



Occupational Medicine Residency Program

St. Paul, Minnesota

2020-21

Table of Contents

	<u>Page(s)</u>
Mission.....	1
Introduction.....	1
Goals and Objectives	2-3
Admission	4
Overview.....	4
Academic Curriculum.....	5
Clinical and Industrial Rotations	5-8
Research.....	9
Seminars and Conferences	10-11
Resident Learning Portfolios... ..	11
Moonlighting.....	12
Benefits and Vacation Time.....	12
Financial Support	12
Core Faculty	13-14
Adjunct Faculty.....	14
Residency Advisory Committee	15
Evaluation	16-17

MISSION

Provide quality educational, clinical and research training opportunities to prepare tomorrow's Occupational Medicine leaders.

INTRODUCTION

Occupational Medicine is a unique and vital medical specialty which integrates components of clinical medical practice geared toward individual health with public health practice. The specialty incorporates principles and practices of clinical occupational and environmental preventive medicine, epidemiology, industrial hygiene, safety engineering, toxicology, total worker health and population One Health.

The HealthPartners Occupational Medicine Residency Program has a distinguished tradition of excellence in training occupational medicine physician specialists. The program has been in existence since 1978 when the Midwest Center for Occupational Health and Safety (MCOHS) was formed as a consortium of St. Paul Ramsey Medical Center (now HealthPartners-Regions Hospital) and the University of Minnesota School of Public Health.

The HealthPartners Occupational Medicine Residency Program is based at the HealthPartners St. Paul Clinic and remains a core program of the MCOHS which is an Education and Research Center (ERC) sponsored by the National Institute for Occupational Safety and Health (NIOSH). The Midwest Center provides training in occupational medicine, occupational health nursing, industrial hygiene and injury prevention, as well as providing an extensive continuing education program in occupational safety and health for both professionals and workers.

Our residents receive individual and comprehensive training in clinical occupational medicine, epidemiology, research methods, toxicology, public health, industrial hygiene as well as injury prevention and management. Completion of the residency program leads to board eligibility in Occupational Medicine (OM) through the American Board of Preventive Medicine. The educational program in Occupational Medicine is 24 months in length. This includes broad-based education leading to an MPH degree and followed by focused occupational medicine education. The Occupational Medicine Residency Program is accredited by the Accreditation Council for Graduate Medical Education (ACGME), and is accredited until 2025.

GOALS AND OBJECTIVES

Goal

The goal of the Occupational Medicine Residency Program is to prepare our graduates for leadership positions in diverse practice settings and to enable them to make important contributions to the evolving needs within the field of occupational medicine.

Objectives

The specific objectives of the residency program are designed to meet our program goal by providing each resident with the necessary support, educational and training opportunities directed toward the requisite achievement of proficiency in the competencies as specified by the ACGME for residency training in occupational medicine-preventive medicine as well as the core competencies as identified by the American College of Occupational and Environmental Medicine. These objectives are achieved through the graduate degree program leading to the attainment of a Masters of Public Health (MPH) degree, by industrial and governmental site visits during the clinical and industrial rotations, training in occupational medicine clinics, resident case conferences and didactic seminars as well as resident directed research efforts. Specifically, these objectives include a commitment by the program, faculty and staff to:

1. Ensure that residents obtain a strong foundation in relevant academic disciplines of Occupational, Environmental, and Public Health Practice, including:
 - Epidemiology
 - Biostatistics
 - Toxicology
 - Industrial Hygiene
 - Behavioral Sciences
 - Occupational Safety and Injury Prevention
 - Public Health Services Policy and Administration
 - Health Care Organization and Administration
2. Provide extensive experience in both primary and specialty occupational and environmental medicine clinical practice, as well as additional clinical experience as required or desired by the resident based upon his/her prior experience and interests.
3. Complement clinical skills through resident participation and presentations in clinically oriented case conference and monthly grand round activities.

