Dear Wayne State University Graduate Residents:

This GME Trainee Manual & Benefits Guide is provided as a resource to the various policies, benefits, and services available and applicable to WSU Graduate Medical Education (GME) Residents as of the date published. It also summarizes the rights and responsibilities of the GME Residents. The policies, benefits, and services described in this guide may be changed or discontinued. Documents summarizing various policies, benefits, and services are issued, amended, and revised from time to time with or without prior notice.

Residents are encouraged to consult the various booklets, summaries, and/or governing documents as appropriate, and to contact the Office of the GME for more detailed information and up-to-date descriptions at www.gme.med.wayne.edu.

Except as provided in the applicable grievance or dispute procedure, information contained in any handbook, guide, manual, or document prepared for or relating to Graduate Medical Residents is for informational purposes only and shall not be construed as a contract. Agreement to the terms of the applicable grievance or dispute resolution procedure, as may be periodically amended and which is available upon request from the Office of the GME, is a condition of employment/training.

This guide is to acquaint you with policies from WSU GME and sponsoring hospitals at which you will be rotating. It is important to note that as stated in your Graduate Medical Education Agreement of Appointment (contract), you are governed by the policies of any hospital at which you rotate. If you wish to have additional information regarding anything addressed in this guide, please feel free to contact the Office of the GME at (248) 581-5900.

As mentioned above, the WSU GME policies and procedures are also available for viewing on the GME website at www.gme.med.wayne.edu

Sincerely,

Tsveti Markova, MD, FAAFP
Associate Dean for GME & Designated Institutional Official
Wayne State University School of Medicine
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Anatomical Gifts

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Anatomical Gifts

WSU GME Resident Manual
SECTION I - WSU HISTORY, PROFILE & FACILITIES INFORMATION

History

Opened in 1868, the Detroit Medical College was the founding unit of what was to become, in 1956, Wayne State University. With the opening of the Gordon H. Scott Hall of Basic Medical Sciences, the entering class size of the School increased to 256 students, making it one of the largest medical schools in the nation. In 2006, the medical school increased the class size again to over 300 and making it the 3rd largest medical school in the nation. As Detroit's only medical school, WSU is committed to its mission of providing and improving health care to the community.

Location

A large city medical center presents a number of patients with a wide range of medical and surgical problems. This is especially important in subspecialty areas, where the draw of a regional tertiary-level medical center provides an opportunity for much needed training and experience.

University

Wayne State University has research opportunities unavailable in the non-university setting. Department chairs and faculty are drawn from among the leading researchers and educators in the country. There is ample opportunity for residents interested in academic medicine and research to work with leading investigators in a great number of different fields and specialties.

Wayne State University School of Medicine Organizational Profile

Wayne State University is Michigan's only urban research university, fulfilling a unique niche in providing access to a world-class education at a great value. Wayne State's 11 schools and colleges offer more than 350 major subject areas to 33,000 graduate and undergraduate students.

WSU is located in the heart of Detroit's University Cultural Center, the home of renowned museums, galleries and theatres, most within walking distance to the campus. The WSU main campus encompasses 203 acres of beautifully landscaped walkways and gathering spots, linking 100 education and research buildings. There are five extension centers in the metropolitan area that provide convenient access to a wide selection of courses.

The School of Medicine’s mission is to provide first-rate medical education while leading the field through research and patient care. The school ranks 22nd in total research expenditures in health sciences with a research portfolio of about $137 million annually, according to the National Science Foundation. Its faculty is dedicated to the provision of the most advanced medical care, delivered by the nearly 700 members of the Wayne State University Physician Group.

Although the school’s faculty offer expertise in virtually all medical fields, the institution’s areas of research emphasis include cancer, women’s and children’s health, neuroscience and population studies. Research highlights in these areas include:

WSU’s Department of Obstetrics and Gynecology ranks first in the country in terms of total funding from the National Institute of Health. It is the home to the NIH Perinatology Research Branch, which is dedicated to improving the quality of maternal-fetal health nationwide. The department pioneered
several innovative therapies in this field of medicine, including fetal surgery to treat birth defects in the womb, the first-ever successful in-utero bone-marrow transplant and Michigan’s first in vitro fertilization program.

WSU is the academic affiliate of the Barbara Ann Karmanos Cancer Institute, one of only 39 federally designated comprehensive cancer centers in the country. WSU researchers, in conjunction with Karmanos Cancer Institute, oversee more than 400 clinical trials, participate in a national program to collect and study cancer data for future research and provide about half of all national statistics on cancer in African Americans.

The school has a major program of emphasis in the neurosciences, including neurology, neurotrauma, neuromuscular and degenerative diseases, vision sciences, neurobehavioral sciences and neuro-imaging. WSU is also home to the Ligon Research Center of Vision, one of the only centers in the world working on both retinal and cortical implants to restore sight and advance artificial vision, as well as the newly established and highly innovative Center for Spinal Cord Injury Recovery.

The school’s ties to the community are strong. As the only medical school in Detroit, WSU has a stated mission to improve the overall health of the community. As part of this mission, the School has established with the help of a $6 million NIH grant the Center for Urban & African-American Health to seek new ways to redress health disparities by identifying preventive strategies and therapeutic approaches to chronic diseases that plague this population, namely obesity, cardiovascular disease and cancer.

Perhaps the most significant contribution the School provides to the community is care to area residents who are under- or uninsured. Along with Wayne State University, WSU faculty physicians provide an average of $150 million in uncompensated care annually.

WSU sponsors a number of community-service and health-awareness programs in southeastern Michigan, including mental-health screenings, Diabetes Day, the Community Health Child Immunization Project, the Detroit Cardiovascular Coalition and Brain Awareness Week. In addition to faculty-sponsored programs, WSU medical students are among the most active in the country for community outreach. The medical students, with supervision, regularly provide free medical care for homeless and unemployed patients at Detroit’s Cass Clinic. Student-sponsored outreach programs also include Senior Citizen Outreach Project, Adolescent Substance Abuse Prevention Program and Teen Pregnancy Education Program.
Wayne State University Facilities and Affiliates

Gordon H. Scott Hall is the main education building for the School of Medicine. It provides facilities for pre-clinical and basic science education, basic science departments, research laboratories for basic and clinical programs and the administrative offices of the School.

The Helen Vera Prentis Lande Medical Research Building houses research laboratories for clinical and basic science faculty as well as the human resources arm for the school of medicine.

The Vera P. Shiffman Medical Library, located adjacent to Scott Hall, houses a full medical reference library, as well as computer instruction facilities.

The Louis M. Elliman Clinical Research Building provides research laboratories, experimental surgical suites and specialized research facilities for the Departments of Internal Medicine, Surgery, Pediatrics, and Neurology.

The C. S. Mott Center for Human Growth and Development provides research space for programs in human reproduction, growth and development.

The Hudson-Webber Cancer Research Center is the translational facility research flagship for WSU cancer research in partnership with the Barbara Ann Karmanos Cancer Institute.

The John D. Dingell VA Medical Center is a 106-bed full service medical center that provides primary, secondary and tertiary care. The medical center provides acute medical, surgical, psychiatric, neurological, and dermatological inpatient care. Primary care, medical and surgical specialties are also provided by the VAMC as well as mental health clinics that include substance abuse treatment, a day treatment center, and a community based psychiatric program with the goal of maintaining patients in their home community. The medical center also operates an 109-bed nursing home care unit and a Health Care for Homeless Veterans (HCHV) program. The medical center administers two contract Community Based Outpatient Clinics (CBOC) located in Yale, Michigan and Pontiac, Michigan as well as two veteran outreach centers in Dearborn, MI and in downtown Detroit. The VAMC serves approximately 464,000 veterans in Wayne, Oakland, Macomb and St. Clair counties.

The Wayne State University Student Center is the heart of campus activity! Our mission is to provide you with a comfortable facility that meets your recreational, relaxation, dining, programming and meeting needs. Fall 2006 Hours: Monday - Friday 7 a.m. - 10 p.m.; Saturday 9 a.m. - 10 p.m.; Sunday 10 a.m. - 4 p.m.

The Mort Harris Recreation and Fitness Center (MHRFC) is a state-of-the-art facility conveniently located in the heart of campus. Highlights of the facility include a 30-foot high climbing wall, leisure pool with giant water slide, water fitness/recreation area, lazy river, bubble bench, leisure bench and 12-person spa, a full-size gymnasium, 3-lane walking track. For more information, please call the MHRFC information line at 313-577-BFIT (2348).
SECTION II - GRADUATE MEDICAL EDUCATION MISSION & CONTACTS

GME Mission Statement
Graduate Medical Education, as a service office to the WSU sponsored programs and administrative arm of the Graduate Medical Education Committee is committed to improving the health of the population served by providing opportunities that attends to the educational, administrative, financial, emotional and accreditation needs of the Graduate Medical Education Resident.

Graduate Medical Education Contacts

Main Telephone Number: (248) 581-5900
Main Fax Number: (248) 581-5647

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Alumni Affairs

The mission of the Wayne State University Medical Alumni Association is:

- To enhance the quality of education and professional development of students and alumni;
- To unify all graduates of the Wayne State University School of Medicine who are in good standing in their profession into one association;
- To promote the welfare of the Wayne State University School of Medicine in all ways that, to the Board of Governors and membership of this association, may seem proper and beneficial;
- To assist in the acquisition of funds for the Alumni Annual Fund;
- To govern the allocation of the Alumni Annual Fund to benefit the Medical School and medical students for the following purposes: student loans, lectureships, research endowments, grants of money for buildings and equipment, and for such other purposes as may seem proper to the Allocation’s Committee and to the entire Board of Governors of this association.

Contact us at: (877) WSU-MED1 (877-978-6331) or alumni@med.wayne.edu

Athletic Facilities

The Mort Harris Recreation and Fitness Center (MHRFC) is a state-of-the-art facility conveniently located in the heart of the WSU campus.

Highlights of the facility include a 30-foot high climbing wall, leisure pool with giant water slide, water fitness/recreation area, lazy river, bubble bench, leisure bench and 12-person spa, a full-size gymnasium, 3-lane walking track. For more information, please call the MHRFC information line at 313-577-BFIT (2348).

Beepers

Beepers will be provided by the hosting institution and the responsibility of each resident per the policy of the specific institution.

Bereavement Leave

A resident/fellow shall be granted, upon request to the program director, up to 5 days off to attend the funeral of an immediate family member. Vacation/Sick time must be used. Immediate family shall include spouse, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, grandchildren, brothers, and sisters of the resident/fellow.

Changes in Personal Information

Any change in your name or address must be immediately reported to the GME Office as well as your program office, in order to ensure no delay in receipt of important payroll information and/or documentation. Personal information must be changed in the New-Innovations Residency Management Suite.
If you hold a Permanent Michigan License you must also notify the State Licensing Board of the change, in writing to the State of Michigan Board of Medicine:

    P.O. Box 30912
    Lansing, Michigan 48909

*Foreign Nationals – Specific Notice:*

Federal regulations require all foreign nationals to notify INS (in addition to ECFMG) of any change in your residential address. Go to [www.ins.usdoj.gov](http://www.ins.usdoj.gov) to obtain FORM AR-11 to submit your address change to INS.

*Changes in Tax Withholding and/or Payroll Deductions*

Based on the forms you completed upon your employment, federal, state, and Social Security deductions are taken from your paycheck. These deductions appear on your bi-weekly paycheck stub. To change your tax withholding, you will need to submit a new Federal W-4 form or MI-4 form to the Office of Graduate Medical Education.

*Continuing Medical Education*

CME Mission: Wayne State University School of Medicine is committed to excellence in education and research and to the translation of new knowledge into excellence of patient care. Its commitment to the education of physicians extends from undergraduate education through residency and fellowship training to education for the practicing physician.

PURPOSE: The Goal of the CME program is to plan and deliver high quality education activities for practicing physicians in order to reinforce their past learning and to disseminate new concepts and practices in medicine which may improve patient care for all medical specialties.

In accordance with the educational affiliation agreement between Wayne State University and Wayne State University, the School is the accredited sponsor for all CME activities of Wayne State University and its constituent institutions.

TARGET AUDIENCE: The audiences to be reached by its program of CME are:

a. Physicians in all medical specialties and sub-specialties
b. Faculty of the school and medical staffs of WSU hospitals
c. Physicians practicing in metropolitan Detroit, throughout the State of Michigan or wherever practicing in the US or internationally.
d. Physicians-in-training
e. Other health care professionals from Wayne State University, the WSU hospitals and the community

TYPES OF ACTIVITIES: The educational activities provided within the program shall use whatever educational methods are appropriate and may include lectures, laboratories, discussion groups, and enduring materials such as, films, video tapes, monographs, computer programs and web based programs. The types of activities may include live courses, live regularly schedules seminars, live internet conferences, and enduring materials such as non-synchronous internet courses and journal CME. Whenever it may promote the educational objectives of the School, any of the above types of activities may be Jointly Sponsored with other institutions or groups which may or may not themselves be accredited to provide CME.
CONTENT AREAS: The content areas of CME activities sponsored by the Wayne State University School of Medicine include primary care, and specialty and sub-specialty topics in all fields of medicine. The scope of sponsored activities includes the basic medical sciences, clinical medical sciences and the provision of health care to the public.

The Division shall promote excellence in teaching by facilitating the training of its faculty of the School and affiliates in the methods and techniques of medical teaching. It shall promote research into how physicians learn, how to plan and deliver educational materials to meet their needs.

The Division of Continuing Medical Education expects the general academic quality of each CME activity to be relevant to the level of medical practice of the target audience, that the educational process activities will be of appropriate quality, and that the activities will be applicable to the professional development needs of physicians and health professionals in the community. The Division insures that all CME activities comply with the accreditation requirements as established by the ACCME.

EXPECTED RESULTS: The Division shall promote activities which are designed to improve healthcare outcomes and will assist activity directors in designing evaluation tools to assess audience perception of whether the activities will improve their care of patients.

**Counseling & Employee Assistance Program (EAP)**

**Counseling**

The WSU offers an Employee Assistance Program (EAP) to all postgraduate residents. The EAP is designed to help you with personal problems or work situations. Counseling is available to WSU residents if needed. In addition, the WSU School of Medicine Student Affairs Office staffs professional counselors for all students within the Medical School including residents who are considered graduate students.

**Employee Assistance Program (EAP)**

An Employee Assistance Program (EAP) provides a confidential location for employees and their families to receive assistance with personal matters. You can contact Ulliance 24 hours a day, 365 days a year, by simply calling one toll-free number, 1-800-448-8326.

The Employee Assistance Program provides professional counseling, education, and referral services to you and your family members. EAP can help you with a variety of issues:

- marital and family problems
- child or adult care issues
- alcohol and/or drug abuse
- balancing work and family
- depression and anxiety
- work-related concerns
- financial or legal problems
- career transition issues
- personal growth and development

**Vacation/Sick Time (Time off from residency)**

All residents/fellows are eligible for 20 days’ time off from their residency, including vacation and sick time. It is at the discretion of the individual program to determine how many days are designated
for personal time or educational conference time. All vacation time must be approved in advance by your Program Director. Vacation time does not accumulate, and must be used before the next July 1st date. Any time taken for Bereavement Leave will be taken from the bank of vacation/sick days. If more than 20 days are taken by any resident their program will be extended in order to fulfill the ACGME requirements. Any time taken for Bereavement Leave will be taken from the bank of vacation/sick days.

**Discounts**

Currently, Wayne State University students who show their “One Card” can save on a variety of different services and restaurants. For a complete up-to-date listing of discounts, please check the following website for details at:

[http://cwis-1.wayne.edu/showyouronecardandsave/](http://cwis-1.wayne.edu/showyouronecardandsave/)

**Housing**

Housing for any outside rotation is the responsibility of the resident’s program.

**Meals for In-House Night Call**

Meals and/or access to food/beverage service are provided to all residents during In-House Night Call. For further information, contact your program to receive meal tickets or other resources in order to receive meals for In-House Night Call.

**Payroll Procedures**

The postgraduate residents receiving a stipend through the WSU are paid bi-weekly. You have the option of having your stipend check mailed to your home, directly deposited to your bank account or of picking it up directly from your program coordinator. Check distribution forms are available in the GME Office. Please note that if you elect to have your check mailed to your home, the GME Office cannot be responsible for delays in delivery due to holidays, etc. For further information regarding payroll, please contact WSU Human Resources Payroll at 313-577-2138.

**Health, Dental and Vision Insurance**

**SUMMARY OF BENEFITS - POSTGRADUATE RESIDENTS**

All of the benefits listed below are provided to postgraduate residents who are on the Wayne State University payroll. WSU reserves the right to add, delete or otherwise change benefits without advance notice at WSU’s discretion and as WSU deems appropriate.

**HEALTH INSURANCE:** Wayne State University offers residents the choice between health care insurance providers. Coverage is effective on the date of your appointment. Please reference the Benefits Handbook for complete details.

PLEASE NOTE that you are responsible for reporting any change in your family's status (e.g. marriage, divorce etc.) to the GME office in person within 30 days of the occurrence. You have 90 days to report the birth of a child but it is recommended to add the child to your insurance as soon as possible. If you do not report such changes within the required period of time, it will not be possible to obtain coverage for that individual until the annual Open Enrollment which takes place near the end of each year, with coverage taking effect January 1.
DENTAL INSURANCE: Dental insurance is provided to all residents. Please reference the Benefits Handbook for complete details.

