Graduate Medical Education

GME Trainee Manual and Benefits Guide

updated May 2009

Providing the highest quality health care services coupled with the region's premier health care resource center at Wayne State University
Dear Wayne State University Graduate Trainees:

This GME Trainee Manual is provided as a guide to and summary of the various policies, benefits, and services available and applicable to Graduate Medical Education (GME) Trainees (Residents and Fellows) as of the date published. It also summarizes the rights and responsibilities of the GME Trainees. 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.

Trainees are encouraged to consult the various booklets, summaries, and/or governing documents as appropriate, and to contact the Office of Graduate Medical Education 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 Trainees 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 Graduate Medical Education, is a condition of employment/training.

This guide is to acquaint you with policies from WSU Graduate Medical Education 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 Graduate Medical Education at (313) 577-5189.

Please note that pertinent WSU GME policies and procedures are also available for viewing on the Office of GME website at www.gme.med.wayne.edu

Sincerely,

Vanessa L. Meyer, MBA
Operations/Accreditation Director, ASO III
Interim Designated Institutional Official, WSU
Wayne State University School of Medicine
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WSU GME Trainee Manual

Updated May 2009
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 (GME)

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 Trainee.

GME Administration

Robert Mentzer, MD
Dean, School of Medicine
(313) 577-1335
rmentzer@med.wayne.edu

Robert Frank, MD
Executive Vice Dean, School of Medicine
(313) 577-1450
rfrank@med.wayne.edu

Valarie Parisi, MD, MPH, MBA
Vice Dean of Hospital Relations & Clinical Affairs
(313) 577-7742
vparisi@med.wayne.edu

Mark Juzych, MD
Associate Dean for Graduate Medical Education
(313) 577-7614
mjuzych@med.wayne.edu

Vanessa Meyer, MBA
Interim Designated Institutional Official & Operations/Accreditation Director – ASOIII
(313) 577-2378
vmeyer@med.wayne.edu

Heidi Kromrei, MA
Academic Director – ASOIII
(313) 577-1875
hkromrei@med.wayne.edu

Wilhelmine Wiese-Rometsch, MD
Assistant Dean for Graduate Medical Education
(313) 577-0089
wwiese@med.wayne.edu

Carol A. Bartley
GME Coordinator
(313) 577-5189
cbartley@med.wayne.edu
### GMEC Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Leilei Chaw, MD</td>
<td>Resident</td>
<td>Dermatology</td>
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<tr>
<td>Michael Cher, MD</td>
<td>Chair</td>
<td>Urology</td>
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<tr>
<td>Tywanda Crawford, MD</td>
<td>Resident</td>
<td>Family Medicine</td>
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<tr>
<td>Nathan Deckard, MD</td>
<td>Resident</td>
<td>Otolaryngology</td>
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<tr>
<td>Mark Edelstein, MD</td>
<td>Director Medical Education</td>
<td>VAMC</td>
</tr>
<tr>
<td>Robert Frank, MD</td>
<td>Executive Vice Dean</td>
<td>School of Medicine</td>
</tr>
<tr>
<td>Michael Geheb, MD</td>
<td>President</td>
<td>Oakwood Hospital</td>
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<tr>
<td>Mark Hannis, MD</td>
<td>SVP &amp; Director Medical Education</td>
<td>Oakwood Hospital</td>
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<tr>
<td>Mark Juzych, MD</td>
<td>Chair GMEC/Associate Dean</td>
<td>Graduate Medical Education</td>
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<tr>
<td>Jessica Kado, MD</td>
<td>Resident</td>
<td>Dermatology</td>
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<tr>
<td>Heidi Kromrei, MA</td>
<td>Academic Director</td>
<td>Graduate Medical Education</td>
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<tr>
<td>Tsveti Markova, MD</td>
<td>Program Director</td>
<td>Family Medicine</td>
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<td>Robert Mathog, MD</td>
<td>Program Director</td>
<td>Otolaryngology</td>
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<tr>
<td>Darius Mehregan, MD</td>
<td>Chair</td>
<td>Dermatology</td>
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<td>David Mehregan, MD</td>
<td>Program Director</td>
<td>Dermatology</td>
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<tr>
<td>Vanessa Meyer, MBA</td>
<td>DIO; Operations/Accreditation Dir</td>
<td>Graduate Medical Education</td>
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<tr>
<td>Carol Paduchowski</td>
<td>Medical Education</td>
<td>Karmanos Cancer Center</td>
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<tr>
<td>Rick Rehner</td>
<td>Reimbursement</td>
<td>Crittenton Hospital</td>
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<tr>
<td>John Ruckdeschel, MD</td>
<td>President</td>
<td>Karmanos Cancer Center</td>
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<td>Maryjean Schenk, MD</td>
<td>Chair</td>
<td>Family Medicine</td>
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<td>Mahdi Shkoukani, MD</td>
<td>Resident</td>
<td>Otolaryngology</td>
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<tr>
<td>Kimberly Smash, MD</td>
<td>Resident</td>
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<td>Frank Sottile, MD</td>
<td>CMO</td>
<td>Crittenton Hospital</td>
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<tr>
<td>Julie Sullivan</td>
<td>Director, Medical Center Relations</td>
<td>School of Medicine</td>
</tr>
<tr>
<td>Marlene Thompson</td>
<td>Chief Administrative Officer</td>
<td>Urology</td>
</tr>
<tr>
<td>Jeffrey Triest, MD</td>
<td>Program Director</td>
<td>Urology</td>
</tr>
<tr>
<td>Karen Tubolino</td>
<td>Medical Education</td>
<td>VAMC</td>
</tr>
<tr>
<td>Krishnan Venkatesan, MD</td>
<td>Resident</td>
<td>Urology</td>
</tr>
<tr>
<td>Wilhelmine Wiese-Rometsch, MD</td>
<td>Asst. Dean / Education Compliance Office</td>
<td>Graduate Medical Education</td>
</tr>
<tr>
<td>Toni Wozniak, MD</td>
<td>Associate Director Education</td>
<td>Karmanos</td>
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Section III – Graduate Medical Education Trainee Benefits

