

2025-
2026

Graduate Medical Education

Trainee Manual and Benefits Guide



Graduate Medical Education Office





WAYNE STATE
School of Medicine

Graduate Medical Education (GME) is the training of Residents and Fellows. In this manual the term “Resident” refers to both specialty Residents and subspecialty Fellows.

This manual does not constitute a contract with the Wayne State University School of Medicine (WSUSOM) Graduate Medical Education program, either expressed or implied and the school reserves the right at any time to change, delete, or add to any of the provisions at its sole discretion.

This manual contains references to the Agreement between WSU and the Alliance of Resident Physicians - AFT for more information, refer to <https://gme.med.wayne.edu/pdfs/alliance-of-resident-physicians-agreement-2024-27.pdf>

Updates to this manual are included in the online version. Please refer to the website for the most current information <http://www.gme.med.wayne.edu/>



Dear Wayne State University Residents:

Welcome to Wayne State University School of Medicine! This GME Trainee Manual & Benefits Guide is provided as a resource to the various policies, benefits, and services available and applicable to WSU Graduate Medical Education (GME) Residents as of the date published. It also summarizes the rights and responsibilities of the GME Residents as decided by the Graduate Medical Education Committee (GMEC). Please refer to the GME website or on New Innovations for the most current version of this document.

Information contained in any handbook, guide, manual, or document prepared for or relating to Graduate Medical Education Residents shall not be construed as a contract. Agreement to the terms of the WSU GME policies and procedures (Section V of this manual), as may be periodically amended, is a condition of employment/training.

This guide is to acquaint you with policies from WSU GMEC. It is important to note that as stated in your Graduate Medical Education Agreement of Appointment (contract), you are also governed by the policies of any hospital at which you rotate. If you wish to have additional information regarding anything addressed in this guide, please feel free to contact the Office of the GME at (313) 577-0714.

As mentioned above, the WSU GME policies and procedures are also available for viewing on the GME website at www.gme.med.wayne.edu or on New Innovations (www.new-innov.com)

Sincerely,

Anne M. Messman, MD, MHPE, FACEP

Associate Dean for GME & Designated Institutional Official

Professor and Vice Chair of Education, Department of Emergency Medicine

Wayne State University School of Medicine

Table of Contents

SECTION I - WSU HISTORY, PROFILE & FACILITIES INFORMATION	6
History	6
Location	6
University	6
Wayne State University School of Medicine Organizational Profile.....	6
Wayne State University Facilities.....	9
Wayne State University SOM Affiliated Teaching Hospitals.....	9
SECTION II - GRADUATE MEDICAL EDUCATION MISSION & CONTACTS.....	13
GME Mission Statement	13
Graduate Medical Education Contacts	13
Graduate Medical Education Committee	14
SECTION III – INFORMATION for RESIDENTS	15
ACLS\BLS\PALS Certification	15
Alumni Affairs.....	15
Athletic Facilities	15
Blood and Body Fluid Exposure (Needle Stick Exposure)	15
Changes in Personal Information.....	16
Changes in Tax Withholding and/or Payroll Deductions	16
Continuing Medical Education.....	16
DEA Numbers	17
Drug-Free Workplace (see also Resident Impairment Policy)	18
Some Signs Of Drug Use In The Workplace Include	18
Incident Reporting	19
Lab-Coats.....	19
Legal Aid and Legal Actions.....	19
Medical Licensure	19
One Cards and ID Badges.....	20
Parking	20
Professional Liability Coverage	20
Smoking.....	20
Student Loans	20
Worker’s Compensation	21
SECTION IV –RESIDENT BENEFITS	22
Employee Assistance Program (EAP)	22
Meals while on In-House Night Call	22
Payroll & Compensation	22
Health Benefits.....	23
Insurance and Disability Benefits.....	24
Retirement Plans.....	24
Discounts.....	25
Software.....	25

Tuition Assistance	25
Membership in Professional Organizations.....	25
Wellness Warriors.....	25
Time Off – (See Time Away From Residency Policy).....	26
SECTION V – GME POLICIES AND PROCEDURES	27
Section V.1 Institutional Policies - GMEC.....	27
Assessment of educational effectiveness of programs (annual program evaluation, program evaluation committee, and program self-study)	27
Clinical Competency Committee Membership and Meetings.....	30
Closure/Reduction of Residency Program or Sponsoring Institution (IR IV.N.).....	31
Establishment of a new ACGME–accredited program	32
Extreme Emergent Situation and Disaster policy (IR I.V.M.)	33
Gifts, Gratuities and Conflict of Interest-Vendor Policy (IR I.V.K).....	37
GMEC Composition and Responsibilities (IR I.B.)	42
Meetings (IR I.B.3)	43
Leadership and Membership (IR I.B.1.)	43
GMEC Voting Member Attendance and Tracking (IR I.B.3).....	44
GMEC Responsibilities (IR I.B.4.)	44
GMEC Program Oversight through Program Review.....	46
GMEC Sub-committees and other organized groups reporting to the GMEC (IR I.B.2)	48
Non-accredited residencies/fellowships	51
Oversight of Non-accredited Residencies/Fellowships	52
Non-Compete Policy (IR I.V.L.)	55
Observers and Other Learners Policy	55
Outside Rotations	56
Program Director Appointment, Job Description and Responsibilities	59
Resident Complement – ACGME Approval.....	63
Resident Transfer Policy.....	65
Resident & Faculty Well-Being.....	68
Response to ACGME or other National Organization Correspondence Policy.....	72
Section V.2 Resident Academic Action Policies	73
Evaluation, Promotion/Reappointment & Completion Policy	73
Grievance for GME Residents	76
Performance Improvement (formerly Corrective Action) Policy and Due Process	79
USMLE and COMLEX Examinations Policy	89
Section V.3 Resident Training Environment Policies	90
Clinical Work and Education Oversight (Formerly Duty Hour Oversight) (IR.III & IR I.V.J.)	90
E-Mail Policy.....	94
Hand-offs and transition of care (IR III.B.3.)	96
Moonlighting.....	100
Professionalism Policy (formerly Professional Expectations policy)	101
Social Media Policy	110
Supervision (IR IV.I.)	113
Acceptable Use of Technology Resources Policy.....	116
Section V.4 Human Resources	120

ADA for residents (IR IV.H.4)	120
Harassment (IR IV.H.3.)	122
Recruitment, Selection/Non-Discrimination and Appointment (IR I.V.A.2)	126
Resident impairment (IR IV.H.2.)	128
Time away from Residency (including Jury Duty, Leaves of Absence, FMLA)	132

SECTION I - WSU HISTORY, PROFILE & FACILITIES INFORMATION

History

The Wayne State University School of Medicine has prepared students to be healthcare leaders and advocates who go on to change the world since 1868. Our dedication to urban clinical excellence and contribution to Detroit's revitalization is unwavering. Our community service roots run deep, and our focus on a healthier world grows ever stronger.