4. Provide opportunities for experience and practice in a broad range of clinical and industrial rotation experiences, including corporate, governmental, and public health organizations, selected, as appropriate, on the basis of resident experience or specific interests.
5. Provide a rich opportunity to gain familiarity with investigative activities and strengthen critical appraisal of the scientific literature through the promotion of individual research activities, resident research rounds, literature review for weekly case conferences and monthly journal clubs. This may include selection of an appropriate topic, literature review, development of research methods and project planning, retaining IRB approval, data collection, analysis, interpretation, and appropriate reporting through formal academic venues, such as grand rounds, thesis defense, and publication in a peer reviewed journal.
6. Introduce, review and enhance resident clinical competence in key topics related to occupational and environmental medicine, toxicology, and preventive medicine and public health practice through attendance and participation in weekly formal staff didactic presentations as well as interactive resident case management scenarios and Simulation Center skills lab sessions.
7. Encourage active involvement in teaching and educational opportunities related to occupational and environmental medicine, through presentations and participation in department and community conferences and journal clubs, as well as clinical mentoring and teaching of graduate occupational health nursing students, medical students and primary care residents.
8. Provide a variety of opportunities for additional relevant elective experiences, such as participation in the hospital toxicology service, subspecialty areas of occupational medicine, regional poison control center, local or regional Agency for Toxic Substances & Disease Registry (ATSDR) designated hazardous waste site evaluations, and other clinical or public health experiences according to a resident's experience or specific professional interests.
9. Provide both formal and informal opportunities for constructive feedback so that residents may achieve familiarity, and eventual proficiency in the general competencies of patient care, professionalism, medical knowledge, practice based learning and improvement, interpersonal skills and communication, and systems-based practice.

ADMISSION

In order to be eligible for admission to the HealthPartners Occupational Medicine Residency Program, candidates must have successfully completed an ACGME approved PGY-1 year (e.g. transitional or internship year). Candidates must be eligible for unrestricted licensure by the Minnesota Board of Medical Practice which includes successful **completion** of USMLE or COMLEX Steps I, II, and III within three attempts. USMLE Step III must be passed within 5 years of Step II. The Resident taking combinations of FSMB, NBME, and USMLE may be accepted into the Program only if the combination is approved by the Board as comparable to existing comparable examination sequences. An official examination transcript listing all attempts is required before an application is considered complete.

Applicants must be either a U.S. Citizen or legally authorized to work in the United States. Applicants may have already successfully completed advanced training in another medical or surgical specialty, although this is not a prerequisite for admission. The two year program includes an integrated academic experience leading to a Masters of Public Health (MPH) degree as well as a clinical and industrial rotation experience. The applicant must also apply and be accepted into the University of Minnesota School of Public Health by a separate application (SOPHAS).

OVERVIEW

When beginning the residency, each resident will, in collaboration with the program director and teaching staff, prepare a written educational plan that directs the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of each individual resident. The resident's progress with this educational plan will be reviewed with the program director on a semi-annual basis, at which time additions or modifications may be considered given the interval progress of an individual resident, or evolution and solidification of specific interests or professional goals within the program. The successful completion of this plan will be a measure used to assess final program completion.

ACADEMIC CURRICULUM

The Occupational Medicine Residency Program offers an integrated educational experience, encompassing academic coursework as offered through the University of Minnesota School of Public Health, Division of Environmental Health Sciences. The goal of the academic curriculum is to provide the resident with the basic knowledge and skills required of an occupational and environmental health specialist. The curriculum is designed to provide a foundation in public health as a supplement to previous training in clinical medicine. The resident is expected to develop academic familiarity and competence in the following areas of study, either through the formal course offerings of the School of Public Health or through supplementary academic activities during the course of his/her training (as approved in advance by the program director):

Epidemiology	Toxicology
Biostatistics	Occupational Epidemiology
Health Svcs Mgmt and Administration	Industrial Hygiene
Environmental Health	Safety and Ergonomics
Behavioral Aspects of Health	Risk/Hazard Control & Communication

These fields of study represent the basic fund of special knowledge required for the practice of occupational medicine. Courses have been chosen from the offerings at the University of Minnesota School of Public Health to provide each resident with a substantial grounding in each of these disciplines. The resident is formally enrolled at the University of Minnesota School of Public Health, and is expected to meet the degree requirements as stated in the School Bulletin as well as those of the Residency Program. Residents are required to take courses in addition to those normally required for an MPH program of study.