**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**

In the event of the death of a close relative, trainees will be allowed time off with pay. A trainee will receive up to three (3) days paid time off for the funeral of a close relative. Two (2) additional days may be provided if the funeral site is equal to, or exceeds, 300 miles from the trainee’s residence and the trainee attends the funeral. Bereavement time off must be approved by the Program Director prior to usage.

**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:

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**

The WSU offers an Employee Assistance Program (EAP) to all postgraduate trainees. 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 the EAP 24 hours a day, 365 days a year, by simply calling one toll-free number, 1-800-852-0357.

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
**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/

**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 trainees 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 TRAINEES

All of the benefits listed below are provided to postgraduate trainees 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 trainees the choice between six health 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 trainees. 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

FAMILY: A family leave of absence is a conditional privilege of postgraduate training. Such time off will be provided in accord with WSU policy in order to accommodate specific family care needs.

Under the Family Medical Leave Act (FMLA), you 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. (If both parents are employed by the WSU, the combined maximum time off for care of a child is 12 weeks between the two parents.)

A FMLA Certification form must be completed and submitted to the GME office via the Program Director prior to date of requested leave.

A trainee taking time off in order to care for a family member may use paid vacation time; he/she cannot use paid sick time since sick time only covers time off due to trainee’s own illness. If vacation time is exhausted, the leave shall be unpaid.

Health and dental insurance coverage will be paid by WSU for 12 weeks.
Depending on the length of the leave and individual board requirements training time may need to be extended as determined by your Program Director.

PERSONAL LEAVE: Approval of personal leaves of absence may be granted at the discretion of the WSU Program Director for up to 90 calendar days. Personal leaves of absence shall be unpaid. Wayne State University will continue to provide insurance premium payment for 30 days; after 30 days, the postgraduate trainee will be provided the opportunity to continue insurance coverage in accordance with the provisions of current law (COBRA).

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

SHORT - TERM ILLNESS: Trainees will receive full payment of stipend for verifiable illness for up to 90 days. Program Directors will notify the GME office when a trainee is out ill for more than 3 calendar days. For absences in excess of 3 calendar days, physician verification may be required. Illness time does not accumulate.