School of Medicine students and faculty collaborate and innovate with healthcare systems and community partners to reduce health disparities and improve - and save - residents' lives. The School of Medicine's location and partnerships with hospitals and clinics allow students to interact with patients and engage with physicians in a real-world setting. Our students take the lessons learned into the community to lead programs like Street Medicine Detroit, operate clinics that serve residents with cancer, diabetes, and other ailments, and mentor schoolchildren.

Through social responsiveness and a continuous focus on innovation in education, research and clinical care, the Wayne State School of Medicine will continue to graduate a diverse group of physicians and biomedical scientists who will transform the promise of equal health for all into a reality.

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

Vision

We will realize our commitment to equal healthcare services and wellness for all through transformative education, innovative research and clinical excellence integrated with comprehensive community partnership programs that foreground diversity, inclusiveness and social accountability.

Mission

We will educate a diverse student body in an urban setting and within a culture of inclusion, through high quality education, clinical excellence, pioneering research, local investment in our community and innovative technology, to prepare physician and biomedical scientific leaders to achieve health and wellness for our society.



Wayne State University Facilities

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 school's administrative offices.

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 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.

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).

IBio The building, strategically positioned near TechTown, Wayne State's business incubator, will move discoveries and technologies from the laboratory to the community and will eventually house over 400 individuals within 200,000 square feet of lab and clinical space designed to foster a collaborative and flexible team science approach to research.

Wayne State University SOM Affiliated Teaching Hospitals

Barbara Ann Karmanos Cancer Institute

Karmanos is based in southeast Michigan, in midtown Detroit, and is one of 41 National Cancer Institute-designated Comprehensive Cancer Centers in the United States. In fact, Karmanos is the only hospital in Michigan dedicated exclusively to fighting cancer.

Caring for more than 12,000 new patients annually and conducting more than 700 cancer-specific scientific investigation programs and clinical trials, the Karmanos Cancer Center is among the nation's best cancer centers. Karmanos offers access to more than 100 cancer treatments that no other local hospital has.

Through the commitment of 1,000 staff, including nearly 300 faculty members, and supported by thousands of volunteer and financial donors, Karmanos strives to prevent, detect and eradicate cancer. Our long-term partnership with the WSU School of Medicine enhances the collaboration of critical research and academics related to cancer care.

Source: The Barbara Ann Karmanos Cancer Institute Website

Henry Ford Rochester Hospital

Henry Ford Rochester Hospital delivers specialty care and 24/7 emergency care along with a Level III Adult Trauma Center. We provide advanced surgical care for serious and life-threatening injuries and illnesses. Our care teams listen to understand your health needs and deliver care that's right for you. We offer specialty care — including heart, cancer, stroke care, orthopedics, and women's health.

Corewell Health Hospital - Dearborn

Corewell Health Dearborn Hospital has proudly served residents across Southeast Michigan since 1953. With 632 beds, Beaumont, Dearborn is a major teaching and research hospital and home to three medical residency programs in partnership with Wayne State University School of Medicine. Beaumont, Dearborn is verified as a Level II trauma center and accredited by the Joint Commission as a primary stroke center. The hospital is also known for clinical excellence and innovation in the fields of orthopedics, neurosciences, women: heart and vascular and cancer care. Corewell Health *Source: Corewell Health Hospital and Medical Center Website*

Trinity Oakland formerly St. Joseph Mercy – Oakland

Trinity Health Oakland Hospital is a 497-bed community teaching hospital, level II trauma center and longtime leader in health care in Oakland County. Trinity Health provides comprehensive care including cardiovascular, stroke, orthopedics, obstetrics, gynecology and cancer care.

The hospital has been a leading provider of the most advanced medical care for more than 90 years. The hospital campus features a surgical pavilion, south patient tower with 204 private rooms and recently renovated mother baby unit. They continue to expand services available on campus and at convenient locations across Oakland County, including lab, imaging and urgent care services in addition to primary and specialty care.

Through a unique partnership, Trinity Health and University of Michigan C.S. Mott Children's Hospital have partnered to improve access to pediatric specialty care for our young patients. The partnership provides access to pediatric [cardiology](#), [orthopedic](#), [urology](#) and now pediatric [surgical services](#) right on the Trinity Health Oakland campus, keeping services close to home for families in the Metro Detroit area.

John D. Dingell VA Medical Center

Since 1939, the Detroit VA Healthcare System has been improving the health of the men and women who have so proudly served our nation. In 1996, the medical center moved from its original location in Allen Park, Michigan to the current location in Detroit. Located in the Midtown area of Detroit, it's our privilege to serve your health care needs in any way we can. Services are available to more than 330,000 Veterans living in Wayne, Oakland, Macomb and St. Clair counties. This population represents approximately forty-four percent of the Veteran population in the Lower Peninsula of Michigan.

John D. Dingell VA Medical Center is a teaching hospital which provides a full range of services, with state-of-the-art technology for patient care as well as education and research.

The John D. Dingell VA Medical Center is primarily affiliated with Wayne State University School of Medicine and the Detroit Medical Center. We offer residency training in all major medical and surgical specialties and subspecialties, including Dentistry. Associated Health Training is offered in nursing, psychology, speech, social work, optometry and physician assistants. We are part of a national nursing initiative, VA Nursing Academy, and in this endeavor our main nursing affiliate is University of Detroit/Mercy. We also partner with many academic institutions in Southeast Michigan as well as with other medical centers nearby.

