are conducted in the Surgery Conference Room, 11-157 Phillips-Wangensteen Building, unless otherwise stated.

a. **Grand Rounds:** This is a general surgery conference that is conducted weekly and is attended by the entire Department of Surgery faculty, fellows, and residents. It is held on Tuesday mornings (usually starting at 7 a.m.).

b. **Mortality and Morbidity:** Each week before Transplant Conference, there is a compulsory review of the morbidity and mortality experiences of the Transplant Service. This meeting is held in 11-203 PWB at 3:30 p.m. on Wednesdays. Fellows are required to submit M&M reports ahead of time. M&M reports should contain, at a minimum, the following information: UNOS number (for organ procurements), which organs were procured, number of organs procured (e.g. 1 kidney vs. both kidneys), the hospital the organs went to, the date of the procedure, complications, outcomes, and any other comments that might be useful. Below is an example:

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>OPERATION</th>
<th>DATE</th>
<th>COMPLICATIONS</th>
<th>OUTCOME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13F</td>
<td>2 kidneys</td>
<td>2/2/22</td>
<td>None</td>
<td>Kidneys went to Michigan</td>
<td>Liver used for research</td>
</tr>
<tr>
<td></td>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procurement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At Memorial Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sioux Falls, SD</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

c. **Procurements:** After going on a procurement, the fellow will send an e-mail to Emily Warren at ewarren1@fairview.org with the UNOS # and the organs procured.

d. **Transplant Conference:** This conference is held weekly on Wednesday afternoons. The conference covers all aspects of kidney, liver, pancreas, heart, and lung transplant. For many of the conferences, a nationally or internationally known transplant surgeon or nephrologist is brought in to present an hour-long conference. There is a question and answer session following the conference. Often, local faculty members from the Departments of Surgery, Medicine (Nephrology Division), Pediatrics (Nephrology Division), Biomedical Ethics, etc. present the conference. This conference is attended by the transplant faculty, fellows, residents, transplant coordinators, and pharmaceutical representatives. Transplant fellows are required to present at least one Transplant Conference during their 2-year fellowship.
Research Responsibilities:

There are ample opportunities for clinical research during the fellowship. Extensive databases are present for the kidney and pancreas transplant services, which provide a wealth of data for studies. Laboratory research can also be performed in the labs of one of the attending staff. This generally requires a longer time commitment. It is expected that by the end of the fellowship each fellow should have submitted a minimum of two manuscripts to a peer-reviewed journal.

Copies of any submissions of manuscripts or abstracts should be sent to the Fellowship Coordinator.

Program Goals and Objectives

Our goal is to train surgeons in the four major areas of solid organ transplantation: donor surgery (to include laparoscopic and open), kidney transplant, liver transplant, and pancreas transplant (to include kidney-pancreas transplant). Achieving the program’s goals and objectives in a timely fashion, evaluated at the end of each rotation, will serve as objective evidence of personal and professional growth. We consider achieving these goals and objectives to represent satisfactory levels of progress. Achieving beyond them is encouraged and expected. Both faculty and fellows are encouraged refer to these goals and objectives frequently throughout the years of training, and during appropriate rotations.

Rotation Schedule

The fellowship is 2 years, divided into 6-month rotations. The fellow rotates sequentially on the 1) donor (deceased and living) plus vascular access service, 2) kidney segment service, 3) liver segment service, and 4) pancreas service. A new fellow begins every January 1 and July 1.

Individual Fellow Rotations:

Donor Fellow Responsibilities

a) Review and approve donor evaluations
   - Need to go to transplant center 1-2 times/week to oversee evaluations
   - Discuss concerns with staff
b) Review preop angios for living donor
   - Bring angio to discuss with both recip and donor staff
   - Donor evaluation meeting every Wednesday at 8 a.m. in the Transplant Division Conference Room
c) Evaluate and schedule vascular access
d) Participate in all donor (LD and CAD) operations. Nearly all cadaver donors are multiorgan, and we procure nearly all organs for donor when we are assigned a liver. When procuring a liver on Twin Cities’ donors, we will procure the kidney and pancreas. The donor fellow procures with the liver or pancreas fellow, depending on who is most available, as a routine. It is very important for the donor fellow to orchestrate a well-coordinated concert of actions necessary for a successful cadaver donor operation.
   - Communication with the Life Source donor coordinator. Record important numbers (coordinators phone number, donor hospital phone number, patient’s laboratory data, etc.)
   - Plan for at least 1-2 hours from time of original call to time of cab pick-up at the University of Minnesota Emergency Room.
   - Know all particulars regarding the procurement including if other teams (cardiac, pulmonary, etc.) will be involved.
e) Pre- and Postop care for living donors.
f) Discharge summaries for the donor

g) Meetings –
- Mon 11:00 transplant teaching conference, PWB 11-203
- Tues 7:00 a.m. – Grand Rounds, PWB 11-157
- Wed 8 a.m. – Donor meeting, 11-203 PWB
- Wed 3:30 p.m. – Weekly M&M, PWB 11-203
- Wed 4:00 p.m. – Tx Conference, PWB 11-157
- Fri 8 a.m. – Sensitized Patient meeting, 11-203 PWB

h) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

Kidney Recipient Fellow

a) Review the following week’s living donor recipients
   - consider any extra tests needed (e.g., cardiac evaluation)
   - ensure tests are scheduled

b) Pre- and postop care – see “Responsibilities of the Transplant Fellow”

c) Teaching

d) Meetings –
- Mon 11:00 transplant teaching conference, PWB 11-203
- Mon 12:30 p.m. – Peds meeting
- Tues 7:00 a.m. – Grand Rounds, PWB 11-157
- Tues 3:00 p.m. – Liver Meeting, PWB 11-203
- Wed 3:30 p.m. – M&M, PWB 11-203
- Wed 4:00 p.m. – Weekly M&M, PWB 11-203
- Wed 4:00 p.m. – Tx Conference, PWB 11-157
- Fri 8 a.m. – Sensitized Patient Meeting, 11-203 PWB

e) Discharge summaries

f) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

Liver Recipient Fellow

a) Pre- and postop care

b) Teaching

c) Meetings –
- Mon 11:00 transplant teaching conference, PWB 11-203
- Mon 12:30 p.m. – Peds meeting
- Tues 7:00 a.m. – Grand Rounds, PWB 11-157
- Wed 3:30 p.m. – M&M, PWB 11-203
- Wed 4:00 p.m. – Weekly M&M, PWB 11-203
- Wed 4:00 p.m. – Tx Conference, PWB 11-157
- Fri 8 a.m. – Sensitized Patient Meeting, 11-203 PWB

d) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

e) Discharge summaries

Pancreas Transplant Fellow

a) Pre- and postop care

b) Teaching

c) Meetings –
- Mon 11:00 transplant teaching conference, PWB 11-203
- Mon 12:30 p.m. – Peds meeting
- Tues 7:00 a.m. – Grand Rounds, PWB 11-157
- Wed 3:30 p.m. – M&M, PWB 11-203
- Wed 4:00 p.m. – Tx Conference, PWB 11-157
- Wed 4:00 p.m. – Weekly M&M, PWB 11-203
- Fri 8 a.m. – Sensitized Patient Meeting, 11-203 PWB

d) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

e) Discharge summaries

Training / Graduation Requirements

The fellow must perform satisfactorily on clinical rotations, and demonstrate an adequate knowledge
of the specialty to meet the graduation requirements for the Program.

The Transplant Fellowship is 24 months in length, 6 months of each rotation. Upon satisfactory completion of the 2-year fellowship program, the fellow will be awarded a Graduation Certificate.

This period of specialized training should emphasize the relationship of basic science – anatomy, pathology, physiology, biochemistry, and microbiology – to surgical principles fundamental to all branches of surgery.

Operative Records

For accreditation of the Transplant Fellowship Program, the American Society of Transplant Surgeons requires that each fellow keep a detailed record of operative experience. It is mandatory that all fellows in ASTS accredited fellowship slots become candidate members in the Society. Candidate membership is complimentary for fellows and includes online access to the American Journal of Transplantation (AJT).

Please note: ALL fellows must use the online surgical log, available exclusively through the ASTS Academic Universe (via the ASTS Members’ Portal) to record their surgical experience during fellowship training. The maintenance and accuracy of this record are the responsibility of the individual fellow. In addition, copies of operative notes must be kept for all cases in which the fellow is listed as responsible surgeon. Six types of cases are to be represented in the log: Kidney transplants, pancreas transplants, liver transplants, living donor nephrectomies, cadaver donors, and access cases. To complete this log, access the ASTS website: www.asts.org/fellowlogssurgicallog.cfm.

As stated there, every 6 months the total number of cases should be tallied on the log summary and signature sheet and sent to the ASTS Education Committee Chairman, as noted on the log sheet.

In addition, as of July 1, 2011, all transplant fellows are required to complete a series of on-line modules in the National Transplant Surgery Curriculum. Tablets will be supplied to each fellow for use in the Transplant Division Offices to fulfill this requirement while attending weekly educational sessions. This curriculum is accessed through the ASTS website and is part of the Transplant Universe. Please note that if you are unable to attend the transplant teaching conference, it is your responsibility to make up the training module(s) that were covered during the conference on your own.

ACGME Competencies

All University of Minnesota Medical School Residency/Fellowship training programs define the specific knowledge, skills, attitudes, and educational experiences required by the RRC to ensure its residents/fellows demonstrate the following:

a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

c. 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.

d. Interpersonal and Communication Skills that result in effective information exchange and
teaming with patients, their families, and other health professionals.

e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**Duty Hours**

It is essential for patient care and medical education purposes that undue stress and fatigue among the fellows is avoided. Thus the following policy has been developed regarding fellow duty hours, and reflects the current ACGME and Department of Surgery mandates.

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

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

- Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

- The training program provides adequate time for rest and personal activities, which consists of a 10-hour time period provided between all daily duty periods and after in-house call.

**Evaluation**

The Transplant Fellowship Training Program is committed to comprehensive, regular and timely evaluation of the educational and professional achievement of transplant fellows.

An evaluation system will soon be in place to evaluate each fellow at midpoint and at the end of each rotation. In addition, the fellow will have an opportunity to evaluate the program at the end of the 24-month period.

**On Call Schedules**

Transplant fellows in the University of Minnesota Program do not have a designated on-call schedule, as one fellow is assigned to each specific rotation and stays on that rotation for 6 months. The Division of Transplantation staff physicians do have a defined call schedule that changes every Monday. A copy of this schedule will be given to each fellow.

**On-Call Room**

University of Minnesota Medical Center, Fairview has supplied an on-call room for transplant fellows located on the 4th floor of the Mayo building, C431 Mayo, keypad code 1224. The room is supplied with beds, lockers, TV, telephone, computer, etc.
**Surgeons Lounge and Fellows Room**

The UMMC-FV Surgeons’ Lounge is located in University of Minnesota Medical Center, Fairview near the operating room and is available 24 hours a day for surgeons from all specialties. The room is accessible by punch code access. Coffee, juice, etc. are available for free.

**Library Services**

A transplant library is located in the Transplant Division Conference Room. This library contains current journals specifically related to transplantation. These include: *Transplantation*, *American Journal of Transplantation*, *Clinical Transplantation*, *Graft*, and *Transplantation Proceedings*. Current journals are also available in individual staff surgeons’ offices. In addition, several books are available such as *Clinical Transplant*, edited by Cecka and Terasaki.

Additionally, the Biomedical Library is located in the Diehl Hall Building. The Transplant Division has student support for library searches.

**Support Services**

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

**Laboratory/Pathology/Radiology Services**

Federal and state regulation and regulatory agencies mandate competency validation for testing personnel (including physicians), documentation, quality assurance, quality control, etc. The regulations cover hospitals, clinics, physicians’ offices, nursing homes, and any site where testing is performed. Testing performed by physicians, practitioners, nursing staff, and laboratorians must meet regularly guidelines. Failure to comply with the mandates can lead to suspension, revocation, or limitation of certification and denial of reimbursement.