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE: Eligible employees are covered by a group term life insurance policy with The Hartford at amounts and levels as summarized in the Benefits Handbook, please reference it for complete details.

VISION COVERAGE: Vision coverage, through EyeMed, is bundled with medical insurance. If you elect Cash in Lieu of Medical Insurance, vision coverage is available for a nominal fee. Please reference the Benefits Handbook for complete details.

For further information regarding benefits please contact the office of Total Compensation and Wellness at 313-577-3717.

**Leaves of Absence**

There are different types of leaves that residents are eligible for:

**FMLA**

Under the Family Medical Leave Act (FMLA), a resident may be eligible to take up to 12 weeks of leave in order to care for a spouse, parent or child who has a serious health condition, or to care for a new child or newly adopted child. FMLA may be used after one (1) year of service at WSU.

A resident taking time off in order to care for a family member may use paid vacation time. Once the resident exhausts their vacation time their remaining leave will be unpaid and will extend the resident’s program duration.

If vacation time is exhausted and the resident does not want to extend their program duration then they must return to work.

Forms & all paperwork associated with FMLA for residents should be processed online using the FMLASource website:

- Call 1-877-GO2-FMLA (1-877-462-3652), log onto www.fmlasource.com or www.hr.wayne.edu/esc to start the leave process.
- FMLA paperwork **should not come** to Program Directors, Coordinators or the GME office. Once the resident makes a request in the FMLASource website; the system generates all documents needed - for example notification and approval/denial of FMLA. Those notices will be sent to HR and HR will send the appropriate information to the GME office, so they can forward information to the Program Coordinators as necessary.

Residents will be asked to follow this process even if they may not be eligible for FMLA to ensure that all of the required information for their leave is collected by the Human Resources Department.

If a leave is planned, i.e. maternity leave or surgery, it is required that this process be started 30 days before the planned event to allow the proper time to process all of the paperwork.

**Personal Leave of Absence**
Residents are eligible after one (1) year of service or upon request from Program Director. You must make arrangements to pay for all health benefits with WSU Benefits Office with the initial written request for the Leave. This type of Leave is not related to FMLA leaves. Vacation time must be exhausted while on a personal leave. Once vacation time is exhausted the remaining leave will be unpaid and will extend the resident’s program duration. Leaves are granted in increments of 30 calendar days.

**Long Term Illness/Disability**

This type of leave is available with written approval to the resident after one (1) year of service at WSU. It provides a monthly income benefit equal to a 66.67% of the monthly wage base. Benefit will begin after 180 days of being disabled from your occupation. Per HIPPA regulations employee will work directly with Insurance Carrier and WSU Benefits Office regarding all documentation needed.

Depending on the length of the leave and individual board requirements training time may need to be extended as determined by your Program Director.

**Professional Liability Coverage**

Your professional liability coverage is through the host institution. Your policy is a limited claims made policy with extended reporting endorsement (tail coverage). In addition to liability “gap” insurance is provided for all exposure in outpatient facilities in other institutions. This coverage does not extend outside of the training program. See the WSU GME office for complete details.

**Retirement Plans**

TAX SHELTERED ANNUITY (TSA) PROGRAM: This Program can help you reduce your current taxes and increase your retirement savings by saving pre-tax dollars. You have a choice of fixed annuity contracts, as well as variable annuity (mutual fund) investment options within an annuity contract(s). Please reference the Benefit Handbook for complete details or contact the office of Total Compensation and Wellness at 313-577-3717.

**Security and Safety**

Postgraduate residents must comply with security and safety policies and procedures at WSU sponsored program Hospitals. WSU requires that identification badges be worn at all times. WSU sponsored program hospitals will not assume responsibilities for theft or damage for personal property. All WSU postgraduate residents and personnel are required to complete safety training through GME Orientation.

**Student Loans**

Student loans are the responsibility of the postgraduate resident. For more information, please contact your lender and access your loan information and requirements for student loan reduction of payment or other information as needed. Verification of training may be sought from the Office of Graduate Medical Education at (313) 577-5189.

WSU GME Resident Manual
SECTION IV – GME POLICIES AND PROCEDURES

ACGME Outcome Project

Minimum Program Requirements Language
ACGME approved, September 28, 1999
GMEC approved & updated: March 2007
GMEC updated & approved: July 2011

Educational Program

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

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

Evaluation

Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:
a. use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
b. mechanisms for providing regular and timely performance feedback to residents
c. a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

**Program Evaluation**

a. The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
b. The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.
**ACLS\BLS\PALS Certification**

*GMEC approved: March 2007*

*GMEC updated & approved: July 2011*

The Office of Graduate Medical Education requires proof of BLS certification for all house staff and ACLS/ATLS/PALS is program dependent. House Staff must be certified when they arrive at WSU and must re-certify every two years. Upon completion of the re-certification courses, the House Staff resident must provide a copy of the life support cards to the GME Office.
Advanced Standing

GMEC approved: March 2007
GMEC updated & approved: July 2011

The stipend level of a resident must be in accord with the level of the resident recognized by the Residency Review Committee (RRC) of the specialty the resident is entering. For example, a resident transferring from Internal Medicine who will not receive any credit from the Surgery RRC must be appointed at the PGY I level.

Residents who spend time in a WSU Residency or Fellowship Program sponsored research activity can receive advanced standing for stipend purposes.
Wayne State University Graduate Medical Education follows the Wayne State University policy on the Americans with Disabilities Act (ADA) as follows:

- **Title I – Employment Discrimination**

  Title I of the Americans with Disabilities Act (ADA) went into effect in 1992. This section of the ADA deals with nondiscrimination requirements for people with disabilities related to employment. The ADA defines a person with a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or is regarded as having such an impairment." Any person with a disability who is qualified to do a job with our without a reasonable accommodation will not be discriminated against because of their disability.

- **Self-Identification and Accommodation Request Form**

  Employees who are disabled can self-identify by completing a survey available through the Employment Service Center or the Office of Equal Opportunity or via the web (Disabled Person & U.S. Veterans Survey) at http://www.oeo.wayne.edu/forms.php. If you think you need an accommodation to perform the essential functions of your job or a job you are applying for, contact the Office of Equal Opportunity at 313-577-2280 or www.oeo.wayne.edu. A Request for Accommodation of Disability form will be provided. After the form is completed and returned, it will be reviewed and a determination made whether an accommodation can and should be made.
Prior to appointment/employment all residents must complete the following:

A completed Application for Appointment

Programs can accept any type of application form for review purposes, however, all appointment paperwork must be accompanied by a WSU graduate medical education application or ERAS (Electronic Residency Application System) form.

A minimum of three (3) House Staff reference letters to be completed by physicians who have worked with you, observed your professional performance, and are able to provide reliable information regarding your clinical competence, judgment, character, ability to work with others and health status as it relates to the privileges you are requesting.

A minimum of three letters of recommendation. Letters of recommendation are to be maintained in the applicant's program file; do not submit to the GME Office.

Of the three letters of recommendation one must include a Letter from Dean of applicant's medical school.

Or,

If applicant is currently in a training program or has completed a training program, letter of recommendation from current/previous Program Director

Proof of legal employment status, (i.e. birth certificate, passport, naturalization papers, valid visa, etc).

If the resident is an international medical school graduate, an original, current, and valid ECFMG certificate.

Obtain and maintain a valid license to practice medicine that complies with the applicable provisions of the laws pertaining to licensure in the state of Michigan and provide documentation of valid license to GME office by date required annually.

Acquire and maintain life support certification(s) ACLS, BLS, and PALS as prescribed by program, and/or WSU.

The signed Graduate Medical Education Agreement of Appointment.

Submit to a health examination and supplementary test(s), which includes tests for drug and/or alcohol abuse, and receive the required immunizations in compliance with the sponsored program hospital’s policy and all applicable federal, state, and local laws and regulations. It must be determined the resident is in sufficient physical and mental condition to perform the essential functions of appointment. The results of all examinations shall be provided to the Hospital’s Employee Occupational Health Services.

Further information that the GME Office may request in connection with the resident’s credentials, includes but is not limited to, Criminal Background Check(State of Michigan Public House Act 27, 28, and 29) and clearance from the National Practitioner Data Bank.
Any document not printed in English must be accompanied by an acceptable original English translation performed by a qualified translator. Each translation must be accompanied by an affidavit of accuracy acceptable to WSU.

Successful passage of Institutional Net Learning Modules required for Employment.

ELIGIBILITY:

Applicants must be one of the following in order to be eligible for appointment:

Graduate of medical school in U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).

Graduate of college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).

Graduates of medical schools outside of the U.S. and Canada must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates and an ECFMG Certificate number.

Applicants selected for appointment must provide:

Original certified transcript from medical school - to be maintained in the applicant's program file; do not submit to GME Office.

Medical School Diploma – copy to be submitted to GME Office with appointment notification.

PERSONAL INTERVIEW:

Personal interviews should be arranged by the residency program office.

EXAMINATIONS:

To obtain an educational limited license in the State of Michigan, a passing score is required for USMLE Step I and II CK & CS, therefore WSU requires the same.

APPROPRIATE FORMS FOR HIRE

Non-U.S. Citizen International Medical Graduates

ALL OF THE ABOVE, PLUS THE FOLLOWING:

Proof of current visa status

If currently on or applying for Exchange Visitor Visa (J-1), must also provide:

Curriculum Vitae

Ministry of Health Letter from home government
Blood and Body Fluid Exposure (Needle Stick Exposure)

GMEC approved: January 2008
GMEC updated & approved: May 2012

A resident/fellow who sustains an exposure to blood and/or body fluids or who sustains an injury in the course of a clinical assignment should go to the employee health services office at the site where rotating. If the injury occurs after hours, the student should go to the emergency room. The resident/fellow will be promptly evaluated and treated. The resident/fellow should inform the employee health services office or emergency room that they are employees of WSU and the invoice should be sent to WSU Office of Risk Management.

A WSU Risk Management Incident Report and Supervisor Report must be completed detailing the circumstances of the exposure and forwarded to the **WSU Office of Risk Management**.

Send **COMPLETED** report directly to:
WSU Risk Management Office
5700 Cass Ave.
Suite 4622
Detroit, MI 48202
Compliance

GMEC approved: March 2007
Updated & approved: July 2008
GMEC updated & approved: July 2011

WSU requires compliance for all employees. This compliance includes:

Seven Elements:

1. Policies and Procedures to guide our compliance.
2. A Compliance Officer to oversee the program.
3. Training and education for employees on compliance issues.
4. Monitoring for unlawful activities within the WSU and host institutions.
5. Reporting mechanisms for unlawful activities.
6. Written guidelines for dealing with employees who engage in unlawful activities.
7. Responding to detected offenses.

ACGME requires that the sponsoring institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. WSU GME mechanisms to ensure this environment include:

**Resident Hotline: 313-577-2378**
The WSU GME Hotline provides an anonymous and confidential venue for Residents enrolled in all sponsored programs. Residents may confidentially voice concerns and issues via a voicemail message. The GME Hotline is maintained by the GME office. Reported issues and concerns will be reviewed and addressed by the DIO.

**Anonymous Suggestion/Comment Boxes**
The GME office provides enrolled Residents an anonymous venue for reporting concerns via Anonymous Suggestion/Comment Boxes. These locked comment boxes are available on site to facilitate resident reporting ease and protect resident confidentiality. Comments are collected monthly by a GME representative and reported issues and concerns will be reviewed and addressed by the DIO.
Confidentiality

GMEC approved: March 2007
GMEC updated & approved: July 2011

The use and disclosure of Protected Health Information (PHI), as well as any given individual’s right with respect to his/her own PHI will be limited to that which is allowable under HIPAA. Information, which is de-identified as defined under the terms of HIPAA regulations, is not subject to this policy.
Compensation

GMEC approved: March 2007
GMEC updated & approved: July 2011

It is the policy of WSU, (regardless of other less restrictive policies), all graduate medical residents within the WSU residency training system, sponsored by the Accreditation Council for Graduate Medical Education, receive equal compensation according to graduate medical education training level. Any exceptions must be approved by the GMEC.
Corrective Action Procedures

The information below describes the procedures to be followed when a resident (“Resident”) is subject to corrective action, as provided by the Residency Agreement between Wayne State University Graduate Medical Education Program (“WSU”) and the Resident.

1. GENERAL PROVISIONS

1.1. Corrective Action. As used in this document, “corrective action” includes the following actions:
   1.1.1. Suspension. This action involves the temporary removal from the residency program (“Program”) for a definite period of time. It does not include a summary suspension, as discussed in Paragraph 3 below.
   1.1.2. Reappointment Without Advancement. This action involves reappointment to the Program without advancement to the next training level.
   1.1.3. Decision Not To Reappoint. This action involves a decision not to reappoint a Resident following the expiration of the term of his or her current contract.
   1.1.4. Termination. This action involves immediate and permanent dismissal from the Program.
   1.1.5. Other. Other corrective action includes, but is not limited to, the following:
      (a) Placing the Resident on probationary status.
         (1) Probation status shall not exceed one year. If the probation exceeds six months, the probation shall include at least one interim review at the approximate midpoint of the probation.
         (2) Probation is imposed in accordance with 2.13 and 2.14.
      (b) Issuing the Resident a letter of warning, admonition or reprimand which documents the cause for concern and becomes part of the Resident’s permanent record.

1.2. Criteria for Initiation. Corrective action may be based upon the following criteria:
   1.2.1. Failure of the Resident to fulfill each and every obligation imposed by the Residency Agreement.
   1.2.2. Any action, conduct or health status of the Resident that is adverse to the best interests of patient care or the institutions to which the Resident is assigned.

1.3. Examples. The criteria described in Paragraph 1.2 include, but are not limited to, the following examples:
   1.3.1. Breach of professional ethics;
   1.3.2. Misrepresentation of research results;
1.3.3. Violation of the rules of the Program, of the institution to which the Resident is assigned or of the law; and

1.3.4. Inadequate medical knowledge, deficient application of medical knowledge to either patient care or research, deficient technical skills or any other deficiency that adversely affects the Resident’s performance.

1.4. Parties Who May Initiate Corrective Action. Any of the following parties may initiate corrective action:

1.4.1. Any WSU sponsored program hospital or other hospital to which the Resident is or has been assigned, or in which duties under the Residency Agreement are otherwise performed;

1.4.2. WSU;

1.4.3. The Department or Section Chief to which the Resident is assigned;

or

1.4.4. The Program Director.

1.5. Separate Action by WSU sponsored program Hospitals or Other Hospitals. In addition to the corrective actions described in this document, any WSU sponsored program hospital or other hospital to which the Resident is assigned may, in accordance with the policies of such hospital, limit, restrict or suspend, summarily or otherwise, the Resident’s participation in the Program at such hospital. The Hospital shall first consult with the Dean, the Chair of the GMEC, the GMEC or appropriate Program Director regarding such action. Such action by a hospital shall not require the initiation of corrective action under this policy.

1.6. Notice. Any notice required by this document shall be deemed sufficient if the notice provisions of the Residency Agreement are satisfied.

2. CORRECTIVE ACTION PROCEDURE

2.1. All requests for the corrective actions described above in Paragraphs 1.1.1. through 1.1.4. shall be in writing, submitted to the coordinator of the WSU sponsored program, and supported by reference to the specific activity, conduct, deficiency or other basis constituting the grounds for the request. The procedures described below in Paragraphs 2.2. through 2.12. shall be followed for such corrective actions, and the procedure described below in Paragraph 2.13. and 2.14. shall be followed for all other corrective actions.

2.2. WSU shall investigate the request for corrective action in the manner and to the extent it deems appropriate. The investigative procedure may include consultation with the Resident and/or other parties, as determined in the sole discretion of WSU, and shall be completed no later than thirty days following receipt of the request.

2.3. The Chair of the WSU Graduate Medical Education Council shall appoint a Committee of not less than three members of the GMEC. The Chair of the GMEC shall not serve as a member of the Committee, nor shall the Department or Section Chief of the Department to which the Resident is assigned or the individual initiating the corrective action.

2.4. Upon completion of the investigation, WSU shall forward the request and a written report of its investigation and recommendations to the members of the Committee. A copy of the request shall also be sent to the Resident, along with a copy of the Corrective Action Procedures then in effect, and a notice that he or she may request an appearance before the Committee.
2.5. The Resident shall have ten days following the date of the notice described in Paragraph 2.4. above to file a written request for an appearance before the Committee. This request may include the Resident’s written response to the request for corrective action. The request is to be made to the Chair of the GMEC. The request for an appearance shall specify:

2.5.1. The name of the single physician, if any, who will accompany and represent the Resident;

2.5.2. The Resident’s request to be represented by an attorney (although such a request shall be denied in such circumstances as may be determined solely by the Committee). The Chair of the GMEC shall notify the Resident within ten days of the request for appearance if the request to be represented by an attorney will be granted; and

2.5.3. The names of any witnesses the Resident intends to call.

2.5.4. The rights to representation by a physician, to request representation by an attorney, and/or to call witnesses shall be deemed waived if the request for an appearance fails to specify the information described in Paragraphs 2.5.1. through 2.5.3.

2.6. If the Resident fails to request an appearance within the applicable time period:

2.6.1. He or she waives any right to such appearance and to any further appellate procedures to which he or she might otherwise have been entitled; and

2.6.2. He or she will be deemed to have accepted an adverse decision by the Committee, which decision shall thereupon become the final decision and shall be implemented.