Each year the Detroit VAMC funds over 80 medical and 10 dental resident positions. We train over 500 clinical residents and provide another 600 trainee positions for nursing and associated health students. *Source: The John D. Dingell VA Medical Center Website*

McLaren Macomb

McLaren Macomb is a 288-bed tertiary teaching hospital located in Mount Clemens, Michigan. McLaren Macomb provides a full range of services, including cardiovascular care at the Mat Gaberty Heart Center, award winning cancer services at the Ted B. Wahby Cancer Center, comprehensive orthopedic services and a state-of-the-art elective Surgery Center. The hospital is verified as a Level II Trauma Center and operates one of the busiest Emergency Centers in the area. *Source: McLaren Macomb Website*

SECTION II - GRADUATE MEDICAL EDUCATION MISSION & CONTACTS

GME Mission Statement

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

Graduate Medical Education Contacts

Main Telephone Number: (313) 577-0714

Anne M. Messman, MD, FACEP

Associate Dean for GME & Designated Institutional Official

Associate Professor and Vice Chair of Education, Department of Emergency Medicine

amessman@med.wayne.edu

Molly Hepke, MAT, C-TAGME

Director of Education

mhepke@wayne.edu

Martha Jordan, MEd, C-TAGME

Administrative Director

mjorda@med.wayne.edu

Heidi Kenaga, PhD

Research Coordinator

Hkenaga@med.wayne.edu

Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) is responsible for ensuring compliance with Accreditation Council for Graduate Medical Education (ACGME) regulations for institutional sponsorship of individual training programs. This committee is a standing committee of the School of Medicine and is chaired by the Associate Dean for Graduate Medical Education/Designated Institutional Officer. The GME Committee includes Program Directors, Affiliated Hospital Representatives and Residents. Pursuant to bargaining agreement Article 11, the Union will have the ability to appoint all resident representatives who serve on the GMEC. [Alliance of Resident Physicians Collective Bargaining Agreement \(2024-27\)](#)

SECTION III – INFORMATION for RESIDENTS

ACLS\BLS\PALS Certification

The Office of Graduate Medical Education requires proof of ACLS & BLS certification for all residents and ATLS/PALS is program dependent. Residents must be certified when they arrive at WSU and must re-certify every two years. Upon completion of the re-certification courses, the resident must provide a copy of the life support cards to their program coordinator to upload into New Innovations.

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.
- Check out their website for more information: <https://alumni.med.wayne.edu/>

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).

Blood and Body Fluid Exposure (Needle Stick Exposure)

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

A WSU Risk Management Incident Report and Supervisor Report must be completed detailing the circumstances of the exposure and forwarded to the **WSU Office of Risk Management**. Copies of these documents can be found on New Innovations and also on the WSU Risk Management [Website](#)

Send the **COMPLETED** report directly to:

WSU Risk Management Office
5700 Cass Ave.
Suite 4622
Detroit, MI 48202

Changes in Personal Information

Any change in your name or address must be immediately reported your program office, in order to ensure no delay in receipt of important payroll information and/or documentation. Personal information must be changed in your employee information in [Academica](#).

If you hold a Permanent Michigan License you must also notify the State Licensing Board of the change, in writing to the State of Michigan Board of Medicine:

P.O. Box 30912
Lansing, Michigan 48909

Foreign Nationals – Specific Notice:

You must notify ECFMG of your change in U.S. residential address via OASIS @ <https://oasis2.ecfm.org> and Inform the U.S. Department of Homeland Security (DHS) of a new residential address by either mailing a completed Form AR-11, Change of Address Card, to DHS or by updating the new address on-line via the USCIS website. Both Form AR-11 and the online submission form are available @ www.uscis.gov

Changes in Tax Withholding and/or Payroll Deductions

Based on the forms you completed upon your employment, Detroit, 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 WSU Payroll office. These forms and other information can be found on the [WSU Payroll Website](#).

Pursuant to the Alliance of Resident Physicians Collective Bargaining Agreement Article 3 (<https://gme.med.wayne.edu/pdfs/alliance-of-resident-physicians-agreement-2024-27.pdf>), union members' dues will be deducted from semi-weekly paychecks. Consistent with the requirements of Michigan's Public Employment Relations Act (PERA), each Employee has the choice of whether or not to become a union member and pay dues.

DEA Numbers

There are two types of DEA Registration Numbers: 1. An Institutional DEA Registration Number, and 2. A Personal Federal DEA Registration Number.

An Institutional DEA Registration Number is a unique number issued by the DEA to a licensed, eligible institution that handles controlled substances. A participating Hospital Institutional DEA Registration Number, when combined with a unique Suffix assigned to a specific Prescriber, authorizes that Prescriber to administer, dispense, and prescribe controlled substances under the conditions described below.

A personal Federal DEA Registration Number is a unique number issued by the DEA to a licensed, eligible Prescriber who applies for the right to administer, dispense, or prescribe controlled substances. Once a Prescriber has a personal Federal DEA Registration Number, he or she may not use, under any circumstances, an Institutional DEA Registration Number. Residents are required to obtain a personal Federal DEA Registration Number when they obtain a permanent license from the State of Michigan.

Prescribers who have questions about DEA Registration Number usage should refer to the relevant Federal and Michigan regulations or contact the WSU SOM Office of Graduate Medical Education. Some resources include:

- Guidelines for the use of DEA Registration number by Residents (on New Innovations)
- WSU SOM Office of Graduate Medical Education, 313-577-0376,

Drug-Free Workplace (see also [Resident Impairment Policy](#))

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.

As stated in the WSU SOM GME Agreement of Appointment each resident is subject to a health examination and supplementary test(s) which includes tests for drug and/or alcohol abuse and may also include a cotinine (nicotine) test.

Incident Reporting

One of the six focus areas of the ACGME Clinical Learning Environment Review (CLER) program is patient safety. During the CLER site visit the sponsoring institution (WSU) will be assessed on opportunities residents have for reporting errors, unsafe conditions, and near misses. Please remember the goal of these reporting systems is not to punish anyone but to fix the system and prevent medical errors. The incident reporting information can be found on the GME [Website](#)

Related Resources:

- [Confidential Report of Issues](#)

Lab-Coats

Upon employment, unless provided by the clinical placement site, the Employer will provide two (2) white coats to each trainee for their use for the duration of their training program. These white coats will be personalized with the trainees' names embroidered or affixed in another manner for personal identification. A worn-out or damaged coat may be exchanged by the trainee on a one-for-one basis as needed. The provision of white coats is coordinated through each residency program.

Medical Licensure

WSU Residents must possess valid Michigan medical licenses (Educational Limited and Controlled Substance) ([see Recruitment, Selection/Non-Discrimination and Appointment Policy](#)). Effective October 1, 2008, in accordance with State of Michigan requirements, all individuals applying for a health professional license in the State of Michigan are now required to undergo a criminal background check and submit fingerprints. A State of Michigan medical license will not be issued

without the completion of the above procedures.

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

You are allowed to have a Michigan Limited Educational License for a period of five (5) years. After that time, you must apply for a permanent medical license.

One Cards and ID Badges

The OneCard is your key to services on-campus. As a multipurpose identification card, it provides students, faculty, staff, alumni and recognized affiliates access to campus services. A OneCard offers safety, convenience and flexibility. Cardholders can add money to their account, turning their OneCard into a campus-wide debit card. The card can be used for parking, door access, printing services, on-campus food and bookstore purchases as well as off-campus Grubhub purchases. Learn more about your OneCard.

Each resident will be issued an ID badge from the hosting institution and will be responsible for the badge under that institution's policy.