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 St. S.E. (MMC 198)
Minneapolis, MN 55455
Tel: 612-273-7838 (612-2-SERVE-U)
TF: (800) 888-8642, ext.3-7838
Fax: 612-273-0183

**Pathology**

Pathology Department (also, Pathology Surgical, Mayo Room 422, MMC 76)
Radiology

Radiology Department (also, Reading Rooms, Registration)
Harvard at East River Road (UH), Room 2-300 (all divisions: MMC 292)
Minneapolis, MN 55455
Tel: 612-273-6004
Fax: 612-273-8954

Interventional CV Radiology, UH 2-300
Tel: 612-273-5040
Fax: 612-273-7500

Radiology Engineering, UH 2-493
Tel: 612-273-6801
Fax: 612-273-6887

Radiology Film Desk Hospital, UH 2-403
Tel: 612-273-5777
Fax: 612-273-7515

Medical Records

The Transplant Office has transplant files on all patients. Patient records can also be accessed either via the UMP Electronic Medical Records (EMR) system as far back as January 1, 2002, or by calling University of Minnesota Medical Center, Fairview’s (FUMC) Health Information Management (HIM) offices at 612-273-3535. The Epic electronic medical record system has been up and running since spring, 2011. Each fellow will receive training and access to the system when starting the fellowship.

Dictation

Dictation must be done on all surgeries and discharges. The surgery resident on the Transplant Service or the Transplant Pas will dictate the discharge summaries for some services but not all. The fellow dictates the operative note. Fellows will communicate this information amongst themselves so the new fellow will need to discuss the procedures with the senior fellow.

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, Fairview also employs security officers 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.
Moonlighting Policy

Fellows in the Transplant Fellowship Program are extremely busy and, thus, would find it difficult, if not impossible, to moonlight. However, a policy is in effect for the Medical School and is paraphrased below:

Any fellow engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution hiring the fellow to moonlight to determine whether such license is in place, adequate liability coverage is provided, and whether the fellow has the appropriate training and skills to carry out assigned duties.

Transplant Fellows must notify the Director of the Transplant Fellowship Program, Dr. Timothy Pruett, of moonlighting activities and the number of hours engaged in moonlighting. This information is required in writing and will be a part of the fellow’s file. The Program Director should acknowledge in writing that he is aware that the fellow is moonlighting, and this information should be a part of the fellow’s file.

Moonlighting activities must not conflict with the scheduled and unscheduled time demands of the educational program and its faculty. Adverse effects on performance of fellowship duties lead to withdrawal of permission to moonlight. Moonlighting must be counted toward the 80-hour weekly limit on duty hours.

Supervision

It is the Transplant Division faculty’s responsibility to ensure, direct, and document adequate supervision of fellows at all times. The fellow is a vital part of the Transplant Team, and as such, is given a great deal of responsibility in patient care. Fellows have completed a surgical residency and are given hospital privileges for general surgery and will perform the major portion of the transplant surgery, with the supervision of the primary surgeon. The faculty attends the patient personally, and bears the ultimate responsibility for their care, but the fellow assumes the day-to-day care of each transplant patient, with the assistance of the surgery resident assigned to transplant and the physicians’ assistant and nurse clinician assigned to transplant.

All patient care is supervised by qualified faculty in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.

Fellows are provided with rapid, reliable systems for communication with supervising faculty, while the on–call schedules for teaching staff are structured to ensure that supervision is readily available to fellows on duty.

Graded Responsibility

Through the 2 years of Transplant Fellowship, the fellow is gradually exposed to higher levels of responsibility for patient care, teaching, and scholarship. The pancreas fellow is the senior fellow and is responsible for delegation of duties when cross-coverage of services is required.

Monitoring of Fellow Well-Being

The program director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty are sensitive to the need for timely provision of confidential counseling and psychological support services to fellows.

The transplant fellow’s well being is determined through direct observation by faculty and staff. If there
is concern, the fellow may discuss this with the program director. If a fellow does not feel comfortable speaking to the program director with regards to what is bothering him, it is recommended that he speak with another faculty member.

The Office of Human Resources at the University of Minnesota offers counseling services for faculty, staff, and students. The OHR website is http://www1.umn.edu/ohr/ and the services available are listed under Benefits—Employee Assistance Programs. If necessary, a fellow may find it necessary to use the Employee Assistance Programs for counseling.

**ACLS/BLS/PALS Certification Requirements**

**University of Minnesota Medical Center, Fairview**

**Academic Health Center Residents and Fellows**

**Guidelines and Requirements for Life Support Training**

Life support certification and recertification will be offered to University of Minnesota Fairview, Academic Health Center Residents and Fellows according to (ACGME) Accreditation Counsel Graduate Medical Education requirements in conjunction with the University of Minnesota Fairview Cardiopulmonary Resuscitation policy and procedure.

University of Minnesota Medical Center, Fairview has a designated Emergency Code Team which will respond in a timely manner to patients who require advanced resuscitation skills.

http://contentprod.fairview.org/fv/groups/public/documents/publishedweb/p_c_038072.hcsp#TopOfPage

Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation (NRP) are taught according to the standards and curriculum of the American Heart Association and the American Academy of Pediatrics. Scientific data demonstrates that high quality Basic Life Support (CPR) is critical to improving patient survival following a cardiac arrest.

Basic Life Support courses are continuous throughout the year and available to residents and fellows. Information and schedules for both Basic and Advanced Life Support can be found on the UMMC, Fairview Organizational Learning website.

http://contentprod.fairview.org/fv/groups/public/documents/intranet/org

It is not UMMC, Fairview’s responsibility to provide these course offerings for medical staff credentialing purposes.

There are limitations to the number of course offerings.

If you request a class and it is filled, you may be directed to a site within your clinical rotations where these courses may be available.

The following may register for advanced programs with no restrictions 4 months prior to a course

- There are no fees for these courses; however departments will be billed for “no shows” at the current rate.
- Materials are on loan, fees for any textbook/CD not returned will be billed to the department.

<table>
<thead>
<tr>
<th>UMMC, Fairview Academic Health Program</th>
<th>ACLS</th>
<th>PALS</th>
<th>NRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>(Smileys)</td>
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<td></td>
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<tr>
<td>Internal Medicine (PGY 2-4)</td>
<td>X</td>
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<tr>
<td>Pediatric</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Med/Peds</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Pediatric Critical Care X X
Pulmonary/Critical Care X
Surgery X
Surgical Critical Care X
Neurology X
Pain Fellowship X
Dental Program *

Academic credentialing and Fairview policy do not require but recommend the following to be certified in advanced life support.
If there are openings the following may register for advanced programs 6 weeks prior to a course
• There are no fees for these courses; however departments will be billed for “no shows” at the current rate.
• Materials are on loan, fees for any textbook/CD not returned will be billed to the department.