2.7. The Committee shall consider and decide upon the request for corrective action at its next meeting or as soon thereafter as may be practicable. The following procedures shall be applicable if the Resident has requested an appearance in accordance with the provisions of Paragraph 2.5. above.

2.7.1. The Resident shall be provided fifteen days notice of the time, place and date of the meeting;

2.7.2. The Resident may present witnesses named pursuant to Paragraph 2.5.3.;

2.7.3. WSU may present witnesses;

2.7.4. Either party may cross-examine any witness appearing in-person;

2.7.5. Any party may present evidence of a type on which reasonable persons customarily rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law; and

2.7.6. The Committee shall record its evidentiary proceedings. Deliberations of the Committee shall not be recorded.

2.8. The Resident shall be deemed to have waived his or her rights to appear as well as any appeal rights if, having requested an appearance, he or she fails without good cause to attend the meeting.

2.9. Following the appearance of the Resident and the presentation and examination of all witnesses and evidence, the Committee shall deliberate to determine appropriate action. The Committee may take either the action sought in the initial request for corrective action or such other action that the Committee determines to be warranted.

2.10. The Committee shall notify the Resident and the GMEC of its findings and corrective action decision no later than fifteen days following the meeting.
2.11. The Resident may submit a written request for reconsideration by the Dean of the decision of the Committee within ten days of the date of notice of such decision. The Dean, in his or her sole discretion, may affirm, modify or reverse the decision of the Committee, or return the case for consideration by the full GMEC. The Dean shall notify the Resident of his or her decision within fifteen days of the receipt of such request for consideration. The Dean’s decision shall be final and binding except as described below in Paragraph 2.12.

2.12. To the extent there are procedures established by WSU for appeal of an adverse reconsideration decision by the Dean to the WSU Provost, the Resident may appeal to the WSU Provost in accordance with such procedures.

2.13. The procedures described in Paragraphs 2.1. through 2.12. above shall not apply to the other corrective action that is provided for above by Paragraph 1.1.5. The Resident shall have the opportunity, however, to informally discuss the pertinent circumstances with his or her Program Director in the event that the Resident is subjected to such other corrective action. The Resident shall be entitled to present such information or provide such explanation that may be relevant, but the Program Director’s determination of the action to be taken, if any, shall be final and binding.

2.14. If the Program Director determines that the Resident should be placed on probation, the Program Director shall provide the Resident with the following information in writing:

(a) The length of the probationary period, which shall not exceed one year.
(b) The academic or professional deficiency or conduct, or other basis giving rise to the probation.
(c) The criteria which the Resident must meet in order to satisfy the terms of the probation.
(d) The approximate date or dates on which the Resident’s probationary status will be reviewed. A copy of such written probation notice, including the information provided to the Resident, shall be submitted to the Graduate Medical Education Office. If the Program Director fails to provide such information, the Resident may request review by the Committee as set forth in paragraphs 2.1 through 2.12.

3. SUMMARY SUSPENSION

3.1. Description. The Resident may be summarily suspended from the Program, based on the criteria listed above in Paragraph 1.2., and such suspension shall become effective immediately upon imposition. In the event any corrective action described in Paragraphs 1.1.1. through 1.1.4. is also recommended, summary suspension shall continue pending completion of the corrective action proceedings described in Paragraph 2 above. If no such corrective action is recommended within ten days, or if any corrective action described in Paragraph 1.1.5. is taken, the summary suspension shall terminate upon expiration of the ten-day period or upon the taking of such corrective action.

3.2. Parties Who May Initiate. Summary suspension, as described above in Paragraph 3.1., may be initiated by any of the parties described in Paragraph 1.4.2. through 1.4.4. above.

3.3. Action by WSU GME, sponsored program Hospitals, or Other Hospitals. As provided in Paragraph 1.5. above, a WSU sponsored program Hospital or other hospital to which the Resident is assigned may summarily suspend the Resident from participating in the Program at such hospital, in accordance with that hospital’s procedures. Such action may be taken independent of and in addition to any action taken pursuant to in Paragraph 3.1.
Criminal Background Check

GMEC approved: March 2007
GMEC updated & approved: July 2011

Under Public House Acts 27, 28, 29, EFFECTIVE MAY 1, 2006, all new hires for health facilities or agencies shall not employ, independently contract with, or grant clinical privileges to an individual who has regular direct access to or provides direct services to patients or residents until the health facility or agency conducts a criminal history background check, including a fingerprint check. Current facility/agency employees will have to provide fingerprints within 24 months of this date and "self reporting" court actions.
**DEA Numbers**

*GMEC approved: March 2007*

*GMEC updated & approved: July 2011*

An individual DEA number is only available upon acquiring a permanent license.

A prescription for a controlled substance must be dated and signed on the date when issued. The prescription must include the patient’s full name and address, and the practitioner’s full name, address, and DEA registration number. The prescription must also include:

1. drug name
2. strength
3. dosage form
4. quantity prescribed
5. directions for use
6. number of refills (if any) authorized

A prescription for a controlled substance must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner’s signature.

The practitioner is responsible for ensuring that the prescription conforms to all requirements of the law and regulations, both federal and state.

Residents are required to use institutional DEA number with the last 4 digits of the resident pager added to the end. Incorrect use of the DEA numbers can cause the hospital to be subject to audit. Residents are to follow the hospital DEA policy that their rotation is located.
Disaster & Emergent Situation Response Policy

GMEC approved: November 2007
GMEC updated & approved: July 2011, September 2011

Disaster Policy
In the event of a disaster impacting the graduate medical education programs sponsored by WSU, the GMEC has established this policy to protect the well being, safety, and educational experience of residents enrolled in our training programs.

Definition
Disaster is defined as an event or set of events causing significant alteration to many residency programs as defined by the ACGME policies and procedures. EXAMPLE: Hurricane Katrina

Declaration of a Disaster
When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice will be posted on the ACGME website with all information relating to ACGME’s response to the disaster.

Procedure
- Administrative support for all GME programs and residents as well as assistance for continuation of resident assignments will be provided to all programs.
- In order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO will meet with each Program Director and appropriate university or hospital officials to determine if transfer to another program is necessary to provide adequate educational experiences to residents and fellows.
- Once the decision is made that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for the temporary/permanent transfer of the residents to programs at other sponsoring institutions until such a time as the participating institution is able to resume providing the experience. (Notification of placement will be communicated to residents no less than ten days after the declaration of the disaster.)
  - Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors an estimated time frame that relocation to another program will be necessary.
  - Should that initial time estimate need to be extended, the resident will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.
  - It will be the intent of WSU to provide the appropriate administrative support, to the extent possible, to re-establish a permanent educational experience which meets the standards of the ACGME as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, WSU will take appropriate steps to arrange permanent transfers of residents to other accredited programs.
  - If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered.
- The Program Director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.
- The DIO will provide initial and ongoing communication to hospital officials and all affected Program Directors.
• Program Directors and the DIO will determine/confirm the location of all residents, determine the means for ongoing communication, and notify emergency contacts of any resident who is injured or cannot be located.

• The DIO will contact the ACGME IRC Executive Director within ten days after the declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers.

• The ACGME website will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The DIO will ensure that each Program Director and resident is provided with information annually about this emergency communication availability.

• The DIO will access information on the ACGME website to provide Program Directors and residents with assistance in communicating and documenting resident transfers, program reconfigurations, and changing participating sites.

• The DIO and Program Directors will call or email the IRC Executive Director with information and or requests for information. Residents will call or email the IRC Executive Director with information and or requests for information if they are unable to reach their PD or DIO.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Wayne State University will work collaboratively with the DIO who will coordinate on behalf of the medical center the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

**Extreme Emergent Situation Policy**

In the event of an extreme emergent situation impacting the graduate medical education programs sponsored by WSU, the GMEC has established this policy to protect the well-being, safety, and educational experience of residents enrolled in our training programs.

**Definition**

Extreme Emergent Situation is defined as a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined by ACGME Policies and Procedures.

**Declaration of Extreme Emergent Situation**

A declaration of an extreme emergent situation may be initiated by a Program Director or the DIO in collaboration with the hospital CEO, COO, CMO, affected Program Directors, and Department Chairs. The first point of contact for answers to questions regarding a local emergent situation should be the GMEC/DIO. When possible an emergency GMEC meeting will be conducted to help assess the situation.

**Procedure**

Once a declaration of an extreme emergent situation is declared:

• Administrative support for all GME programs and residents as well as assistance for continuation of resident assignments will be provided to all programs.

• Program Directors of each program will meet with the DIO and other university/hospital officials to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program.

• The DIO and university/ hospital administration will keep in mind that all ACGME Institutional, Common, and Specialty -Specific Program Requirements continue to apply in an emergent situation with regard to clinical assignments within a training program.
- Program Directors will remain in contact with the DIO regarding plans to address the situation, and additional resources as needed. ACGME guidelines for development of those plans will be implemented.
- Residents are, first and foremost, physicians, whether they are acting under normal circumstances or in an extreme emergent situation. Residents are expected to perform according to their degree of competence, level of training, scope of license, and context of the specific situation.
- Residents will not be first-line responders without consideration of the need for appropriate supervision based on the clinical situation and their level of training and competence.
- Residents at an advanced level of training that are fully licensed in the State of Michigan may provide patient care independent of supervision based on the rules and policies of the institution.
- The following will be taken into consideration regarding a resident’s involvement in an extreme emergent situation:
  - The nature of the health care and clinical work that a resident will be expected to deliver
  - The residents level of post-graduate education specifically regarding specialty preparedness
  - Resident safety, consideration of their level of training, associated professional judgment, and the nature of the situation
  - Board certification eligibility during or after a prolonged extreme emergent situation
  - Reasonable expectations for duration of engagement in the situation
  - Self-limitations according to the resident’s maturity to act under significant stress or even duress for an extended period of time.
- The DIO will contact the ACGME IRC Executive Director if (and only if) the situation causes serious, extended disruption that might affect the institution/ programs ability to remain in compliance with the ACGME requirements. The ACGME IRC or DIO will alert the respective RRC.
- If the situation is complex the DIO may need to submit in writing a description of the situation to the ACGME Executive Director.
- The DIO will receive an electronic confirmation of the extreme emergent situation from the ACGME Emergency Disaster-IRC which will include copies to all Emergency Disasters of Residency Review Committees (RRCs).
- Upon receipt of this confirmation by the DIO, Program Directors may contact the Executive Directors of their respective RRCs if necessary to discuss any specialty specific concerns regarding interruptions to resident education or effect on educational environment.
- Program Directors are expected to follow their institutional disaster policies regarding communication processes to update the DIO of any specialty specific issues.
- The DIO will have an active role in any emergent situation ensuring the safety of patients and residents through the duration of the situation.
- If notice is provided to the ACGME, the DIO will notify the ACGME IRC Executive Director when the extreme emergent situation has been resolved.

All Program Directors and residents should be familiar with this policy and communication plan if a disaster or emergent situation occurs; this policy is included in the GME Trainee Manual & Benefits Guide and available on New Innovations 24/7.
Disciplinary Action

GMEC approved: March 2007
GMEC updated & approved: July 2011

See Corrective Action.
**Dress Code**

*GMEC approved: March 2007*  
*GMEC updated & approved: July 2011*

WSU GME will promote a neat, clean, professional, and business-like appearance consistent with preserving and enhancing the image of the Wayne State University School of Medicine, assuming that attire is not hazardous to patients or employees.

Clothing should be of appropriate size and fit permitting freedom of movement. All personal clothing should be clean, neat, and of appropriate length with finished hems. Thighs, breasts and cleavage must be covered. Tucking pant legs into socks is not permitted.

Undergarments must be worn at all times, and color and/or design must not be visible through clothing. Socks or hosiery must be worn. Bare legs and feet are not acceptable.

A white coat with appropriate identification (embroidery) is to be worn at all times during patient care activities, unless the student’s duties require wearing other items such as scrub clothing in the operating or delivery room.

Hair is to be neat and clean. Long hair must be so styled and/or restrained so as not to interfere with work performance, safety and infection control. Hair may not obscure vision or come in contact with patient or other surfaces. Head coverings mandated by religious beliefs are acceptable. Mustaches and beards must be clean and neatly trimmed.

Fingernails must be kept short (i.e., not to exceed 1/4 inch past the fingertip) and clean. Chipped nail polish or enhancements such as jewels may not be worn. Nail enhancements of any kind (e.g., wraps, acrylics, gels and stones) may not be worn in the Operating Rooms, Same Day Surgery, Intensive Care Units (for example, ICU, BMT, Burn unit, NICU, PICU, pheresis), step-down ICU units, or other areas where invasive procedures are routinely performed or when procedures require a surgical scrub. (CDC Guideline for Hand Hygiene in Health-Care Settings. MMWR 51(RR16); 1-44: 2002).

Jewelry must not create a hazard to self or others, and should be kept to a minimum. Visible adornment with tattoos or body paint is not acceptable. No visible ornamental piercing except for ears. No bracelets are to be worn by students while engaged in patient care activities.

School of Medicine and/or appropriate Hospital Identification (Badges) must be worn at all times, on the upper chest or shoulder area, while on duty. Full name and photo must be visible. Badge holders/lanyards must not interfere with patient care activities and be worn above waist level.

Shoe covers, where required, must be removed when leaving the patient care area.

Makeup should be appropriate for office daytime wear. Perfume and scented after-shave lotion must not be worn due to the health risk to others.

Personal headphones or personal cell phones are not to be used or worn while on duty in direct care of patients. Personal beepers may be worn, but must be on vibrating (non-audible) mode and must not be visible.
Non-Direct Care Activities: Unless otherwise directed, casual business wear may be worn while in orientation, or at other educational offerings. This includes appropriate shoes/hose. However, if a portion of the day is spent in the clinical area, the above guidelines regarding dress and grooming then apply.

Off-Site Functions: Wayne State University School of Medicine Clinical Student Dress and Grooming Standards must be adhered to when employees or contract employees represent the DMC at any outside conferences, community outreach functions, and other professional/educational events.

The following types of clothing are not permitted:
- Jeans or clothing of denim-like material
- T-shirts (without hospital approved design or logos)
- Sweatshirts, sweatpants, or jogging suits
  *Exception: Staff may wear sweatshirts with hospital approved logo-site specific. Personal Trainers at RIM wear RIM Logowear warm-up suits*
- Shorts or Capris
- Tank or tube tops
- Military fatigues
- Stretch pants, spandex, stir-up pants
- See-through or revealing clothing
- Exercise apparel
- Mini-skirts or mini-dresses (mid-thigh) or slit above mid-thigh
- Leather
- Excessive or inappropriate jewelry
- Sunglasses
- Open toe shoes or sandals

SPECIALTY AREAS
Approved hospital-provided and laundered scrubs are to be worn in designated areas only. These include, but are not limited to, the Burn Center (DRH), Labor and Delivery, LDRP, Dialysis and Perioperative areas.

Refer to site or department policy for students assigned to the Rehabilitation Institute of Michigan, and Psychiatric or Chemical Dependency areas.
Drug use in the workplace is all too common. The cost of drug use to industry has been estimated at over 100 billion dollars per year.

Drug use in the workplace endangers coworkers, the company, customers, and the public. It affects the quality of service delivery and of products. Coworkers may often have to cover up for an affected employee by making excuses or redoing poor quality workmanship.

Drug-using workers have a greater frequency of sick days, use of healthcare benefits, and of work-related injury.

Supervisors need to be educated about the signs of drug abuse and coworkers should report concerns or suspicious behavior to the supervisor. Keeping quiet enables the affected person to get sicker, expose others to increasing risk, and not be held responsible for his or her own behavior.

**Some Signs Of Drug Use In The Workplace Include:**
- Decreasing quality of work
- Mood swings and irritability
- Unpredictable behavior
- Frequently ill, absent, or late
- Desire to work alone
- Frequent trips to bathroom
- Not letting briefcase or purse out of sight
- Decreased ability to tolerate usual workload and
- Change in hygiene and/or dress

**Obvious Signs of Drug Use in the Workplace include:**
- Alcohol on breath
- Odor of marijuana or
- Caught using or selling drugs

Employees have a right to a safe, drug-free workplace. Read the alcohol and drug policy at your place of employment. Utilize the employee assistance program, if your company has one, but do not ignore the issue.
Resident Duty Hours, Supervision, Learning Environment, & On Call/Night Float Activities

GMEC approved: March 2007
GMEC updated & approved: July 2011

This policy incorporates the ACGME common requirements that were implemented in July 2011, and includes requirements that all WSU GME programs carefully monitor moonlighting activities and duty hours. The below policies discuss at length the mechanisms for monitoring program compliance with duty hours, supervision, transitions of care, and work environment. If you have any questions or concerns regarding duty hours you may call the hotline at 1-877-440-5480. This number will connect you to the ACGME resource line managed 24/7.

The WSU GME office will educate residents on the professional responsibilities of physicians to appear fit for duty appropriately rested and able to provide the services required by patients. All programs are committed to promoting patient safety and a solid educational experience to all residents.

Duty Hours
Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all internal and external moonlighting. The GMEC will monitor compliance through Internal Reviews, resident self reported duty hours through New Innovations, and the ACGME duty hour reporting system, the annual resident ACGME survey, and the annual web-based program evaluations by residents.

1. Duty hours are defined as all clinical and academic activities related to the training 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, studying, or academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.