Parking

The residents must park in the designated lot at the hospital in which they are rotating. Information regarding resident parking locations is distributed to new residents by their program residency office at the time of appointment.

Professional Liability Coverage

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

Smoking

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

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

As stated in the WSU SOM GME Agreement of Appointment each resident is subject to a health examination and supplementary test(s) which includes tests for drug and/or alcohol abuse and may also include a cotinine (nicotine) test.

Student Loans

Student loans are the responsibility of the postgraduate resident. For more information, please contact your lender and access your loan information and requirements for student loan reduction

of payment or other information as needed. Verification of training may be sought from the Office of Graduate Medical Education at (313)577-0714.

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 IV –RESIDENT BENEFITS

Employee Assistance Program (EAP)

Employee Assistance Program (EAP)

WSU offers an Employee Assistance Program (EAP) to all residents. The EAP is designed to help you with personal problems or work situations. An Employee Assistance Program (EAP) provides a confidential location for employees and their families to receive assistance with personal matters. You can contact Ulliance 24 hours a day, 365 days a year, by simply calling one toll-free number, 1-800-448-8326.

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

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

More information is available at: <http://hr.wayne.edu/avp/eap/>

Meals while on In-House Night Call

Meals and/or access to food/beverage service are available to all residents during In-House Night Call. For further information, contact your program for information on resources that are available for meals while on In-House Night Call.

Payroll & Compensation

The residents receiving a salary through the WSU are paid bi-weekly. Payroll will be direct deposited to an account set up by the resident. For further information regarding payroll, please contact WSU SOM Human Resources Payroll at 313-577-2138.

All graduate medical residents within the WSU residency training system, sponsored by the Accreditation Council for Graduate Medical Education (ACGME), receive equal compensation according to graduate medical education training level. Salary rate information as determined by the Alliance of Resident Physicians collective bargaining agreement <https://gme.med.wayne.edu/pdfs/alliance-of-resident-physicians-agreement-2024-27.pdf>.

Each Employees shall receive a promotion to the next higher level upon satisfactory completion of an

academic training year as determined by the program. The initial assignment of an employee to a salary level, including when an Employee has changed from one residency program to another, shall be determined by the Employer on a reasonable and consistent basis. In making this determination, factors considered will include relevant and satisfactory training and experience. In addition to the Employee salary the Employer shall continue to grant discretionary supplemental payments, rewards or reimbursement, as long as discretionary funds are available. During the term of the agreement, an Employee who is appointed as a Chief Resident shall receive additional salary during the appointment period of not less than \$3750 per appointment year.

Health Benefits

Subject to enrollment and verification of eligibility, the following benefits are available to Residents through the Wayne State University School of Medicine Graduate Medical Education. These are the benefits for the current academic year (July 1 - June 30). The new plan year begins on January 1, and some changes may occur. Detailed and updated benefit information is posted on the WSU [website](#). Residents will receive enrollment information during the onboarding process before the start of their residency.

The first day of coverage eligibility for WSU SOM GME benefits is the Resident's individual training agreement effective date with the Wayne State University SOM Graduate Medical Education Programs. If interim coverage prior to this first day of coverage eligibility is desired, Residents may choose to purchase coverage such as continuation of coverage through previous insurance carrier (e.g. COBRA). Interim health insurance information may be found at the following websites: Priority Health Short Term Plan or United Health Care or the Health Insurance Marketplace (www.healthcare.gov). Please see the Alliance of Resident Physicians Collective Bargaining Agreement Article 21 for further information.

Medical Insurance

WSU currently offers the following medical insurance plans:

- ☐ BCBSM(PPO)
- ☐ BCBSM (Traditional)
- ☐ Health Alliance Plan (HMO)
- ☐ Blue Care Network (HMO)
- ☐ Priority Health Care (HMO)

More information is available at: <https://hr.wayne.edu/tcw/health-welfare/medical-insurance-options>

Vision Plan

WSU offers two plan options: Basic or Enhanced. WSU pays 100% of the Basic Plan.

More information is available at: <https://hr.wayne.edu/tcw/health-welfare/mdv>

Dental Insurance

WSU offers a comprehensive dental insurance plan with the Delta Dental Plan of Michigan.

More information is available at: <https://hr.wayne.edu/tcw/health-welfare/mdv>

Other Eligible Person Benefits

WSU provides the opportunity to purchase medical/vision and dental coverage for other eligible

persons. The premiums you pay for this coverage are taxable to you.

More information is available at: <http://hr.wayne.edu/tcw/other-benefits/oep.php>

Flexible Spending Accounts

Maximize your tax savings by participating in a health care or dependent care flexible spending account (FSA). FSAs are employer-sponsored plans authorized by the IRS that allow you to set aside money from your paycheck on a "pre-tax" basis to pay for health care and dependent care expenses. Any money left in the account at the end of the year is forfeited. The IRS calls this the "use it or lose it" rule.

More information is available at: [Flexible Spending Accounts - Total Rewards - Wayne State University](#)

Optional Health-Related Employee Discounts

❓ [Fitness Membership at the faculty/Staff Rate](#)

- [Long-Term Care Insurance](#)

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

Insurance and Disability Benefits

For further information, please see the Alliance of Resident Physicians Collective Bargaining Agreement Article 21.

Employee & Dependent Life Insurance

WSU provides Basic Life Insurance (equal to 1x your salary) which is 100% employer paid. Employees have the option to increase their life insurance by purchasing amounts up to 4x salary. Includes Accidental Death & Dismemberment insurance which protects against financial hardship when you or a covered dependent suffers an accidental death, loss of limb, paralysis or loss of sight.

Disability Coverage

Short-Term Disability: STD is part of the paid time-off benefit effective July 1 of the first year of residency.

Long-Term Disability: LTD provides a source of income if you are unable to work due to a serious illness or injury. The long-term disability (LTD) benefit provides a monthly income benefit equal to 66 2/3% of your monthly base salary up to a maximum benefit of \$7,000 per month. Benefits begin after 180 days of being disabled and are offset by other income benefits associated with your disability. Long-term disability insurance is effective the first of the month following one year in a WSU residency program.

Retirement Plans

The university contributions begin after you are age 26 and agree to make employee contributions of at least 1%. The Employer match shall start at a one percent (1%) employee contribution and increase on a 2-for-1 basis, up to a five percent (5%) employee contribution (ten percent [10%] maximum University contribution).

403(b) Retirement Savings Plan: offered with University contributions, loan options, and is fully vested after 2 years.

457(b) Retirement Savings Plan: offered to any employee that is eligible for the 403(b) Plan, but does not offer University contributions or loan options.