School of Public Health Core Requirements

<https://www.sph.umn.edu/academics/divisions/enhs/degrees/oem/curriculum/>

CLINICAL AND INDUSTRIAL ROTATIONS

The clinical and industrial rotations are directed toward the development of the necessary competencies and acquisition of essential experience for the practice of occupational medicine. During the clinical and industrial rotations, the resident will gain experience in the practice of occupational medicine with the ability to progressively solve real occupational health problems in a variety of settings. Residents will have a minimum of four months (80 days) of direct patient care experience in an occupational setting during each year of the program.

Residents will be prepared during training to:

- appropriately assess and manage the health of workers,
- appropriately assess and manage the workplace and its hazards,
- access, critically appraise, and appropriately use scientific information and data,
- design and manage occupational and public health interventions.

A resident's clinical and industrial exposure commences at the beginning of the residency program with an introductory period of mini rotations to provide familiarity with specialties and services directly related to the practice of occupational medicine. These include dermatology, physical and hand therapy services, pulmonary function lab, and musculoskeletal medicine. This would also include chiropractic treatment, if available. These are normally scheduled during the initial two months of residency training.

During the clinical and industrial experience, each resident will be introduced to, and work in, a variety of occupational medicine settings based on HealthPartners/Regions Hospital campus and at other locations within the St. Paul-Minneapolis metropolitan area. Each resident is expected to demonstrate basic clinical competence in the following areas of medical practice:

- Musculoskeletal Medicine
- Dermatology
- Respiratory Medicine
- Occupational and Environmental Medicine

Skills in these areas of clinical practice are considered to be essential for successful practice in occupational medicine. Residents may either complete recommended clinical experiences at Regions Hospital/HealthPartners Medical Group to satisfy these requirements, or petition the program director to consider prior clinical training and/or experience.

The core resident clinical and industrial experience includes:

- industrial rotations,
- occupational medicine clinical rotations,
- worksite inspections with MN Occupational Safety & Health Administration (OSHA);
and
- public health practice.

When designing a written educational plan, each resident is required to include the core rotations unless prior training or experience in a similar setting is documented and deemed suitable by the program director. These core rotations involve the resident in interdisciplinary occupational health and safety efforts which include physicians, industrial hygienists, occupational health nurses, safety engineers and other health professionals. All of the industrial rotations share certain key features: introduction of the resident to the management of health and safety issues within a company, site

visits with members of the health and safety team to assess working conditions, health hazard evaluation, patient care activities and case reports, and resident managed projects at the direction of the supervising physician or designee commensurate with level of resident competence and experience.

Each rotation is coordinated by a physician board-certified in Occupational Medicine and/or Preventive Medicine. In each rotation the resident is given progressive responsibilities. The industrial rotations are selected to provide a resident with exposure to a variety of workplaces, hazards, clinical problems, and organizational structures. Several of the rotations are arranged on a “distributed time” basis; this allows the resident more opportunities to be engaged in longer term projects within the company while maximizing his/her time in other activities. It also provides the greatest probability of being exposed to the less frequent activities of the corporate medical department.

Core Rotation

- 3M Company: Corporate Medical Department; St. Paul, MN (Fortune 500 company)
a chemical processing and manufacturing company with research and production facilities
- Employee Health & Wellness, Regions Hospital
- Minnesota OSHA: Department of Labor and Industry, St. Paul, MN
Residents work with health (industrial hygienists) and safety inspectors to examine workplaces and enforce OSHA regulations. This allows residents to experience firsthand OSHA administration and the public management of occupational safety and health through government regulation. Residents become familiar with health and safety OSHA regulations and experience a wide variety of workplaces with an array of hazards. Enforcement activities focus the resident on the control of hazards as well as his/her recognition. The MN OSHA rotation concentrates on the goals of assessing and managing workplace hazards, and the management of occupational health interventions.
- St. Paul-Ramsey County Public Health
- General Mills (Fortune 500 company)
- Minneapolis VA Medical Center, Compensation & Pension and Employee Health
- State Fund Mutual Insurance

Core Clinical Rotations

- Occupational & Environmental Medicine Clinic, HealthPartners Occupational & Environmental Medicine Department (St. Paul, Riverside, Anoka and West Clinics)
- Musculoskeletal Medicine Clinic, Tria
- Pulmonary Medicine Clinic, University of Minnesota

Elective Clinical Rotations

A one month elective may be arranged during the residency program.