The WSU Graduate Medical Education Program does not have a separate policy for maternity leave; time off for pregnancy and delivery is provided for under Short Term Illness.

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

LONG - TERM DISABILITY: A group benefit plan in long-term disability is available; please reference the Benefits Handbook for complete details.

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). This coverage does not extend outside of the training program. Please see you program director/coordinator 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 trainees 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 trainees and personnel are required to complete safety training through GME Orientation.
**Student Loans**

Student loans are the responsibility of the postgraduate trainee. 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.

**Vacation**

All residents/fellows are eligible for 20 days time off. 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.
ACGME Outcome Project

Minimum Program Requirements Language
Approved by the ACGME, September 28, 1999
GMEC approved: March 2007

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

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 trainee must provide a copy of the life support cards to the GME Office.
**Advanced Standing**

*GMEC approved: March 2007*

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

Trainees who spend time in a WSU Residency or Fellowship Program sponsored research activity can receive advanced standing for stipend purposes.
**Americans with Disabilities Act (ADA)**

*GMEC approved: March 2007*

Wayne State University School of Medicine 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](http://www.oeo.wayne.edu/forms.php)) at [http://www.oeo.wayne.edu/forms.php](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](http://www.oeo.wayne.edu). A [Request for Accommodation of Disability](http://www.oeo.wayne.edu) 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.
Appointment/ Employment Requirements

GMEC approved: March 2007

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
**Blood and Body Fluid Exposure (Needle Stick Exposure)**

**GMEC approved:** January 2008

During the course of a medical residency and/or fellowship, a physician will come into contact with occupational hazards as a natural consequence to caring for sick patients. In the event that a resident or fellow is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucus membranes or non-intact skin, the resident/fellow must report this immediately. A WSU Risk Management Incident Report must be completed detailing the circumstances of the exposure and forwarded to the WSU Office of Risk Management. Please use the following link to obtain a copy of the form to file the report:

http://www.wayne.edu/fisops/idrm/?Risk_Management:Frequently_Asked_Questions:Accidental_Injuries

A resident/fellow who sustains an exposure to blood and/or body fluids 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.

If antiviral prophylaxis is recommended, the residents’ medical insurance co-payments or deductibles will be waived for the first dose and a supply of antiviral prophylaxis medications will be made available until the time of the first follow-up appointment with his or her private physician.

Once a resident/fellow receives care at one of our partner institutions, the resident/fellow’s health insurance plan will be billed for the full amount of the hospital or clinic charges. The institution agrees to accept as payment in full the amount paid by the student’s insurance for that service. This policy applies only to care of the initial event, and does not implicate any hospital or clinic for ongoing or long-term care regarding an injury, accident or exposure which might occur on any institution’s premises.
Compliance

GMEC approved: March 2007

Updated & approved: July 2008

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: 313-577-1860**

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 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.

Oakwood Healthcare System Anonymous Contact information:

Lyle Victor, MD, (313) 593-8620 or Marilyn Kostrzewski, (313) 593-7692
Confidentiality

GMEC approved: March 2007

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

It is the policy of WSU, (regardless of other less restrictive policies), all graduate medical trainees 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 and Hearing Procedures (Disciplinary Action)

GMEC approved: March 2007

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 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

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

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.
**Disaster Response Policy**

**GMEC approved: November 2007**

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

The definition of disaster will be determined by ACGME as defined in their published policies and procedures. Within 10 days after the declaration of a disaster, the DIO or other sponsoring institution leadership if DIO is not unavailable will notify the ACGME to discuss due dates that the ACGME will establish for the programs to restructure or reconstitute the educational experience.

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, as soon as possible, make the determination that transfer to another program is necessary.

Once the DIO determines 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 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. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors an estimated time 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.

The DIO will be the primary institutional contact with the ACGME and Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

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.
Disciplinary Action

GMEC approved: March 2007

See Corrective Action.
Dress Code

GMEC approved: March 2007

All trainees are expected to use good judgment in the selection of clothing and maintenance of personal cleanliness.
Drug-Free Workplace

GMEC approved: March 2007

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.
Duty Hours and Working Environment

GMEC approved: March 2007

This policy incorporates the ACGME duty hour requirements that were implemented in July 2003, and includes requirements that programs carefully monitor moonlighting activities (if allowed and approved prior to actual duty by the program director) and that program-specific policies be developed and distributed to each trainee. The GMEC discusses at length the mechanisms for monitoring program compliance with duty hours, supervision, and moonlighting.