Please see the [Alliance of Resident Physicians Collective Bargaining Agreement Article 21 for further information.](#)

More information is available at: <http://hr.wayne.edu/tcw/retirement-savings/index.php>

Discounts

Currently, Wayne State University SOM residents who show their “[One Card](#)” can save on a variety of different services and restaurants. *For a full list of OneCard discounts, please visit:* <https://hr.wayne.edu/tcw/other-benefits/discounts>

Software

Residents have access to Office 365 free of charge to install on personal computers and tablets. With Office 365 residents will have access to the latest version of Word, Excel, PowerPoint, OneNote and more. Office subscriptions are active long as the resident is training at a WSU SOM residency program.

Residents are also eligible for other free and discounted software; information on software availability can be found at the WSU Software Clearinghouse website:
<http://computing.wayne.edu/clearinghouse/>

Tuition Assistance

Employee Tuition Assistance: benefit pays 100% of the cost of tuition, regular registration fee, omnibus fee, and fitness center fee for eligible employees.

Reduced Tuition for Spouse/Child of Employee: benefit pays 50% of the cost of tuition only for an eligible spouse/child of an eligible employee. Does not cover coursework for the MD, JD or Phar.D. programs.

More information is available at: <http://hr.wayne.edu/tcw/tuition-assistance/index.php>

Membership in Professional Organizations

In addition to professional organizations that each residency program may enroll their residents in, all residents are automatically enrolled in the following professional organizations upon starting with their WSU School of Medicine Residency Program:

- ❓ [American Medical Association \(AMA\)](#)
 - ❓ [Michigan State Medical Society \(MSMS\)](#)
 - ❓ [Oakland County Medical Society \(OCMS\)](#)
 - ❓ [Wayne County Medical Society of Southeastern Michigan \(WCMSSM\)](#)
 - ❓ [Wayne State University School of Medicine Alumni Association](#) (Membership for one year following completion of residency training program)
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- ❓ Please see the [Alliance of Resident Physicians Collective Bargaining Agreement Article 21 for further information.](#)

Wellness Warriors

Our nationally-recognized Wellness Warriors program is free for full-time eligible employees and is designed to offer each participant the tools and resources to create a personalized wellness plan.

More information is available at: <http://wellness.wayne.edu/>

Time Off – (See [Time Away From Residency Policy](#))

This includes vacation, FMLA, leave of absences, jury duty, military leave and sick time.

Effect upon the Graduate Medical Education Program. Promotion or program completion of a graduate medical education program may be affected by leaves of absence, based on the length of leave and the educational requirements of the program. Accreditation agencies and specialty colleges may have specific requirements regarding the amount of time a trainee must be engaged in training in order to qualify for promotion, program completion or board certification. Information related to eligibility for specialty board examinations is available through each specialty college and may be accessed through the American Board of Medical Specialties (www.abms.org). The Program Director must inform the trainee of any specialty-specific board requirements that may be impacted by any leave of absence.

SECTION V – GME POLICIES AND PROCEDURES

Section V.1 Institutional Policies - GMEC

Assessment of educational effectiveness of programs (annual program evaluation, program evaluation committee, and program self-study)

GMEC approved: March 2012

GMEC updated and approved: March 2013

GMEC updated and approved: July 2014

GMEC updated and approved: October 2016

GMEC updated and approved: April 2019

Policy

The WSU Graduate Medical Education Committee (GMEC) is responsible for oversight of all WSU-sponsored graduate medical education programs in accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements. Annual Program Evaluations (APEs) and Action Plan for Improvement for all ACGME-accredited programs are reviewed by GMEC or its Subcommittees which present summaries and recommendations to the GMEC each year as part of the Annual Institutional Review.

ACGME programs must have a Program Evaluation Committee (PEC) appointed by the program director to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC functions in compliance with both the common program and program-specific requirements. Each ACGME-accredited residency program shall establish a program specific policy, describing the responsibilities, procedures and members of the program's PEC.

Each PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member and at least one resident from the program (unless the program does not have any enrolled residents). Faculty members may include physicians and non-physicians from the core program or required rotations in other specialties that teach and evaluate the program's residents. The PEC will meet at least annually even if there are no residents enrolled in the program.

The PEC committee's responsibilities must include:

- ☐ Acting as an advisor to the program director, through program oversight.
 - Review of the program's self-determined goals and progress toward meeting them.
- ☐ Guiding ongoing program improvement, including development of new goals, based upon outcomes, and
 - Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
 -

- Review the program and document on behalf of the program the formal, systematic evaluation of the curriculum at least annually and render a written Annual Program Evaluation (APE) using the standard GME template. This Annual Program Evaluation and written Action Plan for Improvement which delineates how initiatives will be measured and monitored must be submitted to the GMEC annually through the Subcommittee for Compliance and Improvement (see Sub-committees and other organized groups reporting to the GMEC).
- ☐ Using the APE and Action Plan for Improvement the PEC should consider the following elements in its assessment of the program:
 - Curriculum,
 - outcomes from prior Annual Program Evaluations
 - ACGME letters of notification, including citations, Areas for Improvement and comments;
 - Quality and safety of patient care;
 - aggregate resident and faculty;
 - well-being;
 - recruitment and retention
 - workforce diversity
 - engagement in quality improvement and patient safety;
 - scholarly activity;
 - ACGME Resident and Faculty Surveys;
 - Written evaluations of the program – including the Annual GME Resident/Faculty Evaluation of the Program
 - Aggregate resident;
 - achievement of the Milestones;
 - In-training examinations (where applicable);
 - board pass and certification rates
 - graduate performance
 - Aggregate Faculty;
 - Evaluation; and
 - professional development

The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

- In order to assist the PEC in their endeavors they will be provided with data by the program's administrative staff. Data that includes but it is not limited to:

Program Quality

- ACGME Program Requirements
- Program Goals and Objectives
- Program Policies
- Program Block Diagram
- Most recent ACGME Letters of Notification, including citations

- ACGME and Annual GME Resident Survey
- ACGME and Annual GME Faculty Survey
- Resident evaluation of the Program, Rotations, Faculty
- Faculty Evaluation of the Program
- Clinical Learning Environment focus areas

Faculty Development

- Summary of Faculty Development efforts completed during academic year
- Summary of faculty Scholarly Activity (will also be used to update ADS)

Resident & Graduate Performance

- Summary of resident Scholarly Activity (will also be used to update ADS)
- Recommendations from the Clinical Competency Committee regarding Resident Performance
- Aggregate data from general competency assessments, including in-training examination performance
- Aggregate resident case or procedure logs
- Resident remediation or attrition
- Graduate performance, including board pass rates

Progress on the previous year's action plan

- The Prior year's APE and Action Plan for improvement as well as data to be used to measure progress on individual initiatives, as specified in the prior year's APE.