UMMC, Fairview Academic Health Program

<table>
<thead>
<tr>
<th>ACLS</th>
<th>PALS</th>
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<tbody>
<tr>
<td>Interventional Cardiology X</td>
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<tr>
<td>Cardiac Electrophysiology X</td>
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<td>Thoracic Surgery X</td>
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<tr>
<td>Interventional Radiology X</td>
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<td>Neuro Radiology</td>
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<td>Obstetrics/GYN</td>
<td>X</td>
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<td>Pediatric Neonatal/Perinatal X</td>
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<td>Pediatric Emergency X X</td>
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Academic credentialing and Fairview policy do not require the following to be certified in advanced life support.
If there are openings the following may register for advanced programs two weeks prior to a course
• Fees will apply and must be received to confirm registration
Advanced Cardiac and Pediatric Advanced Life Support: Initial $200.00/Renewal $100.00.
Neonatal Resuscitation: Initial $100.00/Renewal $50.00

UMMC, Fairview Academic Health Program

<table>
<thead>
<tr>
<th>ACLS</th>
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<tbody>
<tr>
<td>Cardiovascular Disease Fellow X</td>
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<td>P</td>
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<tr>
<td>Gastroenterology Fellow X</td>
<td></td>
<td></td>
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<tr>
<td>Peds Gastroenterology Fellow X</td>
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<tr>
<td>Hematology/Oncology X</td>
<td></td>
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<tr>
<td>Pediatric Cardiology X</td>
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<tr>
<td>Psychiatry * X</td>
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* Initial training provided at beginning of residency only and scheduled through residency coordinator.
For further information:
Basic and Advanced Life Support/Terry Nelson - 612-273-6195
Pediatric Advanced Life Support/Marcia Turner - 612-273-0958
Neonatal Resuscitation Program/Teka Siebenaler - 612-273-0055
Photocopying

At the University of Minnesota fellows may photocopy on the Transplant Division's copy machine as long as they adhere to copyright laws. The copy code for that machine is 4850. That code will work in the main Surgery Budget Office copier as well. A student worker is available in the Transplant Division Office to copy articles from journals. Check with the Fellowship Coordinator if you require this service.

A special card is needed in order to make copies in the Biomedical Library. Please ask the fellowship coordinator for this code when necessary. Student worker support is also available for this copying.

Office Support Services

The Transplantation Division Office, 11-200 Phillips-Wangensteen Building, at the University of Minnesota has 5 support/office personnel. Hang McLaughlin is the Fellowship Program Coordinator and will aide you in all matters related to the fellowship (612-624-1927)

See directory at the end of this manual for contact information for all surgeons and support staff.
SECTION VI
ADMINISTRATION

(Please refer to Institution Policy Manual at http://www.gme.umn.edu/

General Surgery First Line Office Contacts

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e-mail: mcla0030@umn.edu

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All general HR questions

Kirk Skogen, Payroll
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k-skog@umn.edu

Gina Deveney, Surgery Education
Associate Administrator
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deveneyg@umn.edu

Kathleen Olakunle
612-625-5982
H1B Visa information

Jerry Vincent
Slides and photographer
612-625-9463

Fellows’ parking cards
612-626-7275

ECFMG Training Program Liaison, Erica King
Phone: 612-624-9641
Fax: 612-624-0150
ECFMG Liaison, Foreign medical graduates
Academic Health System, Medical School

Department of Surgery website
http://www.surg.umn.edu/

Employee Benefits
Please go to the part of the University website that deals with Human Resources for faculty:

http://www1.umn.edu/ohr/eb/

All benefits are explained here, with the choice of plans for medical and dental insurance, short- and long-term disability, faculty options for investment, etc.

**Out and About - Other websites that may be useful for you:**

http://www.exploreminnesota.com/

http://www.ci.minneapolis.mn.us/

http://www.visitsaintpaul.com/

http://www.metrocouncil.org/

http://www.delta.com/

http://www.state.mn.us/

http://www.dps.state.mn.us/dvs/DriverLicense/contents.htm

http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP

http://www.state.mn.us/portal/mn/jsp/home.do?agency=NorthStar
Division of Transplantation Contacts

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Heidi Sarumi, PAC  pager 899-3409  hsrarumi10@umphysicians.umn.edu
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To page someone:
- From within the University phone system (624, 625, 626 prefixes) 19393+pager #
- From outside the University system (hospital 273 or other outside) (612) 899+pager #

For web paging, go to http://www.myairmail.com/
Or, call University of Minnesota Medical Center, Fairview (612-273-3000) and ask the
page operator to page the person you are trying to reach

Fellows' pagers
Donor  899-8971
Kidney  899-8972
Liver  899-8973
Pancreas  899-8975
Fellowship Program Manual

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Kelsey Carlson (Student)
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Carl3974@umn.edu

Autumn Jensen (Student)
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Dialysis Access Line (fistulas)
(612) 624-3068 (phone)
Section VII
Roles and Responsibilities of Transplant Fellows

The Transplant Team

Roles/Responsibilities of Team Members

Transplant Fellow
- Preoperative, intraoperative, and postoperative management (with staff), on all inpatients on service
- Performance of transplant surgical procedures under the supervision of transplant staff
- Supervision of house staff and students on service
- Ongoing education and instruction of house staff and students
- Communications with patients, families, and referring physicians
- Assures adherence to standard or research protocols. Many patients are entered in studies.
- Responds to outpatient issues upon request from Transplant Care Center or Office

Transplant Resident
- Performance of transplant surgical procedures under supervision of transplant staff and fellow
- Preoperative and postoperative management of all inpatients on service
- Participation on daily round, completion of all admissions and discharges on service
- Attendance at weekly teaching conferences
- Respond to outpatient issues as designated by fellow

Physician Assistant
- Provides additional coverage with admissions, discharges, and general medical management of patients
- Is assigned specifically to either the kidney/liver service or the pancreas service but may be switched to the service that is in most need of assistance
- Sees transplant patients that come into The Transplant Care Center for scheduled visits or as walk-in visits
- Assists with the orientation of interns/residents that come to the Transplant Service and is available to answer questions as needed
- Performs history & physical on pancreas transplant patients during the initial pre-transplant evaluation
- May assist in OR as needed
- Is involved in ongoing program development, program meetings, and special projects