2. The maximum duty period is 16 hours for a PGY1 and 24 hours for PGY2 and above. (24 hours + 4 hours transition and education) for a total of 28 hours. Programs will encourage residents to use alertness management strategies in the context of patient care. Strategic napping especially after 16 hours of continuous duty is strongly suggested.

3. Residents are required to have time off from all educational and clinical responsibilities. Intermediate-level residents should have 10 hours off and MUST have 8 hours off after a 12-hour shift and 14-hours off after a 24 hour shift, inclusive of call. One day is defined as one continuous 24-hour period from all clinical, educational, and administrative activities. While it is best practice that residents in their final years of education have 8 hours of duty free time between scheduled duty periods, there may be circumstances (as defined by the review committee) when these residents must stay on duty to care for their patients. These circumstances will be monitored by the Program Director.

4. Residents must be scheduled for a minimum of one day free of duty every week (averaged over 4 weeks). At home call can NOT be assigned on these days.

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

Resident Supervision
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care. This information should be available to residents and faculty. Residents and faculty will inform all their patients of their respective role. A supervisor may be a member of the medical staff or a more senior resident designated by the Program Director. WSU GME will ensure that the appropriate level of supervision is in place for all residents who care for patients. All residents will know their scope of authority and the circumstances under which he/she is permitted to act with conditional independence. The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness, and available support services. All programs will demonstrate that the appropriate level of supervision are in place for all residents who care for patients. The GMEC will monitor compliance through Internal Reviews and the annual program evaluations by faulty and residents via New Innovations.

The levels of supervision that will be used are:
1) Direct Supervision- the supervising physician is physically present with the resident and patient.
2) Indirect Supervision- the supervising physician is not physically present within the hospital. However, the supervisor will available by means of telephonic and or electronic modalities.
3) Oversight - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and or faculty members.
1) The Program Director will evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
2) Faculty members that function as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skill level of the resident.
3) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual.

PGY1 residents should be supervised either directly or indirectly with direct supervision immediately available. Residents in the final years of education (as defined by the review committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

Programs will set guidelines for circumstances and events in which residents must communicate the appropriate supervising faculty members, such as the transfer of a patient to the ICU or end-of-life decisions. Faculty Supervision assignments will be sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. Residents are expected to graduate as accomplished physicians capable of functioning competently and without supervision. Specialty specific “milestones” will govern residents’ advancement from one year of education to another, providing guidance about the authority and responsibility granted to residents.

Learning Environment
All Program Directors will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. Residents will care for patients in an environment that maximizes effective communication. This will include the opportunity to work as a member of effective interpersonal team. The learning objectives of all WSU GME programs are:

1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
2. Must not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

WSU programs are committed to ensuring a culture of professionalism that supports patient safety and personal responsibility. Residents should have a clean and professional work environment. The following guidelines should be followed to provide this setting for all residents.

1. WSU GME will educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
2. The program will be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.
3. The Program Director will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
   i. Assurance of the safety and welfare of patients entrusted to their care;
   ii. Provision of patient and family centered care;
   iii. Assurance of their fitness for duty
   iv. Management of their time before, during, and after clinical assignments;
   v. Recognition of impairment, including illness and fatigue, in themselves and their peers,
   vi. Provision of adequate sleep facilities and or safe transportation options for residents too fatigue to safely return home. All programs will:
      1. Educate all faculty members and residents in alertness management and fatigue mitigation process while teaching how to recognize the signs of fatigue and sleep deprivation.
      2. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
      3. Adopt a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.
vii. Attention to lifelong learning
viii. Monitoring of their patient care performance improvement indicators
ix. Honest and accurate reporting of duty hours, patient outcomes, and clinical experiences

Compliance of these policies will be monitored by the GMEC through Internal Reviews. All residents and faculty will demonstrate responsiveness to patient needs that supersedes self-interest. Physicians will recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient care to another qualified rested provider.

**On Call/Night Float Activities**

WSU sponsored programs will provide adequate institutional call room space for Graduate Medical Residents who are required to do in-house call. The GMEC monitors that these sleeping quarters in all partnering institutions and private, safe, and quiet via Internal Reviews and feedback from the resident council meetings. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

1. PGY2 and above Residents- In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Residents must not be scheduled for more than 6 consecutive nights of night float.
3. No new patients may be accepted or procedures performed after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care. Residents must not be assigned any clinical responsibilities after a 24 hour period including continuity clinics.
4. At-home call (page call) is defined as call taken from outside the assigned institution.
   a. Time spent in the hospital by residents and those called into the hospital from home to provide call MUST count towards the 80-hour maximum weekly limit.
   b. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   c. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
   d. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour work week maximum, will not initiate a new “off–duty period”

**Outside Professional Activities**

*Can a Resident participate in outside professional work while enrolled in a Residency Program?*

A Resident shall devote all of his or her professional efforts to the performance of his/her residency and shall not participate or engage in any outside professional work of any kind or nature whatsoever;
i. unless and until Resident has obtained a permanent license to practice medicine in Michigan;

ii. unless and until Resident has presented his/her Program Director with evidence of professional liability insurance in such amounts as WSU, in its sole discretion, deems appropriate, insuring Resident against any malpractice liability, and Resident has agreed to indemnify and hold harmless WSU, the WSU sponsored program Hospitals, all other hospitals to which Resident is assigned and the officers, directors, employees and agents of each of the foregoing, from any and all losses and expenses resulting from or caused by such activities; and

iii. unless and until Resident receives the written approval of the Program Director and the Chief of the Department or Section to which Resident is assigned, it being understood that the Program Director and the Chief of the Department or Section to which Resident is assigned may withhold or withdraw his or her consent at any time, as he or she, in his or her sole discretion, deems appropriate.

Is a Resident insured by WSU or a WSU sponsored hospital program while engaging in outside professional work?

Resident hereby acknowledges that while engaging in any activities other than those required to perform as part of his/her residency, Resident is not acting as an employee or agent of WSU, any WSU sponsored program Hospital or other hospital to which Resident is assigned and that Resident is therefore not covered by the insurance or self-insurance programs of any such entity.

WSU program expectations if Resident is engaged in approved outside work

Resident further acknowledges that he or she shall be expected to perform all duties as assigned even in the event consent is given to engage in other activities, and if Resident is unable to perform his or her duties as assigned or otherwise Resident will be subject to corrective action including dismissal.

Transitions of Care Policy

GMEC Approved: January 2013

I. Purpose:

To establish protocol and standards within the Wayne State University School of Medicine Graduate Medical Education residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

II. Definition:

A handoff is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another. Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including change of shift for nurses, resident sign-out, and rotation changes for residents.

III. Policy:

**Programs must design clinical assignments to minimize the number of transitions in patient care (CPR VI.B.1)** as well as maximize the learning experience for residents, ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care. Schedule overlaps should include time to allow for handoffs to ensure availability of information and an opportunity to clarify issues.

**Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety (CPR VI.B.2).** At WSU SOM, a Task Force for Transitions of Care was established with faculty and resident representation from all programs to design and monitor the implementation of a standardized Transitions of Care process in each program with elements of education, electronic template and monitoring system.

**Process**

The optimal transition/hand-off process must involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and date of birth
- Identification of admitting/primary/supervising physician and contact information
- Diagnosis and current status/condition (level of acuity) of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
- Active issues – including pending studies, what needs follow up during shift
- Contingency plans (“if/then” statements)

*The hand-off process may be conducted by telephone conversation or other electronic communication (e.g. Skype, Facetime), telephonic handoffs must follow the same procedures as face to face hand-offs and both parties to the hand-off must have access to an electronic or hard copy of the hand-off information. Further, patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines.*

Programs are strongly encouraged to follow the SAIF-IR acronym during the hand over process where:

S=Summary statements or synopsis
A=Active Issues
I=If/Then contingency planning
F=Follow up activities
I=Interactive questioning
R=Read backs

IPatient SignOut is the software chosen to support the written component of the hand off process. The software will be used by all programs unless permission to use an alternative solution is given by the WSU SOM GME office.

Monitoring
Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program to ensure:

- There is a standardized process in place that is routinely followed
- There consistent opportunity for questions
- The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)
- A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication. Handoffs are done on protected time, i.e. residents must be released from any clinical duties or interruption – including surgery and non-emergent patient care.
- Residents need to be trained and comfortable with iPatient SignOut software prior to participating in resident handoff/transitions of care.
- Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
- Examples of monitoring checklists including these items are attached to the end of this policy and will be available in New Innovations.

Compliance with the individual program’s Transitions of Care policy will be monitored by the GMEC via:

- Annual residency program reviews
- Annual Resident GME Survey
- Annual Faculty GME Survey
- Annual Program Director Survey

Programs must ensure that residents are competent in communicating with team members in the hand-over process (CPR VI.B.3). There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:

- Didactic sessions on communication skills including in-person lectures, web-based training modules (GME Today through the GME office), review of curricular materials and/or knowledge assessment.
- OSHE done at the beginning and repeated at least once throughout the academic year.
- Direct observation of a handoff session by a faculty member, peer or a more senior resident.
- Evaluation of written handoff materials by a faculty member, peer or a more senior resident.
• Assessment of handoff quality in terms of ability to predict overnight events.
• Assessment of adverse events and relationship to sign-out quality.

The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care (CPR VI.B.4). Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

• Residents comply with specialty specific/institutional duty hour requirements.
• iPatient SignOut software must be supported by institutional IT to assure resident access to this platform for handoffs and transitions of care.
• Faculty members are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents. Faculty oversight of the handoff process may occur directly or indirectly depending on training level and experience of the residents involved in the hand-off.
• All parties (including nursing) involved in a particular program and/or transition process have access to one another's schedules and contact information. All call schedules should be available electronically (i.e. in Outlook or on New Innovations) also with the hospital operators.
• Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
• All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
• Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
• Programs should provide an opportunity for residents to both give and receive feedback from each other or faculty physicians about their handoff skills.

Each program must include the transition of care process in its curriculum. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Compliance will be monitored by the GMEC.
WSU SOM Checklist for ensuring and monitoring effective, structured handover processes

Date assessed __/__/__

Assessment by (name/service):________

Evaluation of (location, unit, team or setting):________________

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a standardized process in place that is routinely followed</td>
<td></td>
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<tr>
<td>There is consistent opportunity for questions</td>
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<tr>
<td>The necessary artifacts are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)</td>
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<tr>
<td>A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication</td>
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<tr>
<td>Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines</td>
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</tbody>
</table>

Adapted from Yale New Haven
WSU SOM Oral Sign-Out Evaluation

Date ___/___/___ Time_________________ Location:_________________

Completed by (name/service):__________

Evaluation of (name/service):__________

<table>
<thead>
<tr>
<th>VERBAL HANDOFF</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sign-out is face to face?</td>
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<tr>
<td>The sign-out took place in a setting free of interruptions and distracting noises?</td>
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<tr>
<td>Use of concise, concrete, closed-loop language?</td>
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<tr>
<td>Code status is mentioned if the patient is not full code?</td>
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<tr>
<td>Highlights sickest patients?</td>
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<tr>
<td>Specifies the clinical condition of each patient?</td>
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<tr>
<td>Includes general hospital course?</td>
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<tr>
<td>Specifies relevant new events?</td>
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<tr>
<td>Includes up-to-date task list?</td>
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<tr>
<td>Anticipatory guidance and rationale provided?</td>
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<tr>
<td>Provides opportunity for read-back and questions?</td>
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<tr>
<td>Is there an accompanying written iPatient SignOut?</td>
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</table>

| RECEI VER EVALUATION                                                          |     |    |    |
| Did the receiver take notes?                                                 |     |    |    |
| Did the receiver ask questions?                                              |     |    |    |
| Did the receiver confirm understanding?                                      |     |    |    |

Adapted from Yale New Haven
WSU SOM Written Sign-Out Evaluation

Date: __/__/__  Time: ______________ Location: __________________________
Completed by (name/service): ____________
Evaluation of (name/service): ____________

<table>
<thead>
<tr>
<th>WRITTEN HANDOFF</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Is there an accompanying oral sign-out?</td>
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<tr>
<td>If yes:</td>
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<tr>
<td>Is oral sign-out completely consistent with written sign-out?</td>
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<tr>
<td>Is sign-out written as part of iPatient SignOut?</td>
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<tr>
<td>Does sign-out include primary outpatient physician?</td>
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<tr>
<td>Does sign-out include diagnosis (or symptoms on admission if diagnosis)</td>
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<td>Does sign-out include general hospital course?</td>
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<tr>
<td>Does sign-out include new events that day?</td>
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<tr>
<td>Does sign-out include overall health status that day (including vital signs, symptoms, physical exam findings, lab or procedure results, and/or stability)?</td>
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<tr>
<td>Does sign-out include anticipatory guidance with if/then statements?</td>
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<tr>
<td>Is task list present (or &quot;nothing to do&quot; is included)?</td>
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<tr>
<td>Is each separate issue separated by a different paragraph or easily distinguished?</td>
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<tr>
<td>Are actual dates (rather than ambiguous references) used?</td>
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<tr>
<td>Is sign-out updated?</td>
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<tr>
<td>Is wording concise?</td>
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</table>

If evaluator is familiar with patient:

- Is sign-out accurate?
- Is sign-out comprehensive?

Adapted from Yale New Haven Hospital.
Duty Hour Oversight & Monitoring

GMEC approved: March 2007
GMEC updated & approved: July 2011

Oversight

The GMEC reviews and monitors working conditions, Residents/Fellows supervision, duty hours for Residents/Fellows, and ancillary support, and Residents/Fellows participation in department scholarly activity as set forth in the ACGME Institutional, Common and applicable Specialty Program Requirements.

The GMEC reviews and approves any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted. This is done through the Operations and Technology Committee. The Operations and Technology Committee duties include educate GMEC and other interested parties regarding sources of funding for graduate medical education; review existing use of GME Funds; actively participate in the institutional budget process; make recommendations to GMEC regarding use of GME Funds; review requests for affiliation with other training programs/institutions; monitor agreements with affiliated training programs/institutions; consider GME sizing issues; assist with monitoring resident duty hours, moonlighting, supervision and/or other IRC requirements or issues that apply to all training programs.

1. Each WSU sponsored program must have written policies and procedures consistent with this policy and the ACGME Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

3. If the complainant is a resident, a member of the teaching staff, or other internal personnel in the program or institution in question, the following options should be taken before submitting a complaint to the ACGME:
   a. Contact the Program Director to discuss the problem.
   b. If the issue either involves the Program Director or is not resolved by meeting with the Program Director, contact the institutional GME committee or similar oversight body, the DIO of the sponsoring institution, the GME office identified on the ACGME website (under Accredited Programs and Sponsors, ADS), or the resident representative on any of these oversight groups.

4. If the efforts above do not resolve the issue, contact the ACGME Complaint Officer to discuss submitting a formal complaint. If the complainant is someone outside the institution, the ACGME Complaint Officer may be contacted as the first option in the process.

5. For further information on filing a complaint directly with the ACGME please reference their website at: www.acgme.org.

Monitoring

Compliance with duty hour requirements is monitored as identified below. Follow-up and resolution of problems identified are the responsibility of the Graduate Medical Education Council and DIO.

ACGME Resident Survey: The ACGME surveys the residents about their clinical and education experiences. This survey is not administered in conjunction with a program's site visit, although the information gathered will be used at the time of the program's site visit.

Anonymous Contact: Residents are encouraged to contact the Anonymous Hotline 313-577-2378 to report violations of the Duty Hours violation or any other grievance.
**Internal Review:** Questionnaire includes specific questions regarding program policies on duty hours and compliance with requirements. Internal Review Committee members meet with residents and ask for their confidential assessment of program compliance with requirements.

**Program Policies:** Copies of program specific policies and procedures are maintained in the GME Office.

**Periodic Review of Program Procedures:** On a quarterly basis, program directors are requested to report on the procedures they have in place to insure that duty hour requirements are being met.

**Web Survey:** Residents are asked to complete a confidential (only program is identified) web based survey. Included in the survey are questions about program compliance with duty hours and other work environment issues.
Wayne State University Graduate Medical Education does not allow any exceptions to the 80-hour weekly limit averaged over four weeks.

Oversight of duty hours is accomplished through internal reviews, yearly ACGME resident surveys and annual program reports.
Moonlighting/Temporary Special Medical Education Activity (TSMA)

GMEC updated & approved: July 2011

WSU does not require moonlighting, however if a resident/fellow would like to moonlight they must meet the below requirements:

1. Because resident education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program director must comply with the WSU written policy regarding moonlighting.

3. The resident must receive prior written approval from the Program Director and the Chief of the Department or Section. The Program Director and/or the Chief of the Department or Section may withhold or withdraw his or her consent at any time, as he or she, in his or her sole discretion, deems appropriate.

4. Moonlighting both internally and externally must be counted toward the 80-hour weekly limit on duty hours (per the AGCME Glossary of Terms).

5. PGY1 residents are not permitted to moonlight, no exceptions.

6. Residents must be scheduled for a minimum of one day free of duty every week (including moonlighting when averaged over four weeks).

The GMEC will monitor moonlighting activities compliance through Internal Reviews and resident self reported duty hours through New Innovations. Liability coverage for moonlighting activities is not provided through Wayne State University Graduate Medical Education. It is the responsibility of the resident to ensure that appropriate liability coverage is in place for his/her moonlighting activities.
Resident Request for Moonlighting Activities

GMEC updated & approved: July 2011

In order for a resident to moonlight the following criteria must be met:

1. All moonlighting activities MUST be approved in writing by the resident’s Program Director in order to make sure duty hour requirements are met.