Other information the PEC deems appropriate.

The program director is ultimately responsible for the work of the PEC. The annual review, including the action plan, must:

Be distributed to and discussed with the members of the teaching faculty and the residents; and, be submitted to the DIO.

The program must complete a Self-Study prior to its 10-year Accreditation Site Visit. A summary of the Self-Study must be submitted to the DIO.

Procedure

The Subcommittee for Compliance and Improvement will review the APE material and resulting Action Plan for Improvement and will make a decision to:

- ☐ Accept the Action Plan for Improvement as written
- ☐ Request clarification and additional information
- ☐ Determine the need for a Special Program Review or Focused Program Review (see 2.2 GMEC Program Oversight through Program Review)

This decision accompanied by the APE summary report will be presented to the GMEC for final approval.

Clinical Competency Committee Membership and Meetings

GMEC approved: July 2014

GMEC revised and approved: October 2016

GMEC revised and approved: April 2019

Policy

A Clinical Competency Committee must be appointed by the program director. The goal of the CCC is to assess and evaluate the resident's performance in each of the six ACGME core competencies. The committee's purpose is to serve as an advisory board to the program director with regard to all resident issues, including, but not limited to, feedback, evaluation, curriculum organization, promotion, remediation, certification and disciplinary action.

Membership

Each program is required to operate a CCC. At a minimum, the CCC must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs or other health professionals who have extensive contact and experience with the program's residents (see chart below).

May serve as member of CCC	May attend CCC meetings, but are not members of the CCC	Cannot serve or attend CCC meetings
1. Program faculty members 2. Program directors 3. Other health professionals who have extensive contact and experience with the residents (e.g., nursing, inter-professional faculty members)	1. Program coordinators	1. Residents and chief residents

The CCC must:

- Review all resident evaluations at least semi-annually. The CCC is advisory to the program director. It considers all written rotational and other evaluations and discusses any non-congruence between written evaluations and their experiences with each resident. The provision of frank verbal feedback by the CCC to the program director is an important

process for determining whether the resident's performance is accurately revealed in rotational evaluations.

- Determine each resident's progress on achievement of the specialty-specific Milestones. Meet prior to the resident's semi-annual evaluations. The CCC is tasked with the responsibility of advising the program director regarding each resident's progress.

The CCC discussion and recommendations are communicated to the program director for feedback to the resident and are considered equal in weight to written evaluations. The CCC must record CCC meeting minutes, which must list the names of all residents considered and all CCC members in attendance.

ACGME recommendations for the CCC can be found at this [website](#)

Monitoring

- ☐ Annual Program Evaluation
- ☐ Special Review of the Program

Closure/Reduction of Residency Program or Sponsoring Institution (IR IV.N.)

GMEC approved: March 2007

GMEC revised: July 2011

GMEC updated & approved: October 2014

GMEC reviewed & approved: February 2017

GMEC reviewed & approved: April 2019

Purpose

The purpose of this policy is to provide for an orderly and equitable transition when downsizing/closure of a program because of a decrease in resident enrollment, department restructuring for economic or programmatic reasons, or other reasons which may require downsizing/closure of a program or closure of the institution.

Policy

In the event the Sponsoring Institution or one of its GME programs is reduced or closed, the Wayne State University School of Medicine is committed to ensuring that residents enrolled in the WSU GME-sponsored programs are provided the opportunity to complete their training through a WSU-sponsored residency program or assist them in enrolling in another accredited program in which they may continue their education.

Procedure

The GMEC has oversight of decisions that may result in the reduction or closing of the Sponsoring Institution or one of its GME programs

Once a decision is made, the GMEC, DIO and all affected residents in the program will be notified as soon as possible. The DIO will notify the ACGME of the decision and the proposed date of the intended action.

The program director and the DIO will assist all residents in developing future training plans.

The program director will prepare a transfer letter for each resident detailing their progress in core competency education, milestones and an evaluation of their overall performance. This letter will be sent to the program director accepting the resident and a copy of the letter will be placed in the resident's educational file.

The residency program will send resident files to the program, accepting the resident in a timely manner.

Please see the [Alliance of Resident Physicians Collective Bargaining Agreement Article 20 for further information.](#)

Establishment of a new ACGME–accredited program

GMEC approved: March 2007

GMEC revised: July 2011

GMEC updated and approved: July 2014

GMEC reviewed & approved: April 2017

GMEC reviewed & approved: April 2019

Policy

The Wayne State University School of Medicine Graduate Medical Education Committee is responsible for oversight of all graduate medical education programs in accordance with the Accreditation Council for Graduate Medical Education Institutional Requirements. All training programs in GME must seek accreditation from the ACGME if such accreditation is available. If accreditation is not available, an application for a non-accredited program must be completed (see “Applications for Non-accredited fellowships”). All requests for new training programs must be approved by the GMEC and the Residency Review Committee of the ACGME before implementation.

Procedure

Contact with the DIO for guidance is required 12 to 18 months before the anticipated start date for residency requests.

The program director of the proposed new training program shall petition the GMEC in an application also signed by the department chair.

The application to the GMEC must include:

- ☐ Educational rationale for the training program, including duration of training, participating institutions/facilities, faculty, program director, clinical rotations, adequacy of patient care and procedural volume to support the program
- ☐ Determine the impact of the new program on other training programs
 - Develop the residents' rotational schedule
 - Develop the full-time equivalency budget by hospital on the rotational schedule
 - Suggest possible sources of funding, including the department, for GME follow-up
- ☐ Inform the GMEC about how the program determined the number of residents per year and the total number of residents
- ☐ Describe the didactic structure, including at least the core curriculum educational structure, goals and objectives, and assessment tools
 - Assure that the program director's qualifications meet RRC guidelines
- ☐ Assure that adequate administrative structure and support are available
- ☐ Assure that key faculty members are available and that their absences from other programs do not create adverse effects
- ☐ Estimate resident duty hours and describe the system of monitoring duty hours
- ☐ Include letters of support from programs providing required rotations and from programs that could be affected

The GME Office will review the application and present its report to the GMEC. The GMEC will communicate its findings and recommendations to the program director and department chair.

If the GMEC finds in favor of the new program, the DIO will initiate the application in ACGME ADS. The program director will be notified by the ACGME to complete the application. Once the application is complete, the DIO has final approval before the application is submitted to the ACGME allowing reasonable time for review - minimum two weeks.

The opinion of the GMEC is final. The GME Office is responsible for the ACGME initial accreditation fee.

Monitoring

All applications for new programs will be reviewed and approved by the GMEC before official application may be made to the ACGME.

The DIO review of the final application before submission to the ACGME.