Nurse Clinician
- Assist physicians with admission and discharge orders, prescriptions, outpatient treatment orders (reviewed and signed by resident/fellow)
- Assists with dictation of discharge summaries (reviewed and signed by staff)
- Attends rounds and assists with follow-up of labs, diagnostic procedures, helps identify readiness for discharge and potential discharge needs, communicates with care coordinators and transplant coordinators
- Communicates with referring physicians and consultants as indicated
- Assists with orientation of residents/interns new to the Transplant Service and is available to
answer questions as needed
- Is involved in ongoing program development, program meetings, and special projects

**Nurse Manager**
- Responsible for overall quality of care on PCU
- Responsible for maintaining and hiring/firing of staff
- Responsible to management to operate within budget constraints
- Collaborate with medical director to ensure quality
- Resolve conflict or safety issues on PCU

**Assistant Nurse Manager**
- Assist nurse manager with all of the above functions
- Assist with orientation of medical and nursing staff
- Supervise non-professional staff

**Charge Nurse**
- Manages operation of unit during specific shift
- Assures adequate staffing for current and upcoming shift
- Assist staff nurses with patient management problems
- Communicates with physician staff regarding patient problems/plan of care
- Participates in patient rounds with team members
- Leads health team rounds

**Staff Nurse**
- Inpatient; is responsible for delivering daily physical care, monitoring for problems, communicating patient’s needs, reinforcing education
- Outpatient clinic: is responsible for continuing care post-discharge, monitoring of status, communicating to medical staff or transplant coordinator, reinforcing education, initial assessment of walk-in patient

**Patient Learning Center Nurse**
- Provides intense transplant education through formalized classes
  - Before transplant: Pre-transplant education class (during evaluation)
  - Preoperative class (recipients and donors)
  - After transplant: Discharge class
  - Medication class
  - Also available: Blood pressure monitoring
  - Foley care
  - Care of central line
  - IV medication administration
  - Diabetes education

**Care Coordinator**
- Assists with discharge planning, arranges home health and appropriate use of resources as patient move through the care continuum
- Communicates discharge plans to Transplant Care and Coordinator
- Assists with utilization review process

**Transplant Coordinator**
- Will oversee a specific caseload of transplant patients (coordinators are assigned to specific organ group and split the alphabet)
- Coordinates all elements of the pre-transplant evaluation
- Adds patient to cadaver waiting list when appropriate and maintains contact while waiting for transplant
- Works with potential living donors, oversees evaluation process, schedules transplant
- Manages patient post-transplant; ongoing assessment of organ function, maintains and adjusts immunosuppression medications by following center protocols, monitors for infections, signs of rejection, drug side effects/interactions
- Educates patients, donors, families, referring physicians, home health care givers, or the general public about transplant issues as required
- Serves as communication link between the patient, outside physicians and FUMC physicians regarding patient management issues or problems
- Arranges visits to transplant clinic or admits patients to FUMC as necessary
- Is involved in ongoing program development, program meetings, and special projects
- Assists with staff orientation and is available to answer questions as needed

**Clinical Nurse Specialist**
- Assists staff with complex medical management issues
- Addresses special education needs of staff
- Works to problem solve when barriers are identified

**Social Worker**
- Assigned to specific organ group but cross-cover for other organ groups as necessary
- Assists with home care and community placement issues or assists with appropriate referrals
- Offers support services to assist patient and/or family cope with non-clinical problems that accompany transplant surgery and hospitalization
- Collaborates with physicians and nursing staff on complex patients
- Offers emotional support to patients and staff

**RESPONSIBILITIES OF THE TRANSPLANT FELLOW**

The fellowship is 2 years, divided into 6-month segments. The fellow rotates sequentially on the 1) donor (deceased and living)/vascular access service, 2) kidney segment service, 3) liver segment service, and 4) pancreas service. A new fellow begins every 6 months. Thus there are 4 fellows at any given time, with the pancreas fellow being senior and responsible for delegation of duties when cross-coverage of services is required.

The main role of the fellow will be to function as the primary physician in charge of the section of the transplant service for which he or she is assigned (donor/vascular access; kidney; liver; pancreas). The attending staff surgeon will provide advice and guidance to facilitate this role, and rounds should be made with the attending surgeon on a daily basis. All fellows will have clinical and teaching responsibilities. They will be expected to participate in research activities, either clinical or laboratory based.

**Clinical Responsibilities:**

- Primary surgeon for all Surgery cases on the Transplant Service.
- Preoperative, intraoperative, and postoperative decision-making in all Transplant Surgery patients.
- Day-to-day coordination and supervision of the Transplant Surgery Service. As stated previously, the fellow shall function as the primary physician responsible for the transplant patients with advice and guidance from the attending staff physicians. The house staff (residents and interns) will be under the direct guidance of the fellows and will help them on all aspects of patient care. However, the day-to-day coordination of the Transplant Service remains the responsibility of the fellow.

These daily responsibilities include:

- Morning rounds on all patients—these should be prior to the start of scheduled operative
cases. This is crucial for the proper running of the service, timely decision-making, and discharge planning.

- Daily supervision of immunosuppressive protocols
- Instruction of house staff and students on rounds
- All patients coming to the Transplant Center should be seen initially by the fellow so that the resident remains free to supervise the ward. If the fellow is in the OR the responsibility should fall to the attending and then the resident.
- Presentation of complications in weekly Morbidity and Mortality Conference
- Communication with patients, family, and referring physicians
- Participating in ward activities such as chart notes, discharge summaries, admissions, etc. (especially when the workload is heavy for the residents on the service)
- It is the fellow’s responsibility to see that all discharge summaries are dictated the day of discharge. The Transplant Discharge dictation code is 55, which is a faster transcription route. The summary may be dictated by the fellow, resident, physician assistant, nurse clinician, or staff, but it must be done.

Teaching responsibilities:

The fellows should actively participate in the teaching of house staff. There are several opportunities for this:

- During daily ward rounds, bedside teaching should be performed on a regular basis.
- Intraoperatively: As the fellows function as the primary surgeon for all transplant cases, there is ample opportunity for intraoperative teaching. The fellows should be able to guide the residents through the basic portion of many procedures including opening and closing of incisions, initial dissection for transplant nephrectomy, dissection of iliac vessels, vascular anastomoses, access procedures, etc.
- Didactic teaching sessions can be organized by the fellow for the house staff on the service on a regular basis, preferably weekly. This should complement the sessions that are already organized for the residents by the attending staff.
- There are didactic teaching sessions organized for the residents every Wednesday—the fellow should ensure that the residents are freed up to attend these mandatory sessions.