The following policy has been adopted by the GMEC for all House Staff in Graduate Medical Education.

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 and preparation time spent away from the duty site.

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

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

4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.
**Duty Hour Oversight**

_GMEC approved: March 2007_

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 trainee duty hours and the working environment. These policies must be distributed to the trainees 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 trainee 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 ACCME please reference their website at: [www.acgme.org](http://www.acgme.org).
Duty Hour Requests for Exception

GMEC approved: July 2008

Wayne State University School of Medicine 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.
Duty Hour Monitoring Requirements

GMEC approved: March 2007

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: Trainees are encouraged to contact the Anonymous Hotline 313-577-1860 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 trainees 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: Trainees 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.
**ECFMG Certificate (International Medical Graduates Only)**

*GMEC approved: March 2007*

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 trainees WSU School of Medicine email address.
Evaluations

GMEC approved: March 2007

It is critically important that postgraduate trainees 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 trainee 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 trainee 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 trainee 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 trainee.

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 trainee. The trainee 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

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 and Gratuities

GMEC approved: March 2007

We follow WSU & WSU sponsored program policies regarding gifts and gratuities. At no time will an employee, medical staff, fellow, resident, student or contractor accept gifts or other entertainment from anyone at anytime.
Grievance for GME Trainees

GMEC approved: March 2007

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. 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 effect 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:
   1. a) retain the subcommittee’s recommendations, or
   2. b) 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

It is the WSU’s policy to 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 trainees 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 (313) 577-5189.
**ID Badge**

*GMEC approved: March 2007*

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 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

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](http://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

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 postgraduate trainee 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 trainee’s behavior is unusual/impaired as a result of the use of drugs and/or alcohol. Postgraduate trainees 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 postgraduate trainee has been identified, either through the WSU Drug-Free Workplace policy or through voluntary recognition, as having a substance abuse or dependency problem, the trainee 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 trainee will be removed from work pending evaluation and recommendations from the HPRP.

The HPRP will recommend a treatment plan and will require the trainee to sign a contract stipulating the conditions under which the trainee can return to the program and care for patients in the State of Michigan. Prior to returning to work, the postgraduate trainee must provide a copy of the HPRP treatment plan recommendation and signed contract to the DIO. In addition, the trainee 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 trainee’s circumstances.

The trainee 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

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 Trainees 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

Legal aid is available to all WSU Graduate Medical Trainees 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 Trainee, contact Risk Management at (313) 966-0820.
**Life Insurance and Accidental Death & Dismemberment Coverage**

*GMEC approved: March 2007*

Postgraduate trainees 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

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.

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 trainees 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

WSU Postgraduate Trainees 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 trainee in obtaining and/or renewing of medical licenses, however, it is the trainee’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

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

Military leaves of absence will be unpaid. The trainee 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.
Moonlighting/Temporary Special Medical Education Activity (TSMA)

GMEC approved: March 2007

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

1. Because trainee education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the trainee 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 that occurs within a WSU health care facility (internal moonlighting), must be counted toward the 80-hour weekly limit on duty hours. WSU Training Programs must have a written policy regarding moonlighting that:
   - Identifies whether or not the program allows trainees to moonlight
   - If program allows moonlighting, policy must also:
     - Describe eligibility for moonlighting
     - Set parameters, e.g., maintenance of acceptable performance hours, location, etc. Note: Moonlighting time spent in WSU facilities must be counted toward the 80-hour limit.
   - Describe consequences of not complying with policy

The policy must be distributed to each trainee. A copy of the policy signed by each trainee acknowledging receipt must be maintained in the trainee’s program file.

A copy of the program’s moonlighting policy must be provided to the Graduate Medical Education Office.