Extreme Emergent Situation and Disaster Policy (IR I.V.M.)

GMEC approved: November 2007

GMEC revised: July 2011

GMEC updated and approved: September 2011

GMEC updated and approved: October 2014

GMEC updated and approved: February 2017

GME Trainee Manual and Benefits Guide

2025-2026

GMEC reviewed and approved: April 2019
GMEC Reviewed and approved: November 2024

Purpose:

To define responsibilities during emergencies including “disasters” which impact an entire community or region for an extended period of time and “extreme emergent situations” localized to one institution, a participating institution or a clinical setting.

Policy:

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

Definitions

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

Disaster is defined as an event or set of events causing significant alteration to the ability of WSU to support many residency programs as defined by the ACGME policies and procedures (e.g. Hurricane Katrina).

Declaration of Extreme Emergent Situation A declaration of an extreme emergent situation may be initiated by the DIO in collaboration with the hospital chief executive officer, chief operating officer, chief medical officer, affected program directors and department chairs. The first point of contact for answers to questions regarding a local emergent situation shall be the GMEC/DIO. When possible, an emergency GMEC meeting will be convened to assess the situation.

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

Procedure for Extreme Emergent situation

Once a declaration of an extreme emergent situation is declared:

- ② Administrative support for all GME programs and residents, as well as assistance for continuation of resident assignments, will be provided to all programs.
- ② Program directors of each program will meet with the DIO and other university/hospital officials to determine the clinical duties, schedules and alternate coverage arrangements for each residency program.

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

communication processes to update the DIO of any specialty specific issues. The DIO will have an active role in any emergent situation, ensuring the safety of patients and residents through the duration of the situation.

- ☐ If notice is provided to the ACGME, the DIO will notify the ACGME IRC executive director when the extreme emergent situation has been resolved.

Procedure for When a Disaster is declared

- ☐ Administrative support for all GME programs and residents, as well as assistance for continuation of resident assignments, will be provided to all programs.
- ☐ To maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO will meet with each program director and appropriate university or hospital officials to determine whether transfer to another program is necessary to provide adequate educational experiences to residents and fellows.
- ☐ Once the decision is made that the sponsoring institution can no longer provide an adequate educational experience for residents, the sponsoring institution will, to the best of its ability, arrange for the temporary/permanent transfer of residents to programs at other sponsoring institutions until such time as the participating institution is able to resume providing the experience. (Notification of placement will be communicated to residents no less than 10 days after the declaration of the disaster.). Residents who transfer to other programs as a result of a disaster will be provided by their program directors an estimated period necessary for relocation within another program.
- ☐ Should that initial time estimate need to be extended, the resident will be notified by his/her program director via written or electronic communication identifying the estimated period 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 that meets the standards of the ACGME as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, WSU will take appropriate steps to arrange permanent transfers of residents to other accredited programs.
- ☐ If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered.
- ☐ The program director and DIO are jointly responsible for maintaining ongoing communication with the GMEC throughout the placement process.
- ☐ The DIO will provide initial and ongoing communication to hospital officials and all affected program directors.
- ☐ Program directors and the DIO will determine/confirm the location of all residents, determine the means for ongoing communication and notify emergency contacts of any resident who is injured or cannot be located.

- ☐ The DIO will contact the ACGME Institutional Review Committee executive director within 10 days after the declaration of the disaster to discuss the due date for submission of plans for program reconfigurations and resident transfers.
- The ACGME website will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster-affected institutions and programs. The DIO will ensure that each program director and resident is provided with information annually about this emergency communication availability.
- ☐ The DIO will access information on the ACGME website to provide program directors and residents with assistance in communicating and documenting resident transfers, program reconfigurations and changing participating sites.
- ☐ The DIO and program director will call or email the IRC executive director with information and or requests for information. Residents will call or email the IRC executive director with information and/or requests for information if they are unable to reach their program director or DIO.
- ☐ In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Wayne State University will work collaboratively with the DIO, who will coordinate on behalf of the school of medicine 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 under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to accept transfer residents.

All program directors and residents must be familiar with this policy and communication plan.

Please see the [Alliance of Resident Physicians Collective Bargaining Agreement Article 19 for further information.](#)

Gifts, Gratuities and Conflict of Interest-Vendor Policy (IR I.V.K)

GMEC approved: March 2007

GMEC updated and approved: September

2011 GMEC updated and approved: December

2014 GMEC reviewed and approved: April

2017 GMEC reviewed and approved: April

2019

Purpose: The purpose of the policy is to ensure that GME activities at WSU and affiliated institutions are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows.

Policy

This policy addresses WSU SOM GME programs and resident/fellow behavior in outside relationships with vendors in educational contexts, which may include clinical training sites.

It is the policy of the WSU SOM GME that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry. For purposes of this policy, "Industry" is defined as all pharmaceutical manufacturers, and

biotechnology, medical device, and hospital equipment supply industry entities and their representatives. In addition, clinicians, resident/fellows and their staff should not be the target of commercial blandishments or inducements - great or small - the costs of which are ultimately borne by our patients and the public at large. These general principles should guide all potential relationships or interactions between WSU SOM GME personnel and Industry representatives. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, WSU SOM GME personnel should consult in advance with their department chairs, program directors or their senior departmental administrators to obtain further guidance and clarification. Charitable gifts provided by industry in connection with fundraising done by or on behalf of WSU SOM GME shall be subject to other policies.

Activities Included but not limited to:

Gifts and Provision of Meals: WSU SOM GME personnel shall not accept or use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by the WSU SOM.

WSU SOM GME personnel may not accept meals or other hospitality funded by Industry, whether on-campus or off-campus, or accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event may be accepted.

Industry wishing to make charitable contributions to the WSU SOM GME may contact the WSU SOM Development Office or other charitable foundations legally organized to support other WSU SOM GME entities. Such contributions shall be subject to any applicable policies maintained by the WSU SOM and the receiving organizations.

Consulting Relationships: Faculty and trainees are permitted to engage in consulting relationships with Industry about research and scientific matters. They may provide valuable advice to Industry in the service of product innovation or refinement. Examples of such legitimate activities include:

- ☐ Assistance in designing and overseeing clinical trials.
- ☐ Technical assistance in creating or improving medical devices.
- ☐ Advice on potential avenues for future scientific research.

competence of its faculty and residents/fellows available to government, business, labor, and civic organizations, as well as the potential value to the resident/fellow, the University, and WSU SOM. However, consulting arrangements that simply pay WSU SOM faculty and residents/fellows a guaranteed amount without any associated duties shall be considered gifts and are consequently prohibited.