2. Under current ECFMG regulations, J-1 Visa holders are NOT eligible to moonlight under any circumstances. Moonlighting is considered extracurricular activity which is not part of the training program curriculum for which compensation is provided.

3. Moonlighting candidates MUST possess a permanent Michigan license, and educational limited license in NOT valid for moonlighting activities.

4. Malpractice coverage must be provided for moonlighting activities. The WSU GME policy does NOT cover moonlighting activities. Residents who wish to moonlight must have the appropriate Insurance Program request forms to their Program Coordinator.
ECFMG Certificate (International Medical Graduates Only)

GMEC approved: March 2007
GMEC updated & approved: July 2011

The Educational Commission for Foreign Medical Graduates (ECFMG) certificate is required for admission to any residency training program at a WSU sponsored program. See also Recruitment & Selection/Non Discrimination.
Email is available through Wayne State University. All electronic communications from the GME office will be sent to the residents WSU School of Medicine email address.
Appointment/ Employment Requirements

GMEC approved: March 2007
GMEC updated & approved: July 2011

Prior to appointment/employment all trainees must complete the following:

- A completed Application for Appointment.
  Programs can accept any type of application form for review purposes, however, all appointment paperwork must be accompanied by a WSU graduate medical education application or ERAS (Electronic Residency Application System) form.

- A minimum of three (3) House Staff reference letters to be completed by physicians who have worked with you, observed your professional performance, and are able to provide reliable information regarding your clinical competence, judgment, character, ability to work with others and health status as it relates to the privileges you are requesting.
  - A minimum of three letters of recommendation. Letters of recommendation are to be maintained in the applicant's program file; do not submit to the GME Office.
  - Of the three letters of recommendation one must include a Letter from Dean of applicant's medical school.
  - Or,
    - If applicant is currently in a training program or has completed a training program, letter of recommendation from current/previous Program Director.

- Proof of legal employment status, (i.e. birth certificate, passport, naturalization papers, valid visa, etc.).
- If the trainee is an international medical school graduate, an original, current, and valid ECFMG certificate.
- Obtain and maintain a valid license to practice medicine that complies with the applicable provisions of the laws pertaining to licensure in the state of Michigan and provide documentation of valid license to GME office by date required annually.
- Acquire and maintain life support certification(s) ACLS, BLS, and PALS as prescribed by program, and/or WSU.
- The signed Graduate Medical Education Agreement of Appointment.
- Submit to a health examination and supplementary test(s), which includes tests for drug and/or alcohol abuse, and receive the required immunizations in compliance with the sponsored program hospital’s policy and all applicable federal, state, and local laws and regulations. It must be determined the trainee is in sufficient physical and mental condition to perform the essential functions of appointment. The results of all examinations shall be provided to the Hospital’s Employee Occupational Health Services.
- Further information that the GME Office may request in connection with the trainee’s credentials, includes but is not limited to, Criminal Background Check(State of Michigan Public House Act 27, 28, and 29) and clearance from the National Practitioner Data Bank.
- Any document not printed in English must be accompanied by an acceptable original English translation performed by a qualified translator. Each translation must be accompanied by an affidavit of accuracy acceptable to WSU.
- Successful passage of Institutional Net Learning Modules required for Employment.
ELIGIBILITY:

Applicants must be one of the following in order to be eligible for appointment:

Graduate of medical school in U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).

Graduate of college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).

Graduates of medical schools outside of the U.S. and Canada must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates and an ECFMG Certificate number.

Applicants selected for appointment must provide:

Original certified transcript from medical school - to be maintained in the applicant's program file; do not submit to GME Office.

Medical School Diploma – copy to be submitted to GME Office with appointment notification.

PERSONAL INTERVIEW:

Personal interviews should be arranged by the residency program office.

EXAMINATIONS:

To obtain an educational limited license in the State of Michigan, a passing score is required for USMLE Step I and II CK & CS, therefore WSU requires the same.

APPROPRIATE FORMS FOR HIRE

Non-U.S. Citizen International Medical Graduates

ALL OF THE ABOVE, PLUS THE FOLLOWING:

Proof of current visa status

If currently on or applying for Exchange Visitor Visa (J-1), must also provide:

Curriculum Vitae

Ministry of Health Letter from home government
Evaluations

GMEC approved: March 2007
GMEC updated & approved: July 2011

It is critically important that postgraduate residents are made aware of performance expectations. A program must be able to document that goals and objectives of the training program and individual rotations have been provided to the resident at the beginning of his/her training and prior to each rotation.

A formal written evaluation integrated with the ACGME general competencies, must be completed for each postgraduate resident on at least a semi-annual basis or as required by the specialty RRC or other accrediting body. The evaluation must be provided to the resident in a face to face session with the Program Director or his/her designee. It is important that the program maintain documentation of the evaluation and counseling sessions for each postgraduate resident.

Prior to the start of each rotation, the goals and objectives of the rotation must be clearly delineated in writing and provided to the postgraduate resident. The resident must receive an evaluation of his/her performance at the end of each rotation. Adequate documentation of the evaluations must be maintained by the program and reviewed through multiple reporting methods including GMEC internal review.
Fire Alarms and Evacuation

GMEC approved: March 2007
GMEC updated & approved: July 2011

The active support of all employees and medical staff is essential to effectively control an emergency situation and minimize or prevent injury to patients, visitors and employees.

a. General Personnel Procedures
   • In the event of a fire, hospital personnel are expected to exhibit an immediate, coordinated, trained response to the emergency in order to minimize the risk or occurrence of injury.

b. Reporting a Fire
   • In the event of a suspected fire employees should immediately investigate and locate the source of suspicion.
   • Any person in immediate danger should be moved to safety beyond at least one set of fire doors.
   • Report the fire by pulling the fire alarm box lever straight down.
   • Remove all equipment from hallways.

A hospital safety control officer is located in each facility.
Gifts, Gratuities, and Conflict of Interest-Vendor Policy

GMEC approved: March 2007
GMEC updated & approved: September 2011

This policy addresses GME programs and residents behavior with outside relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that graduate medical education activities at WSU and affiliated institutions are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows. The goal of this policy is to further the professional accountability in trainees to their patients and colleagues. It is the policy of WSU that GME programs, employees, and residents may not use their position to profit personally or to assist others in profiting in any way at the expense of the University or its affiliated hospitals that we serve by using information not available to the public. GME programs and residents should be committed to regulating activities to avoid conflicts of interest, actual impropriety, and/or an appearance of impropriety.

1. GME programs and residents will conduct all business transactions without inappropriate inducements, gifts, loans, gift certificates, donation, gratuity, or favors.

2. GME programs and residents will not solicit or accept any tangible benefit, including monetary gifts, trips, or discounts that would create any obligation from vendors, patients, or others. Manufacturer gifts and services to physicians must primarily benefit patients or be for the education of the physician, not be of substantial value and only offered occasionally.

3. All potential conflicts of interest, which may arise because of familial relationships, should be disclosed to both the Director of the Program and the WSU GME office.

4. GME programs and residents may not offer or give bribe, payment, gift, or anything of value to any person or entity with whom WSU has or is seeking any business or regulatory relationship with, except for gifts of nominal value which are legal and given in the ordinary course of business.

5. GME programs and residents may not directly or indirectly authorize, pay, promise, deliver or solicit any payment, gratuity, or favor for the purpose of influencing any political official or government employee in the discharge of that person’s responsibilities. GME Programs and residents should not entertain government personnel in connection with WSU GME business.

6. GME programs and residents may not engage in any financial, business, or other activity that competes with WSU business.

7. GME programs, employees, and residents are required to disclose any activities that could result in a possible conflict of interest on a disclosure statement upon contract.

8. Before residents attend local or out-of-town supplier-sponsored workshops, seminars, or training sessions they must address the situation with their Program Director. It is at the Program Directors discretion if the resident can attend.

9. Residents may not use WSU or affiliated hospitals facilities, time, equipment, or supplies for private gain or advantage.
Grievance for GME Residents

GMEC approved: March 2007
GMEC updated & approved: July 2011

The purpose of this policy is to define the usual process at WSU for residents to communicate substantive issues and concerns to the programs and institution’s administration. It also defines the mechanisms for an official, impartial hearing of concerns that are not resolved through usual, initial communications with administration. Existing mechanisms available to all residents through the GME Office are:

a) Anonymous Suggestion Box
b) Resident Hotline 313-577-2378
c) GME Administration
d) Resident Council
e) Office of GME Open Door Policy
f) WSU GME Ombudsman
g) Town Hall Meetings with institutional Leadership

WSU GME provides an environment in which residents may raise and resolve issues without fear of intimidation or retaliation.

The intent is to provide the due process and an appeal mechanism in instances where this is needed.

1. Residents who have concerns or issues related to the interpretation, application, or breach of any policy, practice, or procedure in their educational program, or Graduate Medical Education in general should:
   a) first discuss them with their program director,
   b) if reasonable discussion with the program director does not lead to resolution of the concern the resident(s) should bring the issue to the attention of the Graduate Medical Education office and DIO,
   c) if reasonable discussion with the Designated Institutional Official (DIO) does not resolve the issue, a formal grievance may be sent in written form to the Graduate Medical Education Council (GMEC).

2. Resident(s) wishing to resolve a specific grievance will forward their complaint in writing (addressed to the Graduate Medical Education Council), to the DIO. The resident(s) concerned, or their colleagues representing them - such as the chief resident(s), will then be scheduled to present a summary of the complaint to the Graduate Medical Education Council at its next meeting. Legal representatives will not participate in or be present during Graduate Medical Education Council or subcommittee deliberations.

3. Upon hearing the summary of the complaint, the Graduate Medical Education Council will nominate a subcommittee to review that specific complaint. The subcommittee must be made up of Graduate Medical Education Council members and include:
   ➢ two residents
   ➢ two faculty (one from the program from which the complaint emanated and one not)
   ➢ a chairperson who cannot also simultaneously fill one of the above positions
   ➢ a non-voting administrative resource person

The chairperson will be nominated and elected by the Graduate Medical Education Council.
4. The Grievance Subcommittee will meet within two weeks to consider resolution for the complaint. Residents, program directors, and the DIO will submit documentation they feel is important to the subcommittee secretary prior to the first meeting. The subcommittee chairperson may request additional documentation, as they or the subcommittee feels necessary.

5. The subcommittee will, at the designated time and place, hear the resident(s) concerned present the details of their complaint and their proposed solutions in full. Other concerned parties may also present their views on the issues to the subcommittees at that time. Having heard the resident(s) and other parties concerned, they will then be excused from the meeting.

6. The subcommittee will then immediately deliberate behind closed doors, without interference or participation by anyone other than subcommittee members.

7. The subcommittee will have the fiduciary responsibility to make a final recommendation regarding resolution of the complaint. This will be expected at the time of the first meeting. In rare circumstances, at the chairperson’s discretion, the subcommittee may elect to obtain additional information and meet again in one week to finalize their recommendation(s) for resolution of the complaint.

8. The final recommendation(s) of the Grievance Subcommittee will be distributed by the chairperson to the Graduate Medical Education Council, the resident(s) concerned, and the DIO within 3 work days.

9. The subcommittee’s final recommendation(s) for resolution of the complaint are not necessarily final and binding:
   - Those recommendations requiring financial remuneration are subject to review and approval by WSU. This review will be executed by WSU administration within two weeks of the subcommittee’s recommendations.
   - Resident(s) concerned with the complaint may choose to appeal the subcommittee’s recommendation(s). The appeals process is outlined below.
   - In all other cases, the subcommittee’s recommendations are final and binding, and the Graduate Medical Education Council will affect the recommendations of the subcommittee or direct the DIO to do so.

10. If the resident(s) appeal the subcommittee’s recommendations, they will submit in writing their appeal to the Graduate Medical Education Council, including specific reasons why the feel an appeal is necessary despite the Grievance Subcommittee’s deliberations. The Graduate Medical Education Council will consider this request for appeal and vote to:
   - Retain the subcommittee’s recommendations, or
   - Nominate a Grievance Appeals Committee.

11. If the Graduate Medical Education Council votes to retain the subcommittee’s recommendations, they are final and binding.

12. In case of appeal, if the Graduate Medical Education Council elects to nominate an Appeals Subcommittee, the constituents will be from the same groups as outlined for the Grievance Subcommittee, but new persons will be nominated first from the Graduate Medical Education Council. If an appropriate member is not available from the Graduate Medical Education Council, nonmembers will be nominated. In addition to the constituents outlined for the Grievance Subcommittee, an administrator from WSU will be nominated to the Appeals Subcommittee, as will a program director or leader from an outside institution.

13. The Appeals subcommittee will follow the same process as outlined above for the Grievance Subcommittee. The Grievance Appeals Subcommittee recommendations for resolution of the complaint are final and binding on all parties.
Harassment

GMEC approved: March 2007
GMEC updated & approved: July 2011

WSU GME will maintain a work environment free of sexual and discriminatory harassment on the basis of race, color, religion, gender, national origin, sexual preference, height, weight, age, or disability/handicap. All residents are expected to conduct themselves so as to maintain a work environment free of harassment. No retaliation or reprisals will be tolerated against any individual who complains of, reports or participates in the investigation of any incident of alleged harassment.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical conduct of a sexual nature when: (a) submission to such conduct or communication is made a term or condition, either explicitly or implicitly, to obtain or retain employment or enrollment in a GME program; (b) submission to, or rejection of, such conduct or communication by an individual as a factor in any work related (employment) decision affecting such individual; (c) such conduct or communication has the purpose or effect of unreasonably interfering with a person’s work performance or creating an intimidating, hostile, or offensive work environment.

Discriminatory harassment is defined as verbal or physical conduct including written statements or displayed materials by agents, supervisory employees, co-workers or non-employees directed against any person on the basis of that person’s race, color, religion, gender, national origin, sexual preference, height, weight, age or disability/handicap, or that person’s relatives, friends or associates when such conduct has a purpose or effect of interfering with the person’s work environment, or affecting an individual’s work related (employment) opportunities or causing or aggravating tension or animosity between different racial, ethnic, gender or religious groups.

Situations involving behavior described above should be reported immediately to your Program Director or the DIO at the GME office (248) 581-5900.
ID Badge

GMEC approved: March 2007
GMEC updated & approved: July 2011

There is no fee for your first OneCard. However, if you lose your OneCard, a replacement fee of $10 will be charged to obtain a new OneCard. To get a replacement OneCard, you will need to fill out a Replacement Form and return it to the OneCard/Parking Service Center and a new OneCard will be issued to you for a $10 fee. The OneCard/Parking Service Center is located in the Welcome Center, 42 W. Warren Avenue, Suite 257, Detroit, MI. Please call (313) 577-CARD for more information. Hours of operation are Monday through Friday 8:30 a.m. – 5:00 p.m.

Each resident will be issued an ID badge from the hosting institution and will be responsible for the badge under that institution’s policy.
International Graduates / Travel and Re-Entry from Abroad

GMEC approved: March 2007
GMEC updated & approved: July 2011

J-1/J-2 visa holders who need to renew their visa must have a valid SEVIS DS-2019. ECFMG urges you to review current requirements prior to making travel plans to assure that you have the appropriate documents and vacation time to allow for processing procedures. See www.travel.state.gov/links.html for additional information.

Sponsorship Renewal

1. Please contact the GME Office in March to begin the processing of your ECFMG sponsorship renewal.

2. If you have a dependent that requires renewal of their work authorization you will need to allow the INS Office at least 3 months to process the request once you submit your new DS2019.

3. If your No Objection Certification Letter is date restricted, or does not include your sub-specialty, please let the GME Office know so that you can obtain a new letter of offer to submit to the Ministry of Health.
Impairment

GMEC approved: March 2007
GMEC updated & approved: July 2011

It is the policy of Wayne State University to provide a drug-free workplace by prohibiting the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol.

A resident will be required to undergo a drug and alcohol test any time a supervisor has a suspicion (based on abnormal speech, appearance, odor, attendance, behavior or conduct, etc.) that a postgraduate resident's behavior is unusual/impaired as a result of the use of drugs and/or alcohol. Postgraduate residents who refuse to be tested for drugs and/or alcohol will be considered to be insubordinate and will be subject to disciplinary action up to and including termination.

When a resident has been identified, either through the WSU Drug-Free Workplace policy or through voluntary recognition, as having a substance abuse or dependency problem, the resident will be referred to the Employee Assistance Program for counseling and assistance in the mandatory reporting to the Michigan Health Professional Recovery Program (HPRP). The resident will be removed from work pending evaluation and recommendations from the HPRP.

The HPRP will recommend a treatment plan and will require the resident to sign a contract stipulating the conditions under which the resident can return to the program and care for patients in the State of Michigan. Prior to returning to work, the postgraduate resident must provide a copy of the HPRP treatment plan recommendation and signed contract to the DIO. In addition, the resident may be required to sign an agreement supplemental to the Residency Agreement which outlines conditions under which he/she may continue in the training program and any other matters specific to the individual resident's circumstances.

The resident must agree to submit to an alcohol or drug screening test, as appropriate to the impairment, anytime at the request of the DIO or the Program Director.