Liability coverage for moonlighting activities is not provided through Wayne State University Graduate Medical Education. It is the responsibility of the trainee to ensure that appropriate liability coverage is in place for his/her moonlighting activities.
National Practitioner Data Bank

GMEC approved: March 2007

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

In order to facilitate the processing of new appointment paperwork and avoid unnecessary confusion regarding the start dates for new trainees, 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 trainees entering A.C.G.M.E. accredited program
Minimum processing time = 10 weeks

New & Transfer J-1 trainees 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

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.
Non-Discrimination/Affirmative Action Policy

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 with this statute;
b) Review by the President or his/her designee of all proposed contractual commitments by the 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.
Non-Renewal of Appointment

GMEC approved: March 2007

WSU Graduate Medical Education will provide a postgraduate trainee with written notice of intent not to renew a trainee’s Residency Agreement no later than four months prior to the end of the trainee’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, trainees 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 Trainee’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 Trainees 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:

What Is The Role Of An Observer?

GMEC approved: March 2007

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
540 E. Canfield
Detroit, Michigan 48201
On-Call Activities

GMEC approved: March 2007

WSU sponsored programs will provide adequate institutional call room space for Graduate Medical Trainees who are required to do in-house call. The objective of on-call activities is to provide trainees 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 trainees are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Trainees may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.

3. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the trainee has not previously provided care.

4. At-home call (page call) is defined as call taken from outside the assigned institution.
   a. 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 trainee. Trainees 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.
   b. When trainees are called into the hospital from home, the hours trainees spend in-house are counted toward the 80-hour limit.
   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.
Outside Professional Activities

GMEC approved: March 2007

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.
Parking

GMEC approved: March 2007

The postgraduate trainee must park in the designated lot at the hospital in which they are rotating. Information regarding trainee parking locations is distributed to new trainees 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.
**Professional Expectations** *(formerly conduct and general work rules)*

**GMEC approved: March 2007**

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 trainees 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 Trainee orientation
- WSU GME Trainee 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 trainees 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 trainees. They describe, though not all inclusive, issues of conduct and work performance. These conditions may be supplemented by additional regulations when graduate medical trainees are subject to professional accreditation and/or state regulations and/or and licensure.

All incoming graduate medical education trainees 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**

(Which 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 Trainees:

<table>
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<tr>
<th>STANDARD</th>
<th>Example of a VIOLATION</th>
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<td>1. <strong>Performance</strong></td>
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<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>
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<td>W</td>
<td>CA/S</td>
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<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 the 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>2. <strong>Compliance with Policies &amp; Procedures</strong></td>
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<td>2.1 Understand and comply with all</td>
<td>2.1a Failure to complete required safety training</td>
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<td>CA/S</td>
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<td>University, Hospital, or affiliated premises, policies and procedures, i.e. Clinical, Administrative, and Safety policies</td>
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<td>2.1b Failure to complete required HIPAA training</td>
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<td>2.1c Failure to maintain current BLS, ACLS</td>
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<td>2.1d Failure to maintain current NALS, PALS, ATLS (when indicated)</td>
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<td>2.1e Failure to complete required ACGME competency modules</td>
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<td>2.1f Engaging in unapproved “moonlighting” activities</td>
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<td>2.1g Failure to have an annual PPD with results recorded at OHS</td>
<td>O W CA/S</td>
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<td>2.2 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 T</td>
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<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>
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<td>2.2c Boundary violations and/or sexual relationships with patients</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>W 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>
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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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<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>
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<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 &quot;need to know&quot; 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>
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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</td>
<td>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>CA/S</td>
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3.  Availability for Work

3.1 Attend work as assigned; arrive on time fully prepared to begin work. Remain throughout the work period and until work is completed (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.

3.1a Violation of attendance policy involving unscheduled absence or tardiness for whatever reason, including failure to report to work or leaving work prior to conclusion of the work period, and absences which exhibit an unprofessional pattern or trend. Absences may render a graduate medical trainee unable to complete a program within the training contract and may result in a trainee being ineligible to sit for boards, depending on specific rules of the relevant RRC.

3.2 Notify the supervisor well in advance of any unscheduled absence in accordance with departmental guidelines.

3.2a Failure to inform supervisor when leaving duty or failure to report back.

3.2b Absence without notice provided in accordance with program procedures for 3 consecutive workdays constitutes voluntary resignation.

3.3 Arrange coverage for patient follow-up when absent.

3.3a Failure to arrange patient coverage when absent.