Research Responsibilities:

There are ample opportunities for clinical research during the fellowship. Extensive databases are present for the kidney and pancreas transplant services, which provide a wealth of data for studies. Laboratory research can also be performed in the labs of one of the attending staff. This generally requires a longer time commitment. It is expected that by the end of the fellowship each fellow should have submitted a minimum of two manuscripts to a peer-reviewed journal.

Individual Fellow Rotations:

Donor Fellow Responsibilities

i) Review and approve donor evaluations
   - Need to go to transplant center 1-2 times/week to oversee evaluations
   - Discuss concerns with staff
j) Review preop angios for living donor
   - Bring angio to discuss with both recip and donor staff
   - Donor evaluation meeting every Wednesday at 8 a.m. in the Transplant Division Conference Room
k) Evaluate and schedule vascular access
l) Participate in all donor (LD and CAD) operations. Nearly all cadaver donors are multiorgan, and we procure nearly all organs for donor when we are assigned a liver.
When procuring a liver on Twin Cities’ donors, we will procure the kidney and pancreas. The donor fellow procures with the liver or pancreas fellow, depending on who is most available, as a routine. It is very important for the donor fellow to orchestrate a well-coordinated concert of actions necessary for a successful cadaver donor operation.

- Communication with the Life Source donor coordinator. Record important numbers (coordinates phone number, donor hospital phone number, patient’s laboratory data, etc.)
- Plan for at least 1-2 hours from time of original call to time of cab pick-up at the University of Minnesota Emergency Room.
- Know all particulars regarding the procurement including if other teams (cardiac, pulmonary, etc.) will be involved.

m) Pre- and Postop care for living donors.

n) Discharge summaries for the donor

o) Meetings – Mon 11:00 transplant teaching conference, PWB 11-203
   - Tues 7:00 a.m. – Grand Rounds, PWB 11-157
   - Wed 8 a.m. – Donor meeting, 11-203 PWB
   - Wed 3:30 p.m. – Weekly M&M, PWB 11-203
   - Wed 4:00 p.m. – Tx Conference, PWB 11-157
   - Fri 8 a.m. – Sensitized Patient meeting, 11-203 PWB

p) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

Kidney Recipient Fellow

- Review the following week’s living donor recipients
  - consider any extra tests needed (e.g., cardiac evaluation)
  - ensure tests are scheduled

h) Pre- and postop care – see “Responsibilities of the Transplant Fellow”

i) Teaching

j) Meetings – Mon 11:00 transplant teaching conference, PWB 11-203
   - Tues 7:00 a.m. – Grand Rounds, PWB 11-157
   - Wed 3:30 p.m. – M&M, PWB 11-203
   - Wed 4:00 p.m. – Tx Conference, PWB 11-157
   - Fri 8 a.m. – Sensitized Patient Meeting, 11-203 PWB

k) Discharge summaries

l) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

Liver Recipient Fellow

- Pre- and postop care

- Teaching

h) Meetings – Mon 11:00 transplant teaching conference, PWB 11-203
   - Mon 12:30 p.m. – Peds meeting
   - Tues 7:00 a.m. – Grand Rounds, PWB 11-157
   - Wed 3:00 p.m. – Liver Meeting, PWB 11-203
   - Wed 3:30 p.m. – Weekly M&M, PWB 11-203
   - Wed 4:00 p.m. – Tx Conference, PWB 11-157

i) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

j) Discharge summaries

Pancreas Transplant Fellow

- Pre- and postop care

- Teaching
h) Meetings
- Mon 11:00 transplant teaching conference, PWB 11-203
- Mon 12:30 a.m. – Peds meeting
- Tues 7:00 a.m. – Grand Rounds, PWB 11-157
- Wed 3:30 p.m. – Weekly M&M, PWB 11-203
- Wed 4:00 p.m. – Tx Conference, PWB 11-157

i) E-mail Hang McLaughlin the M&M summaries weekly, including all organ procurement reports at mcla0030@umn.edu.

j) Discharge summaries

Transplant recipients from the various services are followed by a Transplant Coordinator in the Transplant Office. The coordinators are assigned according to organ and position of the patient in the alphabet, and a list of coordinators will be provided to you. Communicate the plan to the coordinators on every patient who is discharged, either by phone, voice mail, or e-mail. The referring physician of each patient discharged must also be called or sent a letter and this must also be coordinated with the staff. When dictating operative notes, be sure to “cc” a copy to the referring physician.

ALL FELLOWS

Cadaver Organ Donor Billing (N.B. Critical)
- For each donor, fill out the specific form which will be provided for you by LifeSource at the time of procurement surgery
- This is the money used to fund fellows’ salaries, travel
- See LifeSource procedure on Donation After Cardiac Death at the end of this manual.

RESPONSIBILITIES OF THE TRANSPLANT RESIDENT

The primary expectation of the house staff is to provide the day-to-day care of the Transplant Service patients, with direct and close supervision from the fellow and attending surgeon. They are expected to participate in all aspects of patient care: preoperative workup, intraoperative procedures, and postoperative management. By the end of this rotation, house staff should have a good understanding of the basics of transplant surgery: indications and contraindications to transplant, operative approaches, immunosuppressive management, potential complications, etc.

Some of the skills and knowledge the house staff should acquire by the end of the rotation include:

1. How to work up a patient for a kidney, liver, or pancreas transplant, i.e., options, timing for transplant, investigations, etc.
2. Basic immunology necessary for necessary for clinical transplantation, i.e., immunologic contraindications to transplant, importance of HLA matching, importance of crossmatch, immunologic risk factors, etc.
3. Operative procedures – by the end of the rotation, the house staff should be comfortable performing the following procedures: initial incisions for kidney, pancreas, and liver transplants, initial vascular dissection for kidney and pancreas transplant, perform a basic vascular anastomosis, isolate saphenous vein in the groin for systemic bypass, and perform proper closure of transplant incisions.
4. Immediate postoperative care of transplant patients: fluid and electrolyte management, management of sugars, monitoring for graft function, immunosuppressive management, etc.
5. Recognize early surgical complications after the various transplants, i.e., timing, method of
diagnosis and management.
6. Recognize medical complications occurring after transplant, i.e., acute rejections and how to diagnose, infections and how to treat, malignancies, etc.