Some electives available include Dermatology, Cardiac Stress Testing, Pain Management, Pulmonary Medicine, Infectious Diseases and Travel Medicine, Well at Work Clinics, Hand Surgery, and Emergency Medicine. Other potential electives could include Aerospace, CDC, and NIOSH.

Other desired electives with appropriate educational focus, objectives and supervision may be arranged with the written approval of the program director. At least 3 months are required to process such a request and to allow for completion of the appropriate contracts.

RESEARCH

Each resident who is in the MPH program must be involved in at least one research project, which may consist of original data collection and analysis or a literature review. The research project must meet the requirements for the Independent Writing Project (ILE) as documented in the University of Minnesota School of Public Health student handbook. This must include research design, analysis of results, and preparation of a research report or paper that could be amended for submission to a peer-reviewed journal. The research/writing project concentrates on the goals of accessing, critically appraising, and appropriately utilizing scientific information and data, as well as the design and management of occupational health interventions. The ILE paper will be submitted to the thesis advisors (but does not need to be “defended” as with the previous MPH format) and shall be presented by the resident at a HealthPartners Occupational Medicine Community Grand Rounds. The APEX and ILE projects can share data and subject matter, pending approval of the advisory committee, and must be completed during the G3 year. Ideally the project will be completed by April 30th to allow 60 days for administrative processing of the MPH documentation.

Training in research is a natural extension of both the MPH course of study and the clinical occupational medicine training. During the initial year of training, the resident is expected to acquire familiarity with research methods and techniques. In the second year of training, the research project allows for a resident to apply this knowledge and understanding of the rationale for existing occupational medicine practice.

Research opportunities exist through the School of Public Health, the Minnesota Department of Health, the Minnesota Department of Labor and Industry, HealthPartners Institute (HPI) and Regions Hospital. Each resident may become involved in ongoing research programs at any of the above institutions or in outside research opportunities (with the approval of the program director).

By completing an ILE project, residents are expected to demonstrate familiarity with the tools of research and scholarship, the ability to work independently, and the ability to present the results of their investigation effectively in a written format to their academic advisory panel/audience as well as through a required Community Grand Rounds presentation.

It is unlikely that the resident would have time and/or resources to do a randomized clinical trial (RCT). Rather a comprehensive review of the literature or analysis of a current problem in OEM can be addressed to update, consolidate, and/or reevaluate the State Of The Art (SOTA) knowledge base to complement the clinical experience.

SEMINARS AND CONFERENCES

Case Conferences are once a month for resident educational purposes. This conference serves as a forum for discussions of interesting clinical cases and various occupational health issues represented by patients seen in the Occupational & Environmental Medicine Clinics, or on one of the clinical and industrial rotations. Residents are expected to play an active role in these conferences by preparing and presenting cases and topics. Specific cases that are presented should be coordinated with the faculty member supervising care of the patient *well in advance* (one week or more) of the presentation. Residents are expected to identify learning goals and provide presentation materials appropriate to a professional educational environment.

Community Grand Rounds in Occupational Medicine is held once per month. Residents attend Community Rounds and are required to make at least one major presentation during their residency program on their research project.

OEM Lectures are formal didactic presentations on a variety of topics, including important Board review/preparation material. Appropriate written and/or audiovisual materials are used and bibliographies provided. All residents are expected to attend and protected time is provided for this purpose.

Journal Club is held monthly. Each month either an occupational medicine article or a preventive medicine article is reviewed.

Principles of disability prevention and management are incorporated into all aspects of training and formal presentations. Seminars with particular focus on Disability Prevention and Management are also offered as a component of the OEM lecture series.

Board Review is held weekly. This session was developed to optimize success rates for the Occupational Medicine board examinations. The residents are assigned to spearhead the discussions by providing potential board examination questions.

A Resident Meeting is held once a month. The residents meet alone, as a group, and then meet with the program director and program coordinator in a formal meeting to address issues related to the residency program. At any time, residents are encouraged to discuss issues of concern with the program director.

Occ/Tox Case/Journal Discussion is held quarterly at the MN Dept. of Health. The journal discussion will cover real life scenarios for more in-depth Tox education. Collaboration with MDH, HCMC and Regions Toxicology Fellowship.