3.4 Answer pages and respond to emails in timely fashion.

3.4a Failure to respond to pages promptly (typically within 15 minutes); email within 24 hours, when on
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<td>duty and on call.</td>
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<td>3.4b Failure to use available systems to designate vacations, time away, etc.</td>
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4. **Teamwork & Workplace Behavior**

<p>| 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 | W CA/S T |
| 4.1b Threatening or endangering any person’s life or health, deliberately or through carelessness | CA/S T |
| 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 | 4.2a Failure to appropriately interact with anyone on WSU, Hospital, or affiliated premises (including patients, their families, students, visitors or other employees) | CA/S T |
| 4.2b Violating another’s privacy or dignity, including sexual harassment or insensitivity to culture, age, gender and/or disabilities | CA/S T |
| 4.2c Sexual relationship with anyone with whom one has supervisory or educational evaluative responsibilities | CA/S T |</p>
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<th>4&lt;sup&gt;th&lt;/sup&gt; event</th>
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<tr>
<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>
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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>
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<td>W</td>
<td>CA/S</td>
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<tr>
<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>
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<td>4.7 Give, accept and ask for balanced feedback on a regular basis</td>
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5. Work Requests & Assignments

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<th>Standard</th>
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<th>4&lt;sup&gt;th&lt;/sup&gt; event</th>
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<tr>
<td>5.1 Complete all medical records in a timely fashion</td>
<td>5.1a Failure to complete medical records within Hospital/Department designated time frame</td>
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<td>CA/S</td>
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6. Safety & Respect

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<tr>
<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,</td>
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<td>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>
<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>
<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 Trainees

GMEC approved: November 2008

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

Wayne State University School of Medicine is committed to insuring that trainees enrolled in the WSU 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.
Program Director Role in Internal Review

GMEC approved: November 2008

As part of the GME Faculty Development initiative, Program Directors with upcoming site visits or Internal Reviews must participate as a reviewer for another program's Internal Review prior to their site visit/review date.
Program PIF Submission to GME

GMEC approved: November 2008

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 Assistant Dean for GME will review and cosign all program information forms and any documents and/or correspondence submitted to the ACGME by program directors. If the Assistant Dean is unavailable, the Accreditation Director will fill this responsibility.
Program Probation or Adverse Action by ACGME

GMEC approved: November 2008

- 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.
Program Procedure/Case RRC Citations

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: May 2009

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

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.
**Proof of Identity and US Employment Eligibility (I-9)**

*GMEC approved: March 2007*

The Graduate Medical Trainee will complete Section 1 of the I-9 form and the Graduate Medical Education Office must complete section 2. When a Graduate Medical Trainee registers he/she is required to complete an I-9 Form. The trainee is to bring original documentation with them so their GME representative can make copies and attach them to the I9 form. The trainee will not be able to attend Orientation unless this and all other forms are complete.
Recruitment and Selection/Non-Discrimination

GMEC approved: March 2007

It is the purpose of this WSU Policy to set forth the 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

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.
Resident Transfer/Verification of Previous Residency

GMEC approved: January 2009

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

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 Trainees should not return such equipment to the company or attempt to repair it by themselves.
Smoking

GMEC approved: March 2007

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

GMEC approved: March 2007

The GMEC

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of trainees at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide trainees with continuous supervision and consultation.

3. Faculty and trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
Uniforms

GMEC approved: March 2007

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. Because there is room to misinterpret the relationship of charitable contributions with the business relationship between the vendor and Wayne State University, it is essential that charitable solicitations be conducted in the most professional and ethical manner so that even any appearance of impropriety is avoided.
**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.

**Scrub**s

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.
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](http://example.com), [Scribe/Alum Notes](http://example.com) and the School's [annual report](http://example.com) can be viewed online, as well as the web-based weekly [Prognosis](http://example.com) newsletter and the Alumni [e-Update](http://example.com). However, if you are looking for a particular article or topic and are unable to locate it in these listings, please contact:

Office of Public Affairs  
School of Medicine  
Wayne State University  
5D-6 University Health Center  
4201 St. Antoine  
Detroit, MI 48201  
P. (313) 577-1429