Duties

1. Daily rounds on all patients on the resident’s service, with the fellow and the attending. Residents should pre-round on all transplant patients and know if there were any major issues overnight. Residents should communicate with the previous night’s on-call resident to know if any problems arose with their patients.
2. Admissions and discharges for all patients on the resident’s service during the day, and for all transplant patients at night. The PA will be available for help with these tasks.
3. Participate in all surgeries occurring on patients on the resident’s service, and on all transplant patients at night. Unless there is an emergency, the resident is expected to be present during the entire case.
4. Pretransplant patients in the Transplant Clinic may be seen initially by the residents and then reviewed with the fellows.

Limitations

1. The resident is not primarily responsible for outpatients and walk-ins in the Transplant Clinic. These patients should be seen by the fellow or the attending physician.
2. The resident should have at least 1 of the 2 weekend days (either Saturday or Sunday) where he/she should be completely free of clinical duties, i.e., should not have to come into the hospital.
3. The didactic teaching sessions (both general surgery and transplant surgery lectures) are mandatory – unless there is a life-threatening emergency, the residents should be completely free during this time to attend these sessions.

DIDACTIC TEACHING SESSIONS FOR HOUSE STAFF ON TRANSPLANT SERVICE

One-hour sessions in question/answer type format covering the major topics in transplant relevant to the house staff. Preparation should be done prior to the sessions by the house staff so that these can be interactive sessions.

Topics covered will be:

Week 1: Basic transplant immunology
Week 2: Current immunosuppressive drugs
Week 3: Surgical procedures – nephrectomy, and kidney, pancreas, liver, and bowel transplant
Week 4: Kidney transplant – pre- and posttransplant management
Week 5: Pancreas transplant – pre- and posttransplant management
Week 6: Liver transplant - pre- and posttransplant management
Week 7: Infectious and malignant complications after transplant
Week 8: Exit interview
ORIENTATION TO HOSPITAL AND CLINIC

Transplant Patients can be found on several PCUs within the hospital. Listed below are the locations where patients are most likely to be found while under our care.

PCU    Type of Patients

6B    Recently transplanted patients, both adult and pediatric in post-op recovery. Patients with organ rejection and/or infection. Post transplant patients with other medical concerns needing transplant focused care.

4D    High-risk post-op transplant patients needing intensive observation/treatment. All liver transplant patients spend the 1st 24-48 hours in the SICU and will be transferred to PUC 6B when stable.

Amplatz Childrens' Hospital (Fairview Riverside campus)
   Pediatric transplant patients requiring intensive observation/treatment. Transplant graft biopsies on pediatric patients are often performed in the PICU under sedation.

7A    Transplant patients may be roomed on this PCU if/when PCU 6B is full. An attempt to prioritize patients on PCU 6B will be made such that the least medically demanding patients will be roomed on PCU 7A.

3C    Patients undergoing surgical procedures will be screened and prepped on PCU 3C

Tx Center   The Transplant Clinic and Transplant Procedure Room are located in clinic 2A/2B in PWB (Phillips-Wangensteen Building). Both pre- and posttransplant patients are seen in this clinic by medical staff. The clinic is designed to see both scheduled and walk-in transplant patients.

   The Transplant Procedure Room is located in the back of clinic 2A/2B. This is where many recently transplanted patients receive infusion therapy as well as daily nursing care. You may be asked to see patients on short notice in this setting. The nursing staff in the Procedure Room is very experienced with transplant patients and should be able to assist you in organizing your visits with patients in the Procedure Room.

Tx Office   The Transplant Office is located on the 2nd floor of PWB. This is where the Transplant Coordinators and all transplant specific medical documents are located. When admitting patients to the hospital you may need to access this office to obtain a patient's medical record in order to accurately list a patient's PMHx, medications, and other relevant information.
1. **Purpose:**

1.1 As part of end-of-life decision making, patients or their next-of-kin/legal guardian, in consultation with their health care providers, can decide to withdraw life-sustaining support with or without the presence of brain death. It is the policy of LifeSource to recover organs from suitable candidates who do not meet brain death criteria, but who will meet cardio-respiratory death upon the termination of life sustaining measures. After authorization has been given by the family to withdraw life sustaining measures Donation after Cardiac Death (DCD) is given as an option to the family. The intent is to provide patients and/or families with an additional opportunity to donate when traditional brain death criteria are not met.

2. **Responsibilities:**

The decision to stop treatment and withdraw life sustaining measures is made by the patient, family, or legal guardian in consultation with the medical staff. The LifeSource Coordinator (LC) is not involved in making the decision to withdraw life sustaining measures.

The LC is responsible for coordinating functions related to donation including medical and social screening, authorization, (unless authorization obtained by CDR), allocate organs, collaborate with patient’s physician regarding medical management, arrange for recovery teams to travel to donor hospital, and support donor family throughout the process.

The patient’s physician or his/her designee is responsible for the medical management of the patient, for the withdrawal of life sustaining measures, ordering comfort care measures, and for making the determination of death.

It is the responsibility of the patient’s primary physician or his/her designee to administer comfort care measures.

3. **Definitions:**

Donation after Cardiac Death (DCD) – A donor whose death is defined by cardio-pulmonary criteria or the “irreversible cessation of circulatory and respiratory functions.”
Non-Heart-Beating Organ Donation – Old terminology used for Donation after Cardiac Death.

4. References and/or Associated Documents:

Non-Heart-Beating Organ Transplantation Practice and Protocols: Committee on Non-Heart Beating Transplantation II: The Scientific and Ethical Basis for Practice and Protocols. Institute of Medicine, 2000.

Non-Heart-Beating Organ Transplantation: Medical and Ethical Issues in Procurement. Institute of Medicine, 1997

Donation after Cardiac Death: A Reference Guide. United Network for Organ Sharing

Attachment III to Appendix B of the Organ Procurement and Transplant Network (OPTN); July, 2007

5. Materials and Equipment as Needed:

F01-OR.23 – Donation After Cardiac Death Evaluation Tool

F02-OR.23 – Donation After Cardiac Death Organ Donor Flow Sheet

6. Procedure:

CRITERIA: Patients who meet the following criteria are eligible to be evaluated as potential DCD donors:

Newborn to ≤ 60 years of age; and the patient is dependent on ventilator support for survival; and the patient’s identity is known; and the patient, legal next-of-kin, or legal guardian, in consultation with the medical staff, decide to withdraw life sustaining measures from the patient in accordance with the hospital’s established protocol.