**Jury Duty**

*GMEC approved: March 2007*

*GMEC updated & approved: July 2011*

WSU policy enables you to fulfill your civic responsibility of serving on juries or appearing as a subpoenaed witness without loss of pay or benefits. All Graduate Medical Residents are eligible for this benefit. When you receive a summons, subpoena, or other legal notice for appearance, you should notify your supervisor promptly. In the case of jury duty, your supervisor will approve the absence and consider it an "authorized absence with full pay." When you return to work, you must submit proof of appearance, including complete dates of service. In those instances when your continued presence is crucial to the operation of the department, your supervisor is authorized to furnish a letter (addressed to the presiding judge) requesting that you be excused and providing a full explanation for that request. Your absence will not be counted as sick pay or vacation regardless of the duration of your jury service.
Legal Aid and Legal Actions

GMEC approved: March 2007
GMEC updated & approved: July 2011

Legal aid is available to all WSU Graduate Medical Residents in connection with any circumstances involving a hospital patient(s). Any development of a medicolegal nature must be handled through the Risk Management Office. If legal papers relating to a patient are served on a Resident, contact Risk Management at (313) 966-0820.
Postgraduate residents receiving a stipend through WSU have a term life insurance policy and accidental death and dismemberment coverage available to you effective on the date of your appointment. Life insurance benefit is two times your annual stipend. After initial enrollment, any change in beneficiary must be reported to the GME office in person.
Malpractice Coverage

GMEC approved: March 2007
GMEC updated & approved: July 2011

WSU residents while at WSU sponsored program hospitals
Coverage is provided automatically. Limit: $5M/claim.

WSU residents while outside WSU sponsored programs
Outside of area: coverage determined on a case by case basis. Requires the completion of the off-site rotation form. Limit up to $5M/claim.

At area hospitals: coverage determined by an affiliation agreement between WSU and the other institution and/or on a case by case basis. Typically, we will cover the residents while they are rotating through our facilities and other institutions will cover the residents while rotating through their facilities. The highest limit we can offer is $5M/claim although the affiliation agreement may mandate a lower limit of liability, like 200/600, along with “gap” insurance for outside hospital institutions.

Non-WSU residents rotating through WSU sponsored program hospitals
At area hospitals: coverage determined by an affiliation agreement between WSU and the other institution and/or on a case by case basis. Typically, we will cover the residents while they are rotating through our facilities and other institutions will cover the residents while rotating through their facilities. The highest limit we can offer is $5M/claim although the affiliation agreement may mandate a lower limit of liability, like 200/600.

A completed Application for Rotation into a WSU Hospital must be submitted to the GME Office at least four weeks prior to the start of the rotation.

Observership
All residents interested in an Observership with a WSU program must apply at a minimum of 30 days prior to the start of the rotation. See Observership policy for more information.
Medical Licensure

GMEC approved: March 2007
GMEC updated & approved: July 2011

WSU Residents must possess valid Michigan medical licenses (Educational Limited and Controlled Substance). Effective October 1, 2008, in accordance with State of Michigan requirements, all individuals applying for a health professional license in the State of Michigan are now required to undergo a criminal background check and submit fingerprints. A State of Michigan medical license will not be issued without the completion of the above procedures.

The Graduate Medical Education Office will assist a resident in obtaining and/or renewing of medical licenses, however, it is the resident’s responsibility to ensure that his/her medical license is valid at all times.

You are allowed to have a Michigan Limited Educational License for a period of six (6) years. After that time you must apply for a permanent medical license. To obtain an application please see the State of Michigan website:

http://michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html
Military Duty

GMEC approved: March 2007
GMEC updated & approved: July 2011

Military leaves of absences, and any extensions, will be administered in relation to the specific circumstances and applicable laws. The resident must provide written proof of the active duty requirement.

Military leaves of absence will be unpaid. The resident requesting a leave to fulfill military requirements will be eligible to continue paying for his/her health and dental benefits as defined in accordance with the provisions of the current COBRA laws.

Depending on the length of the leave and individual board requirements, training time may need to be extended as determined by the Program Director.
There will be a check made to identify and discipline incompetent physicians who engage in unprofessional behavior and to restrict their ability to move from state to state without disclosure or discovery of previous damaging or incompetent performance. The NPDB collects information on actions relating to the professional competence or professional conduct of physicians. The check will be conducted on all new applicants to the medical health professional affiliate staff. The departments should notify applicants that employment is contingent on the satisfactory results of these checks.
New Appointment Paperwork Processing Time

GMEC approved: March 2007
GMEC updated & approved: July 2011

In order to facilitate the processing of new appointment paperwork and avoid unnecessary confusion regarding the start dates for new residents, the GME Office will be strictly adhering to the following time frames effective September 25, 2006.

National Resident Matching Program Appointments

NOTE: PLEASE DO NOT WAIT FOR RETURN OF LETTERS OF OFFER BEFORE SUBMITTING PAPERWORK TO THE GME OFFICE.

DEADLINES: US Citizens & Permanent Residents 2 weeks after Match Day
J-1 Visa 10 days after Match Day

Non-Match Appointments:

U.S. Citizens & Permanent Residents who do not possess a Michigan Medical License
Minimum processing time = 6 weeks

New & Transfer J-1 residents entering ACGME accredited program
Minimum processing time = 10 weeks

New & Transfer J-1 residents entering non-accredited program
Minimum processing time = 12 weeks

Renewal of work authorization cards
Minimum processing time = 12 weeks

H-1 appointments - Please note that WSU does not sponsor H-1 appointments.
New Training Program Establishment Procedures

GMEC approved: March 2007
GMEC updated & approved: July 2011

The Graduate Medical Education Committee (GMEC) will evaluate proposals to establish a new WSU residency/fellowship program based primarily on whether or not there is evidence of:

The existence of a body of scientific medical knowledge underlying the subspecialty—knowledge that is in large part distinct from, or more detailed than that of, other areas in which accreditation is already offered.

The existence of a sufficiently large group of physicians concentrating their practice in the proposed subspecialty area. Information should include the number of physicians, the annual rate of increase in the past decade, and their present geographic distribution.

The existence of national societies with a principal interest in the proposed subspecialty area. Information should include the number of journals published in the subspecialty area as well as how many national and regional meetings are held annually.

The existence, number, and geographic location of medical school and hospital departments, divisions, or other units, in which the principal educational effort is devoted to the proposed subspecialty area.

In addition to the above, proposals must include:

Statement identifying the funding source for the fellow’s stipend and fringe benefits.

Description of the impact the fellow’s activities will have on the educational and clinical experience of the programs’ residents, if applicable.

A formal application, which is available in the GME office, must be signed by both the Program Director and the Chair of the Department.
Wayne State University is committed to a policy of non-discrimination and equal opportunity in all of its operations, employment opportunities, educational programs and related activities.

This policy embraces all persons regardless of race, color, sex, national origin, religion, age, sexual orientation, marital status or handicap, and expressly forbids sexual harassment and discrimination in hiring, terms of employment, tenure, promotion, placement and discharge of employees, admission, training and treatment of students, extra-curricular activities, the use of University services, facilities, and the awarding of contracts. This policy also forbids retaliation and/or any form of harassment against an individual as a result of filing a complaint of discrimination. It shall not preclude the University from implementing those affirmative action measures which are designed to achieve full equity for minorities and women.

In furtherance of this policy, its goals and objectives, the University is also committed to a program of affirmative action under which it seeks to remedy the disproportionate under representations of minorities and women as a result of historical practices of discrimination, and to achieve full equity for those affected groups in all areas of University life and service and in those private clubs and accommodations which are used by University personnel. No off-campus activities sponsored by or on behalf of Wayne State University shall be held in private club facilities or accommodations which operate from an established policy barring membership or participation on the basis of race, color, sex, national origin, religion, age, sexual orientation, marital status or handicap. Affirmative action procedures, measures, and programs shall be used to establish, monitor and implement affirmative action plans with goals and time-tables for all budgetary units and the University as a whole.

The Affirmative Action Plans and Programs of the University shall include the participation of minority and female-owned businesses, institutions and firms in the awarding of contracts for consulting, management, construction projects, maintenance, and vendor services.

Implementation of the University’s Non-Discrimination/Affirmative Action Policy shall include, but is not limited to, the following:

a.) Review by the President or his/her designee of all proposed academic and non-academic appointments for compliance.
b.) Review by the President or his/her designee of all proposed contractual commitments by University with external construction contractors, vendors, consulting, and professional service firms and organizations, for compliance with this statute.
c.) Maintenance of University Affirmative Action Plans consistent with existing law and this statute;
d.) The posting of job openings as provided by Executive Order;
e.) Procedures for the investigation and timely resolution of complaints alleging sexual harassment or discrimination due to race, color, sex, national origin, religion, age, sexual orientation, marital status or handicap;
f.) Development of recruitment programs, designed to attract minority and female job applicants and students;
g.) Annual reports to the Board of Governors describing the status of minorities and women, areas of non-compliance or weak performance, and the University’s progress in achieving established goals.

Overall responsibility for implementation of the Non-Discrimination/Affirmative Action Policy, as declared herein, and University compliance with all applicable federal, state and local laws and regulations rests with the President. Day to day administrative responsibility shall be carried by other executive officers as assigned by the President. Such officers shall provide periodic reports to the Board of Governors on the status of the University’s Affirmative Action Program, and its record of compliance under this policy.
WSU Graduate Medical Education will provide a postgraduate resident with written notice of intent not to renew a resident’s Residency Agreement no later than four months prior to the end of the resident’s current agreement, except in instances where the primary reason for non-renewal occurs within the four months prior to the end of the agreement. In all cases, including those where more than or less than four months’ notice is given, residents must be accorded due process as described in the WSU Corrective Action Procedures (a copy of which is available at the GME website www.gme.med.wayne.edu).

When non-reappointment is based on reasons other than the Resident’s performance or his/her compliance with the terms of the Graduate Medical Education Agreement of Appointment (Hospital or Program Closure, reduction or discontinuance) it shall be final and not subject to further appeal or review and shall not be grievable under the Hospital’s grievance procedure.

In this event all Residents shall be entitled to the following:

- Notification of non-reappointment as soon as practical after the decision to close is made;
- Reasonable assistance in finding appointment to another training program;
- Fiscal resources permitting, payment of stipend and benefits up until the conclusion of the term of this Agreement.
Observership Policy and Application:

GMEC approved: March 2007
GMEC updated & approved: July 2011

What Is The Role Of An Observer?
Observers may watch procedures, surgeries, patient histories and physicals. Observers may attend patient rounds, teaching conferences and utilize the medical library. Observers may not participate in any patient care activities or research as they are not covered under WSU liability insurance, are not licensed in the State of Michigan and are often on a visitor visa which would preclude any activity beyond observation. In essence, you may not question, examine, or scrub in on surgical cases of any patient.

What Is The Process For Becoming An Observer?
The Office of Graduate Medical Education (as well as individual staff physicians) receives hundreds of requests for observer rotations each year. In order to ensure an observer request does not conflict with other training in a department, applications for all Observerships should be forwarded to the Office of Graduate Medical Education. The request will be recorded in our database and forwarded to the program director in the department the rotation is being requested. After we have reviewed your credentials and other training commitments (the number of rotators and medical students, etc), the program director will apprise the Office of Graduate Medical Education of their ability to accommodate the request.

This can be a rather lengthy process- please do not call repeatedly to check your status; GME will notify you if your request cannot be accommodated or send a letter of appointment for the rotation once it has appropriate approval. The approval process takes approximately 6-8 weeks.

What Qualifications Do I Need To Become An Observer?
To ensure all Observers meet a basic level of medical and clinical science knowledge, only applicants with valid ECFMG certification are eligible for appointment. This allows the experience to be of value to the observer and ensures the observer meets the basic qualifications to apply for residency training in the U.S.

How Long Is An Observership?
Rotations are 4 weeks (1 month) in duration. Due to the number of observership requests GME receives annually, a limit of two one-month rotations per person has been set.

How Do I Apply For An Observership?
Simply complete the Observer application (found at http://www.med.wayne.edu/) and send to GME with the following: A copy of your valid ECFMG Certificate, CV, USMLE score report, and Medical School Diploma (as well as translation if not in English) to:

Office of Graduate Medical Education
WSU Residency Training Programs
Wayne State University School of Medicine
1420 Stephenson Hwy.
Troy, Michigan 48083
Parking

GMEC approved: March 2007

GMEC updated & approved: July 2011

The residents must park in the designated lot at the hospital in which they are rotating. Information regarding resident parking locations is distributed to new residents at the time of appointment. Additional information regarding parking is available in the Office of Graduate Medical Education. The appropriate parking office has final say in any parking related issues.
Purpose: Successful participation in graduate medical education depends upon many factors, central to which are ACGME core competencies: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems Based Practice. These are similar to WSU Service Standards: Health and Safety, Courtesy and Respect, Efficiency and Effectiveness, Continuous Learning and Improvement.

Professionalism includes a variety of behaviors and attitudes consistent with and understanding of, and commitment to institutional policies and procedures, Departmental, Divisional and Program-specific expectations. This includes treating everyone (colleagues, faculty, students, patients, families, staff, and guests) with respect and demonstrating integrity and honesty.

This information, “professional expectations” is intended to provide written guidelines which outline expectations and potential disciplinary consequences for activities, practices, or behaviors, of graduate medical residents of WSU which are consistent with professional behavior.

Resources and techniques dedicated to developing a greater understanding of these expectations and supporting successful performance include but are not limited to:

- New Graduate Medical Resident orientation
- WSU GME Resident Manual
- Office of Graduate Medical Education web page (www.gme.med.wayne.edu)
- Office of Graduate Medical Education staff
- Elected House Staff member to Medical Executive Committee of the Medical Staff
- Required Web modules
- Policies and procedures for using WSU or WSU sponsored program owned equipment, property and resources
- Policies and procedures regarding attendance and time away from work

We expect residents to:

- Treat everyone (colleagues, faculty, students, patients, families, guests) with respect as well as demonstrate integrity and honesty
- Ensure patient safety
- Regularly review their performance evaluations with their program director

Resources:

- The Office of Human Resources; WSU, WSU sponsored program hospital and WSUSOM
- The Exercise Facility
- The Disability Office
- Personal Assistance Program, WSU Wellness Program, all of which promote and support emotional and physical well-being and provide strategies to prevent impairment.
- Faculty/Attending/Peer Feedback

Standards of Conduct and Performance:
General standards of conduct and performance apply throughout the WSU Enterprise and affiliated educational sites. Violation and/or failure to adhere to these standards may result in warning (oral or written) corrective action and suspension, and include termination.

These standards are minimum guidelines for graduate medical education residents. They describe, though not all inclusive, issues of conduct and work performance. These conditions may be supplemented by additional regulations when graduate medical residents are subject to professional accreditation and/or state regulations and/or and licensure.

All incoming graduate medical education residents will be required to read and acknowledge by signature that they have received a copy of the Professional Expectations (continued on next page).

The following are guidelines for professional code of conduct. These are examples of potential violations, but not limited to these only.