Quality Improvement Meetings are held once a month. At the QI meetings residents will learn tools to lead, facilitate, and report on QI projects. Residents will learn how to integrate the practice based learning and improvement and systems based practices competencies as established by the ACGME.

****All presentations planned by residents *must* be discussed and approved by the designated staff.**

RESIDENT LEARNING PORTFOLIOS

All Occupational Medicine residents will maintain a Resident Learning Portfolio, which will be reviewed with the Program Director as part of the semiannual evaluation. Provide a hard copy of the portfolio at six month evaluations. The Portfolio will include documentation of the following areas:

Patient Care: A Clinic Logbook documenting the diagnosis, date of visit, site of visit, and attending physician of patients seen during clinical rotations, and a separate documentation of total days per year spent in clinical activities. Also included must be work products demonstrating competency-based outcomes.

Medical Knowledge: Documentation of performance in required courses, including course descriptions and transcripts; documentation of performance on in-service examinations and other structured objective examinations.

Practice-Based Learning and Improvement: Annual resident self-assessment and educational plan.

Interpersonal and Communication Skills: Formal faculty (and sometimes resident) evaluation of presentation and report quality.

Professionalism: Documentation of compliance with institutional and program policies.

Systems-Based Practice: Documentation demonstrating competency-based outcomes. Completion of the Occupational Medicine Systems-Based Learning Worksheets.

Evaluations: Faculty and multi-source evaluations.

MOONLIGHTING

Moonlighting activities must not interfere with residency responsibilities or training. Residents are not allowed to moonlight during normal residency working hours: 7 am to 5 pm, Monday through Friday. All moonlighting activities must be pre-approved by the program director and included on resident documentation of duty hours to eliminate conflicts with the residency program and to ascertain compliance with ACGME requirements for resident duty hours. Please refer to the HealthPartners Institute Moonlighting Policy, IME-8, at <http://www.healthpartners.com/institute/index.html> with regard to resident moonlighting activities.

BENEFITS AND VACATION TIME

Residents have 3 weeks of vacation time (15 working days) per year. Vacation time requests must be received and approved by the program director at least 4 weeks in advance. Residents may not take more than 2 weeks of vacation in succession and no more than one week from a one month rotation.

Regions Hospital/HealthPartners provides malpractice coverage for all residency-related activities. Health and dental insurance, life insurance, and short and long term disability are also provided through Regions Hospital.

Please refer to the HealthPartners Institute Resident/Fellow Leave Policy.

Each resident, during the PGY-3 year, will be provided with funding for the purposes of attending 2 board review conferences. Please also see "Leave Policy-Education" in the Occupational Medicine Residency Handbook.

During Academic G-2 year, you must be available for clinic and conferences. "Online coursework" does not permit you to leave town unless on vacation. This does not grant permission to work remotely, ie out of city/state.

FINANCIAL SUPPORT

The Occupational Medicine Residency Program is funded by HealthPartners and the National Institute for Occupational Safety and Health. The Residency pays all tuition and fees for resident course work at the University of Minnesota School of Public Health leading to the Masters in Public Health degree.

CORE FACULTY

Ralph Bovard, MD, MPH is the Program Director of the HealthPartners Occupational Medicine Residency Program. He is board certified in Occupational Medicine and Preventive Medicine. He received his M.D. degree at the University of Minnesota and completed a residency in preventive medicine and an MPH at the University of Arizona. Dr. Bovard has >30 years of clinical practice experience. He has also worked as a physician in Antarctica, a missionary doctor in Papua New Guinea, ran a ski clinic in Colorado and served as a Mount Everest expedition physician. His areas of special interest include musculoskeletal medicine, fitness and exercise physiology, the "industrial athlete" model, population health and optimal aging. He is a Fellow of ACOEM, ACPM and ACSM. He is also the medical director for Xcel Energy.