6.2 Screening:

6.2.1 The LifeSource Coordinator (LC) will process the initial referral call and preliminary medical screening per LifeSource SOP OR.01.

6.2.2 If the criteria as noted above in Section 6.1 of SOP OR.23 have been met, the LC will review the case with the Clinical Resource Coordinator (CRC).

6.2.3 The LC will consult with the patient’s physician and discuss the patient’s suitability for DCD.

6.2.4 The decision to withdraw life sustaining measures will be documented in the patient’s hospital chart by a member of the patient’s hospital care team.

6.3 Authorization:

6.3.1 The decision to stop treatment should be made prior to any discussion about donation. The decision to withdraw life sustaining measures will be made by the patient, family, or legal guardian in consultation with the medical staff. The LC will not be involved in making the decision to withdraw life-sustaining measures.
In collaboration with the patient’s health care providers, the LC will review the family’s understanding of the patient’s status, confirm the decision to withdraw life sustaining measures and discuss potential options for donation.

If the family is interested in pursuing donation options, the LC will collaborate with the patient's physician to complete the DCD evaluation (Donation After Cardiac Death Evaluation Tool – F01-OR.23.)

The LC will further discuss with the family the opportunity to attend the withdrawal of support, recovery procedure, and the administration of heparin.

The family discussion will include appropriate elements from Authorization for the Donation of Organs, Tissue, and Eyes (F02-CL.03) along with the administration of intravenous heparin (documented on F02-CL.03). Of note: For DCD cases, authorization by legal next of kin is obtained, regardless of Donor Designation status.

Any procedures for the purpose of organ donation (such as bronchoscopy) require authorization from the legal next-of-kin.

The LC will inform the family of the ME/C jurisdiction and that approval may be needed before the donation can proceed.

The LC will contact the ME/C to obtain release for donation per policy OR.03 - Potential Donors & the Medical Examiner.

In addition, the LC will discuss with the family and hospital staff steps to be taken if the patient continues with a viable heartbeat and respirations following the withdrawal of life-sustaining measures. This will include immediate notification of family if the family is not present for the withdrawal of life sustaining measures.

To facilitate vital organ recovery, the patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of life sustaining measures occurs.

Medical management will remain the responsibility of the patient’s physician. The LC will collaborate with the medical staff and discuss treatment options to maintain hemodynamic stability and obtain tests required to determine organ suitability.

The LC will proceed with sending tissue typing and serology specimens according to LS policies.

The LC will allocate organs per LifeSource policy. In an effort to minimize cold ischemic time, organs will be allocated pre-recovery if possible.
6.4.5 The coordinator will work with ICU staff, OR staff, and transplant staff to set an approximate operating room time.

6.4.6 The LC will work with primary physician to determine who will pronounce patient death. The physician who is involved in the withdrawal of life sustaining measures and pronouncement of death may not be directly associated with the organ recovery team or a transplant team.

6.4.7 If tissue and research authorization has been obtained, appropriate agencies will be contacted by LC.

6.5 Withdrawal of Life Sustaining Measures:

6.5.1 To maximize outcomes of organ viability for transplantation, the withdrawal of life sustaining measures will ideally take place in the operating room.

6.5.2 The patient and equipment will be prepared prior to the withdrawal of life sustaining measures. The patient care team, recovery team, and LifeSource staff will huddle to discuss roles and responsibilities prior to the withdraw of life sustaining measures.

6.5.3 Accommodation will be made for the family to be present from the time of withdrawal of life sustaining measures until death occurs. A comfortable, peaceful atmosphere will be provided for the family. Instruments will be draped, and lights dimmed.

6.5.4 The patient will be prepped and draped prior to withdrawal of life sustaining measures. If family will be present for determination of death, the patient’s hand and head will not be draped and access will be provided to the family.

6.5.5 Ideally, heparin, 300u/kg, will be given 2-10 minutes prior to the withdrawal of life sustaining measures. If heparin cannot be given pre-mortem, 5000u of heparin will be added to each liter of preservation solution.

6.5.6 Life sustaining measures (extubation and the withdrawal of all devices/pressors) will be withdrawn by the patient’s physician or his/her designee. Comfort measures should be provided by the hospital staff based on hospital protocol for the removal of life sustaining measures.

6.5.7 The transplant center surgical recovery team shall be asked to exit the surgical suite prior to the withdrawal of life sustaining measures and shall remain outside of the room until death has been declared. The LifeSource Coordinator shall provide the team with periodic updates on the status of the donor. The surgical recovery team shall enter the surgical suite only after receiving notification that the primary physician (or his/her designee) has declared the patient dead.

6.5.8 If withdrawal of life sustaining measures occurs in a room outside of the surgical suite, the transplant center recovery team shall remain in the surgical suite until the donor is declared dead and brought into the surgical suite. The LC shall provide the team with periodic updates on the status of the donor.

6.5.9 Members of the transplant center surgical recovery team and LC shall provide no recommendations or guidance related to the comfort care orders
or administration thereof. All comfort care measures are ordered by the primary physician (or his/her designee), and are administered by members of the patient’s primary care team, not LifeSource.

6.5.10 From the time of extubation until declaration of death, the LC will be present to track vital signs on the DCD Flow Sheet (F02-OR.23) and to support the family.

6.5.11 Arterial blood gases should be performed as needed after extubation to monitor the patient’s oxygenation status.

6.6 Determination of Death:

6.6.1 Death will be pronounced by the primary physician or his/her designee. The physician certifying death may not be involved as part of a transplant team, procurement team, nor LifeSource.

6.6.2 The pronouncement of death will occur after five minutes of asystole as measured per hospital policy or PEA as measured by electrical activity and arterial pressure monitoring. The physician will record the date and time of death in the medical record and complete necessary paperwork per hospital policy.

6.6.3 During the five minute interval, the family will be escorted out of the operating suite. The procurement surgery will proceed per routine, including in-situ cannulation at the end of the five minute interval.

6.6.4 If the patient does not arrest within the designated timeframe (≤90 minutes), the patient will be returned to a designated room where comfort care measures will be maintained by the patient care team and, if not already present, the family of the patient will be notified immediately.

6.7 Financial Considerations:

6.7.1 Donation costs will not fall to the family. See SOP Fl.07 – Reimbursement of Costs Related to Donation.