**Key: Recommended Disciplinary Action**

*(refer to Corrective Action and Hearing Procedures (Disciplinary Action) Policy by Institution)*

O: Oral Warning (written documentation filed in the training record)

W: Written Warning

CA/S: Automatic corrective action including suspension

T: Termination

**Standards of Conduct and Performance for Graduate Medical Residents:**

<table>
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<tr>
<th>STANDARD</th>
<th>Example of a VIOLATION</th>
<th>1st event</th>
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<tr>
<td><strong>1. Performance</strong></td>
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<tr>
<td>1.1 Perform assigned tasks safely, competently to maximize patient health and safety and according to performance expectations.</td>
<td>1.1a Failure to perform task(s) adequately as requested, either because of unwillingness to perform the task or carelessness in carrying out the assignment</td>
<td>O</td>
<td>W</td>
<td>CA/S</td>
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<tr>
<td>1.2 Demonstrate commitment to excellence and ongoing, continuous learning, improvement and professional development</td>
<td>1.2a Being in an unfit condition to perform duties of the job, including working under, or suspected of working under, the influence of drugs or alcohol</td>
<td>O or W</td>
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<td><strong>2. Compliance with Policies &amp; Procedures</strong></td>
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<td>2.1 Understand and comply with all University, Hospital, or affiliated premises, policies and procedures, i.e. Clinical, Administrative, and Safety policies</td>
<td>2.1a Failure to complete required safety training</td>
<td>W</td>
<td>CA/S</td>
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<td></td>
<td>2.1b Failure to complete required HIPAA training</td>
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<td>CA/S</td>
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<td></td>
<td>2.1c Failure to maintain current BLS, ACLS</td>
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<td>CA/S</td>
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<td>STANDARD</td>
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<td>2.1d</td>
<td>Failure to maintain current NALS, PALS, ATLS (when indicated)</td>
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<td>CA/S</td>
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<td>2.1e</td>
<td>Failure to complete required ACGME competency modules</td>
<td>W</td>
<td>CA/S</td>
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<tr>
<td>2.1f</td>
<td>Engaging in unapproved “moonlighting” activities</td>
<td>CA/S</td>
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<td>2.1g</td>
<td>Failure to have an annual PPD with results recorded at OHS</td>
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<td>CA/S</td>
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<tr>
<td>2.2</td>
<td>Comply with all federal &amp; state and accreditation standards regulating the provision of professional services</td>
<td>2.2a Failure to maintain on file with the Office of GME a valid MI medical license</td>
<td>CA/S</td>
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<td></td>
<td>2.2b Any activity which violates federal or state standards regulating the provision of professional services, or violations of regulations affecting continued licensure, commissioning or certification in a profession</td>
<td>CA/S</td>
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<td></td>
<td>2.2c Boundary violations and/or sexual relationships with patients</td>
<td>CA/S</td>
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<td>2.2d Self prescribing or prescribing for family members in violation of policy of the MI Medical Board</td>
<td>CA/S</td>
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<td>2.2e Report to the Office of Graduate Medical Education and cooperate with the Michigan Medical Board any investigation or correspondence regarding issues which may impact state licensure</td>
<td>CA/S</td>
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<td>STANDARD</td>
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<td>2.3 Maintain duty hours in compliance with Institutional, ACGME and RRC policies</td>
<td>2.3a Work in excess of 80 hours per week averaged over 4 week period; work in excess of call more frequently than 1 night in 3 averaged over a 4 week period; lack of having one 24 hour period in 7 days away from the hospital averaged over a 4 week period</td>
<td>W</td>
<td>CA/S</td>
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<tr>
<td>2.4 Protect confidentiality of sensitive information. Such information should not be repeated, discussed or removed from the work area, except for legitimate and authorized work reasons</td>
<td>2.4a Use of another's computer sign-on or computer access code or providing the use of an individual's sign-on code without proper authorization to gain unauthorized access to confidential or privileged information</td>
<td>W</td>
<td>CA/S</td>
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<td>2.4b Behavior which compromises another's safety or privacy, or discloses confidential WSU information, including access to medical records based upon curiosity and not a medical “need to know” due to participation in the patient's medical care, or designated QI or educational function</td>
<td>CA/S vs T depends on whether curiosity or malicious intent</td>
<td>CA/S</td>
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<td>2.5 Demonstrate honesty and integrity</td>
<td>2.5a Falsifying WSU, Hospital, or affiliated records, including intentional failure to accurately record time records, or medical records</td>
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<td>2.5b Failure to demonstrate commitment to ethical principles</td>
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<td>2.5c Failure to appropriately disclose relationship/gifts from industry including pharmaceutical representative in order to avoid real or perceived undue influence</td>
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<td>3. Availability for Work</td>
<td>3.1a Violation of attendance policy involving unscheduled absence or tardiness for whatever reason, including failure to report to work or</td>
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<td>STANDARD</td>
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<td>(patients seen, notes written or dictated, messages completed). Request authorization for time away from work according to established procedures if there is a need to leave the workplace</td>
<td>leaving work prior to conclusion of the work period, and absences which exhibit an unprofessional pattern or trend. Absences may render a graduate medical resident unable to complete a program within the training contract and may result in a resident being ineligible to sit for boards, depending on specific rules of the relevant RRC</td>
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<td>3.2 Notify the supervisor well in advance of any unscheduled absence in accordance with departmental guidelines.</td>
<td>3.2a Failure to inform supervisor when leaving duty or failure to report back</td>
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<td>CA/S</td>
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<td></td>
<td>3.2b Absence without notice provided in accordance with program procedures for 3 consecutive workdays constitutes voluntary resignation</td>
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<td>3.3 Arrange coverage for patient follow-up when absent.</td>
<td>3.3a Failure to arrange patient coverage when absent</td>
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<td>CA/S</td>
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<tr>
<td>3.4 Answer pages and respond to emails in timely fashion.</td>
<td>3.4a Failure to respond to pages promptly (typically within 15 minutes); email within 24 hours, when on duty and on call.</td>
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<td>W</td>
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<td>3.4b Failure to use available systems to designate vacations, time away, etc.</td>
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<td>W</td>
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</table>

4. Teamwork & Workplace Behavior

4.1 Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients, families, staff and colleagues; Work collaboratively with all co-workers including those from other disciplines to provide patient-focused care

4.1a Inappropriate behavior and/or use of profane, abusive or loud/boisterous language directed toward patients, families, staff, supervisor or co-workers

4.1b Threatening or endangering any person's life or health, deliberately or through carelessness

W | CA/S | T |

CA/S | T |
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<tbody>
<tr>
<td>4.2 Demonstrate respect and courtesy toward fellow staff members, faculty, students, patients and visitors; demonstrate sensitivity and responsiveness to patients and co workers' culture, age, gender, and/or disabilities</td>
<td>4.2a Failure to appropriately interact with anyone on WSU, Hospital, or affiliated premises (including patients, their families, students, visitors or other employees)</td>
<td>CA/S</td>
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<td>4.2b Violating another's privacy or dignity, including sexual harassment or insensitivity to culture, age, gender and/or disabilities</td>
<td>CA/S</td>
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<td>4.2c Sexual relationship with anyone with whom one has supervisory or educational evaluative responsibilities</td>
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<td>4.3 Be productive and use all available time to accomplish expected work tasks. Personal business should be accomplished outside of work times and/or in scheduled time-off</td>
<td>4.3a Failure to complete work assignments in a timely fashion. Allowing personal activities to interfere with professional responsibilities.</td>
<td>O</td>
<td>W</td>
<td>CA/S</td>
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<td>4.4 Use available resources to resolve work related problems</td>
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<td>CA/S</td>
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<td>4.5 Facilitate learning of students and other health professionals</td>
<td>4.5a Failure to treat others with dignity and respect and maintaining appropriate relationships which are conducive to equitable, balanced evaluations</td>
<td>O</td>
<td>W</td>
<td>CA/S</td>
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<td>4.6 Present at all times a proper and professional appearance. Dress for work according to the department's workplace attire guidelines, including the appropriate display of the WSU identification badge.</td>
<td>4.6a Failure to conform to departmental uniform or dress code policy, including the wearing of identification badges</td>
<td>O</td>
<td>W</td>
<td>CA/S</td>
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<td>4.7 Give, accept and ask for balanced feedback on a regular basis</td>
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<td>CA/S</td>
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<td>4.8</td>
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<td>5. Work Requests &amp; Assignments</td>
<td>5.1 Complete all medical records in a timely fashion</td>
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<td>5.1a Failure to complete medical records within Hospital/Department designated time frame</td>
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<tr>
<td>6. Safety &amp; Respect</td>
<td>6.1 Respect and safeguard the property of others and WSU. Use WSU or WSU sponsored program property only for legitimate work purposes (email, facsimile machines, computers, copiers, cell phones, tools, vehicles and other work related equipment)</td>
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<td>6.2 Use only WSU email system for WSU information</td>
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<td>6.2a Conducting a personal business from a WSU email address</td>
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<td>6.3 Report immediately any accident on University, Hospital or affiliated premises involving an on the job injury or property damage</td>
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<td>6.4 Obey and abide by all civil, state, and federal laws and University regulations.</td>
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<td>6.4a Commission of any crime on University, Hospital, or affiliated premises such as theft, unauthorized removal of or willful damage to property</td>
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<td>6.4b Unauthorized possession of alcohol, weapons, explosives or being in possession of illegal drugs</td>
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<td>6.4c Charging personal long distance phone calls to the University, Hospital or affiliates authorization</td>
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<td>6.4d Gambling on University, Hospital or affiliates' premises</td>
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<td>6.4e Commission of a work related crime while off campus</td>
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Program Approved Complement of Residents

GMEC approved: November 2008
GMEC updated & approved: July 2011

In order to comply with the ACGME requirement that the number of approved residents does not exceed the number of active residents, the GMEC will review on a semiannual basis (January and September meetings) the status of each program. Programs that exceed the number of approved residents will be required to submit an explanation to DIO and the GMEC.
Program Closure and/or Reduction in Size

GMEC approved: March 2007
GMEC updated & approved: July 2011

Wayne State University, GME is committed to insuring that residents enrolled in the WSU GME sponsored programs are provided the opportunity to complete their training at a WSU sponsored program institution.

Should it become necessary to “make any change which will materially affect the location or relocation of residents or the WSU GME Teaching Program(s), at least nine months advance notice of such change shall be given by the party requesting the change.”

In the event that a catastrophic occurrence results in the closure of a WSU sponsored program hospital or a major restructuring of the system, as much advance notice as possible will be given to affected residents. If necessary, every attempt will be made to place affected residents at other institutions.
The ACGME requires that all institutions which sponsor ACGME accredited GME programs have an organized process for internal review of its programs. Internal Reviews are a critical activity for all WSU GME programs accreditation and preparation for the RRC site visit by assessing the program’s compliance with the ACGME Institutional, Common, and Specialty -Specific program requirements. The GMEC has designed a process and structure for Internal Reviews which is in accordance with the ACGME standards. The GMEC identifies the need and schedules the Internal Review as stipulated in those standards. The GMEC receives a written report of the findings and establishes the actions to be taken.

**Timing**

1. The Internal Review of the residency program must be conducted at approximately midpoint of the programs accreditation cycle. This date is calculated from the effective date of the current accreditation (usually the date of the meeting at which the final accreditation action was taken) to the estimated time of the next site visit (specified in the programs last ACGME Letter of Notification). The process of the Internal Review starts 3-4 months prior to the midpoint date.

   - By approximately the midpoint (up to two months on either side of the midpoint is acceptable) the GMEC minutes will reflect that the GMEC has reviewed the Internal Review Committee’s report and made recommendations to the program up for review.

2. In the event that the ACGME schedules a survey earlier than the originally anticipated date, the DIO confers with the Program Director to reschedule the date of the Internal Review.

3. If a program received a short accreditation cycle (less than 2 years), the GMEC will expedite the IR and focus on the correction and remediation of deficiencies.

4. In the event that a program does not have any residents enrolled at the time of an Internal Review a modified Internal Review will be put into place to ensure that the program has all required elements in place prior to enrolling a resident. A complete Internal Review of the program will be completed in the second six months of the residents’ first year of training.

**NOTE:** Failure to submit the required material to the GEMC within the prescribed time frame, without an extension being granted under the rarest of circumstances by the Associate Dean for Graduate Medical Education, will result in the assessment of a financial penalty at the discretion of the Dean of the School of Medicine. If an extension is granted, up to six months from the midpoint is considered acceptable with a reasonable explanation.

**Committee**

A Committee will be formed by the GMEC consisting of:

- At least one Program Director or another GMEC faculty member from WSU not from the program being reviewed
- A resident from a program that is not under review
- At least one member of the WSU GME Administration

The GMEC reserves the right to appoint an administrator, additional faculty, or other GME expert advisors to a committee. No member of the review committee may be from the program undergoing review.

**Special Circumstances:**

- For faculty to participate in an IR of a program within their own department the following would need to be the circumstance: In very large departments where it is highly unlikely that faculty from other departments would interact with residents, it could be acceptable to have faculty from within the same department but an entirely different division participate in an Internal Review.

- If the DIO is a faculty member in the department of the program under review, the DIO can still be a member of an IR committee in most situations. The institutional GME responsibilities of the DIO
outweigh their role as a faculty member in the department. IF the DIO has an administrative role in the department (Chair, Vice Chair, or Program Director) then the DIO should NOT participate on the IR committee. The DIO should avoid conflict of interests with all programs and should be able to provide rationale for the composition.

- A Program Director should NOT participate in an Internal Review for a fellowship from the same department they are in as this would pose a conflict of interest.

Content
A plethora of information will be requested by the GMEC Internal Review Committee (GMEC IRC) from the Program Director and Program Coordinator.

1. PIF – Common and Program Specific (Program Information Form), (2) PIF Attachments, and (3) PIF addendum (if required by the specialty). All documents must be received in the GME office no later than 15 days before the internal review.

2. Program Specific Requirements (reviewed on site)
   i. Program Manual
      a. Resident eligibility, selection, promotion, and graduation
      b. Leave of Absence
      c. Corrective Action
      d. Duty hours, resident supervision, work environment, on call/night float, & transitions of care
      e. Moonlighting
      f. Supervision
      g. Grievance
      h. Adequate rest between daily duty periods and after in house call.
   ii. Educational Objectives
      a. Overall program goals and objectives
      b. Competency based goals and objectives (aligned with the ACGME competencies)
   iii. Competency-based curriculum descriptions
   iv. Current Program Letters of Agreement (PLAs)
   v. Annual program review minutes and action plan
   vi. Evaluation Instruments (aligned with the ACGME competencies)
   vii. Call Schedules and Duty Hour records
   viii. Sample schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care (related to the TOC policy)
   ix. Conference Schedule and attendance records
   x. In-service/In- training exam scores
   xi. Specialty board passage rate and graduate surveys
   xii. Case procedure logs
   xiii. Results from internal/external residents surveys
   xiv. Current and graduated resident files if applicable, resident files who have transferred into the program including documentation of previous experience
   xv. Transitions of Care protocol for handovers/transfer and sample related educational materials
   xvi. Protocols defining common circumstances requiring faculty involvement (care of a complex patient, ICU transfer, DNR, or other end of life decision)
   xvii. Sample documentation of evidence of resident participation in QI and Safety Projects
Documentation

Once all documentation is received from the program, an email will be distributed to the GMEC IRC. The following documentation will be included:

- Updated PIF
- ACGME Institutional, Common, and Program Requirements
- Last ACGME Letter of Notification
- New Innovations Evaluation Report
- Internal Review Protocol with Program Specific Requirements
- New Innovations Duty Hour Report
- Last ACGME Resident Survey
- Internal Review Agenda
- Map/Directions to Location of the Internal Review

Interviews

Interviews will be scheduled by the GMEC IRC during the Internal Review. The interviews are held in 4 separate sections:

- Interview with the Program Director
- Interview with program key faculty (as designated in PIF)
- At least two peer-selected residents from each level of training in the program
- The Department Chair (where appropriate) and/or follow-up with Program Director

All of the identified individuals will be notified in advance of the Internal Review. Appropriate notes are maintained about the substance of each interview that takes place. The Program Director and Program Coordinator meet with the GMEC IRC separately from the faculty and residents.

Internal Review GMEC IRC Report

The GMEC IRC reviews all previously distributed materials along with the findings in the interviews to compile a report. The GMEC IRC will report on the following:

- Assessment of the program’s progress in successfully resolving issues identified in the previous ACGME accreditation letters and/or survey
- Assessment of the program’s current compliance with the ACGME Institutional, Common, and Program Specific Requirements.
- Identification of actions required by the program to achieve accreditation compliance and established educational objectives.
- Identification of actions recommended to the program to enhance or strengthen the quality of the program.
- Particular attention will be given by the GMEC IRC toward documenting compliance with institutional, common, and specialty-specific ACGME program requirements, as well as the ACGME General Competencies and Resident Duty Hours. Duty hours will be examined to ensure that on-call and backup support is consistent with ACGME & WSU GME policies. Additionally, in regard to the General Competencies, evidence will be sought that:
  - Each program has defined, in accordance with their program requirements, the specific knowledge, skills, and attitudes required and provided educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
  - Each residency program has provided evidence that it has developed and is using evaluation tools to assess competency in each of the six general areas.
  - Each residency program has provided evidence that it has developed and is using dependable outcome measures to assess competency in each of the six general areas.
Each residency program has provided evidence that it links educational outcomes with program improvement.

**GMEC IRC Report to the GMEC**

Once the final report is complete it will be reviewed at the next scheduled Graduate Medical Education Committee (GMEC) Meeting. The written report will contain at a minimum:

- Name of the program up for review and the date the Internal Review took place. (the day that the Internal Review is presented to the GMEC is considered to be the date that the IR is complete.)
- Date of the assigned midpoint and the status of the GMEC’s oversight of the IR at that midpoint.
- Names and titles of the GMEC IRC.
- Brief description of how the Internal Review was conducted including a list of individuals that were interviewed.
- List of citations and areas of non-compliance or any concerns from the previous ACGME accreditation letter of notification with a summary of how the program subsequently addressed each item.
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s Internal Review Protocol.

The Program Director can review the report prior to the presentation of the GMEC, however, no changes are to be made to the documentation. The Program Director is expected to be in attendance at the GMEC and can address any errors or issues in the report at that time. When the Internal Review is presented at the GMEC the minutes should reflect:

- By approximately midpoint the GMEC IRC’s report was presented to the GMEC and the GMEC gave final recommendations to the program up for review.

**Follow Up**

If any areas of noncompliance are identified, appropriate action is recommended by the GMEC. Programs are required to submit a written, prospective, six-month improvement plan addressing each of the suggestions for improvement listed in the Internal Review as recommended by the GMEC. Improvement plans should be directed to the DIO. Improvement plans need to be received no later than 45 days after the GMEC meeting at which the programs Internal Review was presented. Improvement plans will then be reviewed at subsequent GMEC meetings for approval with further suggested actions if needed. A six-month status report at the GMEC will also be required post review and will documented in the meeting minutes. The progress report may be requested sooner if deemed appropriate by the GMEC. The progress report is reviewed at the next regularly scheduled GMEC meeting. The GMEC will request an additional progress report (at a time interval identified by the GMEC) or may recommend further intervention to assure program compliance.