Zeke McKinney, MD, MHI, MPH received his MD, Master of Health Informatics (MHI), and Master of Public Health (MPH) degrees from the University of Minnesota, and completed his residency in Occupational and Environmental Medicine at HealthPartners in 2015. Dr. McKinney is board certified in Occupational Medicine, Preventive Medicine, and Clinical Informatics. He is a former information technology (IT) professional. His areas of special interest include repetitive stress injuries, occupational toxicology, disability management, population health, and the use of "big data" to improve the costs and quality of healthcare. He is the editor for the TCMS/MNMA journal. He is a Fellow of ACOEM.

Emily Bannister, MD, MPH, is a staff physician for HealthPartners Occupational & Environmental Medicine. She is board certified in Occupational Medicine. She received her MD from Washington University in St. Louis and completed her Occupational Medicine Residency and MPH at the University of Illinois-Chicago in June 2007. Her interests include hospital employee health and immunizations, blood-borne pathogen exposures, emergency management and disaster preparedness, and workplace injury management. She is a Fellow of ACOEM.

Paul Anderson, MD, MPH, is the Regional Medical Director for HealthPartners Occupational & Environmental Medicine and is a staff physician as well. He is board certified in Occupational Medicine and Preventive Medicine. He completed the HealthPartners Occupational Medicine Residency Program in 2008 and the General Preventive Medicine Fellowship at Mayo Clinic in 2015. After completing his residency at HealthPartners, he was stationed in Alaska with the U.S. Public Health Service, where he completed an epidemiology fellowship with the Epidemic Intelligence Service through the Centers for Disease Control and Prevention. His research interests include physical activity and health promotion, as well as occupational hazards for workers in extreme environments.

Andre Montoya-Barthelemy, MD, MPH is a staff physician for HealthPartners Occupational & Environmental Medicine as well as Assistant Residency Director for HealthPartners Occupational Medicine Residency Program. He completed his medical education at Tulane University and then completed the HealthPartners Occupational Medicine Residency Program in 2018. In addition to graduate medical education, his areas of interest include the health of underserved occupational populations and the application of administrative medicine to international human rights.

Jonathan Sellman, MD, MPH is the Clinical Medical Director for HealthPartners Occupational & Environmental Medicine. He is board certified in occupational and environmental medicine as well as in infectious diseases and internal medicine. Dr. Sellman is also Clinical Scholar Assistant Professor, University of MN Medical School. He is a 2019 graduate of the HealthPartners Occupational Medicine Residency Program. He previously worked as an infectious diseases doctor for 15 years including 9 years as Department Chair of infectious diseases. His interests include occupational infectious diseases, the “One Health” approach (the overlap of human, animal and environmental health), emerging infections and agricultural medicine. In his free time he enjoys spending time exploring the outdoors with his family and restoring native prairie and woodland habitats.

Manoj Doss, DO, MPA, MUSA is a staff physician for HealthPartners Occupational & Environmental Medicine, joining the department in August 2020. Dr. Doss is originally from Virginia, and prior to his medical career, he graduated from Virginia Tech with a B.S. in Finance and later attained an MPA from the University of Delaware’s Biden School of Public Policy and Administration and a Master’s in Urban Spatial Analytics from the University of Pennsylvania’s Weitzman School of Design. Dr. Doss has previously served as the Director of Research and Planning for a large development company where he worked with Fortune 500 companies on site and market analyses. After medical school, Dr. Doss completed a medicine internship and started an anesthesiology residency at the University of Connecticut before transitioning to his current Occupational and Environmental (OEM) Medicine residency position at HealthPartners.

ADJUNCT FACULTY

Betsy Buehrer, DO, MPH, Staff Physician, Medical Department, 3M Company

Ron Anderson, CIH, Industrial Hygiene Supervisor, Division of Occupational Health, MN OSHA

Lynne Ogawa, MD, Medical Director, St. Paul-Ramsey County Public Health

Steve Kirkhorn, MD, MPH, Director, Occupational Health, Minneapolis VA Medical Center

Gary Wilhelm, MD, PhD, MPH, Compensation & Pension, Minneapolis VA Medical Center

Beth Baker, MD, MPH, Physician Advisor, State Fund Mutual Insurance; Chair of the Medical Services Review Board, Minnesota Department of Labor and Industry

Gary Johnson, MD, MPH, Physician Advisor, State Fund Mutual Insurance

RESIDENCY ADVISORY COMMITTEE

The advisory committee assists in identification of training needs and evaluation of the residency program. Committee members include:

Ronald Anderson, CIH
Industrial Hygiene Supervisor, MN OSHA

Dan Lussenhop, MD, MPH
Retired Occupational Medicine Physician

Robert Gorman, MD, MPH
Retired Occupational Medicine Physician

Andre Montoya-Barthelemy, MD, MPH
Asst. Residency Director and Staff Physician, HealthPartners Occupational & Environmental Medicine

Betsy Buehrer, DO, MPH, committee chair
Staff Physician, 3M Company

Lynne Ogawa, MD, Medical Director, St. Paul-Ramsey County Public Health

Steve Kirkhorn, MD, MPH
Occupational Medicine NIOSH Program Director, University of Minnesota, School of Public Health

Scott Riester, MD, PhD, MPH
Occupational Medicine, Mayo Clinic

Lisa Ide, MD, MPH
Occupational Medicine Physician; Medical Director, Zipnosis

Mike Lockheart, MD, MPH
Staff Physician, MN Occupational Health

Robert Roy, Ph.D.
Lead Toxicology Specialist, 3M Medical Department

Gary Wilhelm, MD, Ph.D., MPH
Compensation & Pension, Minneapolis VA Medical Center

Chief Resident, HealthPartners Occupational Medicine Residency Program

**Ralph Bovard, MD, MPH*
Program Director, HealthPartners Occupational Medicine Residency Program

**Kelly Frisch, MD*
Designated Institutional Official, HealthPartners Institute

**ex officio members*

EVALUATION

Resident evaluation is a process which begins during the admission process. It continues with an appraisal of the resident upon entry into the program, which is then followed by an ongoing multi-dimensional assessment of the quality of resident activities, and the progress made by the resident toward reaching his/her core and specific competency goals throughout the course of the residency program.

Initial evaluation is obtained through the resident interview and selection process, including review of letters of recommendation, which are complemented by a rating of the resident's level of proficiency in the general ACGME competencies obtained from the previous residency director or equivalent. This information is further strengthened by the resident's self-assessment of general and core competencies upon commencement of training with the program.

The resident's progress during residency training is monitored continuously through a variety of means, including MPH progress with transcripts of academic course work, formal clinical or industrial preceptor feedback utilizing a computerized evaluation system, 360 degree evaluations, observed history and physical examinations, patient surveys, and semi-annual resident self-evaluation of general and specialty-specific competencies. Residency staff will evaluate the residents using comprehensive and rotation specific evaluations based on personal observation of the resident's demonstrated performance and competency during the occupational medicine clinical experience. Faculty will also provide timely feedback with regard to the quality of the resident's performance and participation during journal clubs, grand rounds, didactic presentations, and the content and professionalism of weekly case conference participation. Throughout this process, staff observations related to the resident's overall personal skills, professionalism, ethical behavior, and demonstrated progress in the program are also considered.

The above means are used to provide a comprehensive basis for the Residency Director's semi-annual evaluation of the resident. This evaluation is conducted on an individual basis with each resident, at which time the resident's progress in the program, level of proficiency in the requisite competencies, planned curriculum tailored to meet competency goals and professional interests are discussed in detail. The resident is provided shortly thereafter with a written copy of this evaluation, asked to sign in acknowledgement of receipt of this document, and encouraged to add clarification comments as s/he feels appropriate. If any performance evaluation by a rotation coordinator has been unsatisfactory, an immediate review is conducted with the resident and a remedial plan is developed.

In addition, residents are expected to evaluate each of the rotations in which they have participated. These evaluations are reviewed by the program director for curriculum development. Each resident, at the end of each year in training, is asked to complete an evaluation of the residency program as a whole. The residents will annually complete an ACGME evaluation of the program as well.

Promotion after the completion of the PGY-2 year is based upon successful completion of the first year (a minimum grade of a B- or higher in each core course is required for successful completion of the MPH degree), as well as satisfactory progress in the core competencies as outlined above.

Sub-optimal resident performance in any aspect of the residency will be sufficient to trigger a meeting with the program director prior to the scheduled semi-annual performance evaluation. During this meeting the resident's performance will be discussed in detail, and remedial or probation plans will be implemented as appropriate. (Please also see policy in Occupational Medicine Residency Handbook.)

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