The DIO and GMEC will continue to monitor the response by the program to actions recommended by the GMEC in the Internal Review process until all concerns have been resolved.
Program PIF Submission to GME

GMEC approved: November 2008

GMEC updated & approved: July 2011

Program Information Forms must be submitted to the DIO 30 days prior to ACGME deadline thus allowing time for review by DIO, Program Director revisions, and final signature. In the absence of the DIO the Administrative Director will review and cosign all program information forms and any documents and/or correspondence submitted to the ACGME by program directors.
Program Probation or Adverse Action by ACGME

GMEC approved: November 2008
GMEC updated & approved: July 2011

• If a program receives ACGME notification of:
  1. withhold accreditation
  2. probationary accreditation
  3. withdrawal after probationary accreditation
  4. expedited withdrawal of accreditation

• The following actions must occur:
  1. The Program Director must submit an immediate response to the DIO and prepare a written report addressing all citations that will be presented at the GMEC. This GMEC meeting may occur ad hoc (if a response is required prior to the next GMEC meeting) or at the next regularly scheduled GMEC meeting.
  2. Further, any program remaining on probation or in an adverse action category must submit a written and oral report of their performance improvement plan progress at the next GMEC meeting

• Protocol for Program Response to ACGME Citation Letter

Correspondence from the ACGME regarding residency/fellowship program citations must be reviewed by the DIO and submitted to the GMEC for review and approval. If a progress report is requested by the ACGME the letter must also be signed by the Designated Institutional Official prior to submission to the ACGME. The attached flowchart depicts the required protocol for such Program Director correspondence. Time is allocated for DIO review, Program Director revisions, GMEC review and final signatures obtained according to the prescribed ACGME timeline for response. The process for review is as follows:

Step 1: Program Director drafts response to ACGME citations including action plan to address citations and submits to GMEC within 30 days of letter receipt.

Step 2: ACGME citation letter, PD response letter, and Program Action Plan are reviewed at GMEC meeting. GMEC either approves correspondence and plan or requests revisions and resubmission.

Step 3: If Letter and Plan are approved by GMEC. PD submits follow up report in 6 months.

Step 3: If GMEC request letter and/or plan revisions. Program Director resubmits correspondence and action plan to next GMEC meeting. Once approved by GMEC, PD submits follow up plan in 6 months.

Step 4: After GMEC approval and finalization, update “response to citations” on ACGME Wed ADS.
Any programs receiving citations regarding procedures (e.g., inadequate volume, inequitable distribution of cases among residents, lack of appropriate resources prohibiting procedural compliance, etc.) must submit a six-month written and oral progress report to the GMEC (will remain a standing agenda item until resolved).

This report must include a specific performance improvement plan, the National Data Report Case Log and a summative procedure log (per resident) at year end. Data on each individual resident is not required.
Promotion/Reappointment/Graduation

GMEC approved: March 2007
GMEC approved & updated: May 2009
GMEC updated & approved: July 2011

Programs must clearly delineate, in writing, requirements for promotion/graduation of postgraduate residents.

In addition to specialty specific RRC requirements, programs will require passage of USMLE I and II needed for Michigan licensure before start of postgraduate year I. Residents must have taken USMLE Part III by June 30 of their first training year with WSU. Residents are required to turn in written confirmation of the results of Part III to their program director. If the resident does not take USMLE Part III by June 30 of their first year, they will be suspended. Residents on suspension must take USMLE Part III by November 1 of their PGY II year or they will be terminated. Residents who fail USMLE Part III on their first taking will enter a Corrective Action Plan and must pass Part III by March 1 of their PGY II year or they will be notified of no contract renewal for the PGY III. Exceptions to this policy can only be granted by the GMEC.

Re-appointment and/or promotion to the next level of training is conditional upon; 1) satisfactory completion of all training components as mandated by the Program and the Institution, 2) the availability of a position, 3) satisfactory performance evaluations and documentation of passage of appropriate licensing examinations, 4) full compliance with the terms of the Resident Agreement, 5) the continuation of the Hospitals’ and Program’s accreditation by the ACGME, 6) the Hospitals’ financial ability, and 7) furtherance of the Hospitals’/University’s objectives.

Upon completion of the WSU sponsored program, the graduate has demonstrated sufficient competence to enter practice without direct supervision if all requirements for graduation have been met including integration (where required) of the six ACGME general competencies and appropriate outcome measures. Completion of medical records and clearing of any financial obligations to Wayne State University must be included as a prerequisite for graduation from a WSU sponsored training program.
The Graduate Medical Resident will complete Section 1 of the I-9 form and the Graduate Medical Education Office must complete section 2. When a Graduate Medical Resident registers he/she is required to complete an I-9 Form. The resident is to bring original documentation with them so their GME representative can make copies and attach them to the I9 form. The resident will not be able to attend Orientation unless this and all other forms are complete.
Recruitment and Selection/Non-Discrimination

GMEC approved: March 2007
GMEC updated & approved: July 2011

WSU GME will ensure respective roles and responsibilities of the Office of Equal Opportunity and the executive officers of the WSU in the investigation and resolution of complaints filed internally alleging violations of the WSU’s policies against unlawful discrimination and harassment.

Additionally:
Successful applicants must exhibit strong qualifications for the specialty they wish to pursue. Candidates should possess the following qualities:

- Critical thinking skills
- Sound judgment
- Emotional Stability and maturity
- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

WSU Medical and surgical residencies and fellowships are open to U.S. citizens, permanent U.S. immigrants and international applicants as follows:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  1. Have a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
  2. Have successfully completed a Fifth Pathway program provided by an LCME-accredited medical school.
- Applicants who are not citizens of the United States must apply for an ECFMG-sponsored J-1 visa or have an INS issued employment authorization. More detailed information on the visa requirements and application procedures may be obtained from the Graduate Medical Education Office at 313-577-5189.
- All applicable medical license issues must be fulfilled prior to starting a training program.
- Prospective residents must pass a criminal background check.
Resident Probation

GMEC approved: November 2008
GMEC updated & approved: July 2011

Program Directors must adhere to the following protocol for Resident Probation:

1. The Program Resident Education Committee (or equivalent) identifies a resident performance deficit that requires probation.

2. The Program Resident Education Committee must define the probationary terms, timeline, and conditions including behavioral based outcomes and expectations.

3. The Program Director must notify a Resident of probationary status in writing. The Resident must review the probation terms and sign the letter acknowledging receipt.

4. Documentation of the probation (including the signed letter and all supporting evidence) must be submitted to the Program Chair and DIO.

5. Resident failure to meet the defined terms of probation may result in the implementation of corrective action procedures. The probationary status must not exceed one year; violations considered egregious in nature may result in earlier corrective action implementation.

6. At the time of probation, the resident must be given a copy of the program and institutions’ corrective actions policies and procedures.
Residents are considered as transferring residents under several conditions which include:

- when moving from one program to another within the same or different sponsoring institution;
- when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the prelim PGY 1 program and the PGY 2 program as part of the match (e.g. accepted to both programs right out of medical school.)

Before accepting a transferring resident, the “receiving program” director must obtain written or electronic verification of prior education from the current program director. Verification includes:

- evaluations
- rotations completed
- procedural/operative experience
- summative competency-based performance evaluation.

A resident transfer form must be obtained from the WSU SOM GME Office for programs to utilize that includes the following elements:

- Verification of training
- List and duration of rotations
- Professional liability
- Summative competency based performance evaluation
- Procedural / Surgical Experience
- Final recommendation status
Risk Management

GMEC approved: March 2007
GMEC updated & approved: July 2011

The process that identifies, objectively assesses and attempts to prevent events that are inconsistent with accepted standards of medical practice, in the delivery of health care services, which could result in potential harm to patients, physicians or other health care providers.

Safe Medical Devices Act

The Safe Medical Devices Act requires that the institution report to the manufacturer and/or to the FDA certain incidents involving the malfunction or failure of medical devices (1) in which a patient sustained serious injury or death, or (2) intervention was required to prevent serious injury or death. If your patient is involved in an incident that might be reportable, immediately isolate the equipment without changing any settings and contact Engineering, Maintenance or call Risk Management. Graduate Medical Residents should not return such equipment to the company or attempt to repair it by themselves.
**Smoking**

*GMEC approved: March 2007*

*GMEC updated & approved: July 2011*

WSU is a smoke-free environment; therefore, smoking is prohibited in all areas of WSU including private offices, bathrooms, conference rooms, locker rooms, etc.

To ensure the safety of all patients, all hospitals are smoke-free environments. Please refrain from smoking on any hospital campus including your car parked on hospital property.
Uniforms

GMEC approved: March 2007
GMEC updated & approved: July 2011

Uniforms are provided through individual departments. Please see your coordinator and/or director for information. Individual programs are responsible for ordering two lab coats with the Wayne State University logo for each resident.
SECTION V – SPONSORING HOSPITAL POLICIES AND PROCEDURES

Anatomical Gifts
Wayne State University is one of three in the state of Michigan that is part of the will donor program. Michigan State University and University of Michigan are the other two.

Animal Subjects in Research
A federal law, the Animal Welfare Act, sets forth standards for the care and treatment of laboratory animals, including housing, feeding, cleanliness, ventilation and veterinary care. (Currently, AWA regulations do not cover rats and mice bred specifically for research.) All facilities using laboratory animals covered under the AWA must register with and be inspected by the United States Department of Agriculture's enforcement arm, the Animal and Plant Health Inspection Service (APHIS). It is the responsibility of APHIS – through random, unannounced inspections – to ensure that institutions are complying with all USDA regulations.

Autopsies
Autopsies will be performed in an effective and timely manner when requested by the attending physician and when the provisions are met. Autopsies are performed between 0800 and 1400 Monday through Friday, and 0800 to 1200 weekends and holidays. A diener is required to safely perform an autopsy.

Biological Safety
To assure that all Hospital implants have been exposed to an appropriate sterilization process and those biological indicators are used to assure this.

Computer Usage
1) All users of the WSU or WSU sponsored program computer system must behave in an ethical, legal, and morally responsible fashion while using the system. Individuals are responsible for their behavior and actions when accessing the system and the internet.

2) Use of the systems, and in particular patient information, internet service, and E-mail, is provided for the support and improvement of Wayne State University's business objectives. Access is a privilege, given or withheld by WSU sponsoring institution, as it determines.

3) All use of WSU or WSU sponsored program computers, the internet, and E-mail, is subject to observation and monitoring by Wayne State University to verify that the use of services is in accordance with WSU policy. There shall be no privacy from the WSU in any individual's use of any WSU or WSU sponsored program system, computer, E-mail message, or related device.

4) The sponsoring institution reserves the right to collect, monitor, examine, copy, store, transmit, print, and use any and all information entering, leaving, residing in, or processed by any and all information systems and components used in the corporate setting, for any and all purposes that the WSU so selects or determines, at its sole discretion.
**Electronic Communication**

1. WSU will take necessary steps to accommodate reasonable requests by patients to receive confidential communications of PHI.
2. WSU will provide confidential communications by alternative means or at alternative locations.

**Ethics**

Wayne State University (WSU) is committed to the highest ethical principles in its conduct of business, patient care, research and education. In pursuit of this goal, the WSU Board of Trustees has established this statement of organizational ethics. All members of the WSU community—Trustees, administrators, medical staff, employees, and volunteers – are expected to act in accordance with this organizational statement and its supporting policies.

**Human Subjects in Research**

To assure that all clinical researchers understand their responsibility to protect the welfare of their research subjects, the NIH requires that researchers be “certified” in human subjects’ protection before releasing research funds. This requirement has been in place since October, 2000.

Institutional Review Board – a specially constituted review body established or designated by an entity to protect the welfare of human subjects recruited to participate in biomedical or behavioral research.

**Nepotism**

Nepotism, as defined by this policy, shall not be permitted in Wayne State University. An employee shall not permanently work under the supervision (direct or indirect) of a relative. Related employees will not be allowed to work permanently in the same department unless they can be assigned to different supervisors, work areas or shifts.

**Patient’s Rights and Responsibilities**

Each health care facility within the WSU sponsored program(s) has the responsibility to ensure the rights of all patients and, if applicable, their parents/guardians, to participate in decisions regarding their medical care. Patient rights and responsibilities shall be posted.

**Pharmaceutical and Nutritional Vendors**

The relationship and contact between vendors and Wayne State University must demonstrate the highest professional and ethical standards. Please refer to the Gifts, Gratuities, and Conflicts of Interest-Vendor Policy.

**Pharmacy**

All pharmacy department areas containing medications will be locked at all times. Only pharmacy personnel and designated others shall have access to these areas. If the department does not have 24-hour pharmacy staffing, a policy and procedure will be in place to address medication needs when the pharmacy is closed. Procedures are in place in the event of an immediate threat.

**Quality Assurance**

The WSU is committed to continuous improvement, prevention of pollution and compliance with relevant environmental and quality regulations and other requirements.
Scrubs

1. All personnel will manage scrub attire consistent with this policy, infection control standards, and regulatory and safety requirements.
2. Departments approved for hospital issued scrub attire include Operating Room Services, Labor and Delivery, NICU, Hemodialysis units, Central Sterile Processing, Angiography and Cardiac Catheterization and other site designated areas.
3. If clothing becomes soiled with blood and/or body fluids while providing care, hospital issue scrub attire may be provided to other patient care providers for the remainder of their workday.

PROVISIONS

Departments Approved for Hospital Issue Scrubs

1. Employees in departments approved for wearing hospital provided scrub attire are provided with a copy of this policy and are required to sign a responsibility memo (Attachment 1). An original of the memo is retained in the employee's personnel file and a copy provided to the employee as a Security pass.
2. Scrub attire should be removed at the end of the day and/or shift and disposed of in hospital soiled laundry hamper.
3. Scrub attire that becomes soiled with blood and body fluids is changed as soon as possible.
4. If scrub attire is worn home, it must be with the written pre-authorization from management. Upon request, the employee will provide Security with a copy of the authorization.

Severe Weather

In the event of severe weather conditions the situation will be handled according to the definitions and provisions listed in the specific hospital/institution policy.

Smoking Policy

Wayne State University recognizes both the health hazards associated with the inhalation of tobacco smoke by smokers and non-smokers as well as its obligation to adhere to laws pertaining to smoking. Therefore, Wayne State University prohibits the smoking of tobacco products of any kind in all of its facilities in accordance with the State of Michigan Clean Indoor Air Act.

The following provisions are consistent with the Human Resources Tier I policy and support its intent.

All staff members, including physicians, students, contracted employees and volunteers are expected to comply with the prohibitions within this policy and to actively enforce the policy with patients and visitors in a manner consistent with established hospitality guidelines. Visitors and contractors are expected to observe and cooperate with this policy and its provisions.

Worker’s Compensation

All workers compensation claims are managed and processed according to the State of Michigan Workers With Disabilities Compensation Act of 1982.
SECTION VI – WSU AND COMMUNITY INFORMATION

Diversity

WSU students represent more than 20 different cultures and ethnic backgrounds. With one of the most ethnically diverse student bodies, the WSU School of Medicine ranks seventh in the nation for the number of underrepresented minority graduates, according to the Association of American Medical Colleges.

The percentage of African-American residents and fellows in advanced training programs at WSU-affiliated hospitals is nearly three times the national average. Overall, WSU ranks seventh of the nation’s medical schools in the number of full-time faculty who are African American, according to the Association of American Medical Colleges.

Over the 16-year period from 1981-1996, Wayne State University has led the nation’s medical schools in graduating African-American medical students, exclusive of the traditional minority schools of Howard, Morehouse and Meharry Universities.

For more information about our Minority Recruitment Program, please contact the Minority Recruitment office.

Libraries

Wayne State University Libraries rank among the top 60 libraries in the Association for Research Libraries. The library system consists of five major libraries, an ALA-accredited Library and Information Science Program, the Office for Teaching Learning and the office for University General Education (UGE 1000).

All University Libraries offer reference and research support, interlibrary loan, circulation and course reserve services, document delivery and library and information literacy programs. The libraries utilize and support the latest information technologies to provide state-of-the-art access to instructional and research materials. All undergraduate students are welcomed at all library facilities. The libraries provide a range of study environments from silent to interactive -- and including a 24-hour facility. Students are encouraged to identify study locations that best meet their studying needs and to consult with staff members whenever questions or needs arise.

The Wayne State Library System is committed

- to being a national leader in the transition of library collections from print to electronic resources;
- to offering excellent client services;
- to training librarians (including school media specialists) in the information age; and
- to supporting academic research through the UGE 1000 Office.
- to developing and supporting student awareness of traditions, goals and structures of universities and their research libraries.

Shiffman Medical Library
320 E. Canfield
Richard J. Mazurek Medical Education Commons
Detroit, MI USA 48201
Phone: (313) 577-1094
http://www.lib.wayne.edu/shiffman/
Laboratories

A multidiscipline laboratory or MD lab is a multipurpose, flexible use room that can be configured and prepared for a variety of activities. Behind each main lab there is an inner lab configured for use as a bench top work area and storage space for use with student experiments. The school of medicine has 12 MD labs located on the second and third floors of Gordon Scott Hall. For exact locations please check this [floor plan](#). These 12 rooms serve as the home base for first and second year medical students.

Michigan Medical Board

The Bureau of Health Professions regulates health professionals in Michigan who are licensed, registered or certified for 32 health care occupations. You can visit them at: [http://www.michigan.gov/mdch/0,1607,7-132-27417_27529-42815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27529-42815--,00.html) or email them at bhpinfo@michigan.gov.

The Bureau of Health Systems deals primarily with licensing of health care facilities and related issues in Michigan. You can email them at bhsinfo@michigan.gov.

Michigan State Medical Society

Membership in the Michigan State Medical Society is provided free to all residents of WSU. Please see your coordinator and/or director for more information.

Publications

Current and previous issues of Wayne Medicine, Scribe/Alum Notes and the School's annual report can be viewed online, as well as the web-based weekly Prognosis newsletter and the Alumni e-Update. However, if you are looking for a particular article or topic and are unable to locate it in these listings, please contact:

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