In order to avoid gifts disguised as consulting contracts, when WSU SOM GME faculty and residents/fellows have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment of fair market value commensurate with the tasks assigned.

The Department Chair, Program Director or Senior Departmental Administrator reserve the right to require faculty and residents/fellows to modify or terminate consulting arrangements that are not consistent with WSU SOM policies. Faculty and trainees are prohibited from engaging in consulting relationships that are solely or primarily for commercial marketing purposes.

Site Access: The University and WSU SOM always reserve the right to refuse access to their facilities or to limit activities by Industry representatives consistent with their non-profit mission. However, interaction with representatives of Industry is appropriate as it relates to exchange of scientifically valid information and other data, interactions designed to enhance continuity of care for specific patients or patient populations, as well as training intended to advance healthcare and scientific investigation. Such access is restricted to their roles in providing technical assistance and education on products or medical devices.

All industry representatives must have an appointment before visiting any WSU SOM office or clinic. Enforcement of this policy is the responsibility of the administrator for each site. Residents/Fellows may request a presentation by or other information from a particular company.

Representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or other areas of WSU SOM clinical facilities. While in WSU SOM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by such department, as applicable.

All Industry representatives with access to University and WSU SOM clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

On-campus vendor fairs intended to showcase Industry products may be permitted if approved by the appropriate (WSU SOM or University) departments or Deans. Such events must comply with the "no gifts" provisions of Sections 1 and 3 of this policy. In such situations, vendors would not be permitted to distribute free samples, free meals, raffle tickets, or any other gifts to attendees.

Support of Continuing Education in the Health Sciences: Industry support of continuing education ("CE") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that

potential for bias is minimized and that CE programs are not a guise for marketing, all CE events hosted or sponsored by the WSU SOM physicians must comply with the ACGME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions) , whether or not CE credit is awarded for attendance at the event. All such agreements for Industry support must be negotiated through and executed by the WSU SOM Division of CME, and must comply with all policies for such agreements. Any such educational program must be open on equal terms to all interested practitioners, and may not be limited to attendees selected by the company sponsor(s). Industry funding for such programming should be used to improve the quality of the education provided and should not be used to support hospitality, such as meals, social activities, etc. except at a modest level. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).

WSU SOM facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CE agreement for Industry support that complies with the policies of the WSU SOM Division of CME. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

Industry Sponsored Meetings or Industry Support for Off-Campus Meetings: WSU SOM GME residents/fellows may participate in or attend Industry-sponsored meetings, or other off-campus meetings where Industry support is provided, so long as: (a) the activity is designed to promote evidence-based clinical care and/or advance scientific research; (b) the financial support of Industry is prominently disclosed ; (c) attendees do not receive gifts or other compensation for attendance; (d) meals provided are modest (i.e., the value of which is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service) and consistent with the educational or scientific purpose of the event. In addition, if a WSU SOM representative is participating as a speaker: (a) all lecture content reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not the WSU SOM (b) compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium. Travel sponsored by a membership based professional organization, with no commercial activity, is permitted.

Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees: The WSU SOM GME programs may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

Industry support for scholarships and fellowships must comply with all University or WSU SOM requirements for such funds, including the execution of an approved budget and written gift agreement through WSU SOM Development Office, and be maintained in an appropriate restricted account. Selection of recipients of scholarships or fellowships will be

completely within the sole discretion of the Program Director for the residency or fellowship. Written documentation of the selection process will be maintained.

Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the department administrator for the residency program. Industry may not earmark contributions to fund specific recipients or to support specific expenses. Residency programs may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents/fellows to attend conferences or training that have legitimate educational merit. Attendees must be selected by the program based upon merit and/or financial need, with documentation of the selection process provided with the request. Approval of particular requests shall be at the discretion of the program director.

Authorship and Speaking: Authorship on papers by WSU SOM personnel should be consistent with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship developed by the International Committee of Medical Journal Editors ([www .icmje.org](http://www.icmje.org)). Ghostwriting (honorary authorship) is explicitly forbidden.

The content of all presentations given or co-authored by WSU SOM personnel must be evidence based. All clinical recommendations must be in the best interest of patients based on evidence available at the time of the presentation. Participation on pharmaceutical industry funded speaker's bureaus, i.e. promotional speaking concerning specific pharmaceutical products, is forbidden.

Other Industry Support for Research: WSU has established policies and contract forms to permit Industry support of basic and clinical research in a manner consistent with the non-profit mission of the University and WSU SOM. Researchers may accept, for testing purposes, samples of unique research items or drugs, produced by only one manufacturer, where no other alternatives exist. Should multiple options exist, acceptance of samples is acceptable only if received from all companies manufacturing similar products, so that a decision to purchase may be made based exclusively on the performance of the product, without preference for any given manufacturer.

All products received as gifts for research must be disclosed and explicitly acknowledged in all pertinent documents, including publications. True philanthropic gifts from Industry may be accepted through the WSU SOM Development Office.

Procedure

WSU SOM personnel shall report their outside relationships with Industry using the Wayne State "Conflict of Interest Form" at least annually and more often as needed to disclose new relationships. All relevant outside relationships with industry will be made available to the public on the WSU SOM website.

Suspected violations of this policy shall be referred to the individual's program director, who shall determine what actions, if any, shall be taken. The DIO shall also be notified of suspected violations by WSU SOM GME residents/fellows. Violations of this policy by a WSU SOM GME resident/fellow may result in the following actions (singly or in any combination), depending upon the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

- ☐ Counseling of the individual involved
- ☐ Letter of Concern, probation or other corrective action;
- ☐ Banning the violator from any further outside engagements for a period of time;
- ☐ Requiring that the violator return any monies received from the improper outside relationship;
- ☐ Requiring the violator to complete additional training on conflict of interest;

Any disciplinary action taken hereunder shall follow the established procedures of the WSU SOM GME.

References

WSU SOM Policy on Conflicts of Interest and Interactions between Representatives of Certain Industries and Faculty, Staff and Students of the WSU SOM – distributed November 2014

WSU Conflict of Interest Policy <http://policies.wayne.edu/administrative/08-01-conflict-of-interest.php>

WSU Policy on Financial Conflict of Interest and Commitment for Researchers
<https://research.wayne.edu/integrity/conflict-of-interest>

WSU Policy on Consulting by University Faculty and Research Personnel
<http://policies.wayne.edu/research/03-4-consulting.php>

GMEC Composition and Responsibilities (IR I.B.)

GMEC approved: September 2013

GMEC updated and approved: July 2014

GMEC revised and approved: October 2016

GMEC revised and approved: April 2019

The WSUSOM GMEC is responsible for oversight of all GME programs in accordance with ACGME institutional requirements. The GMEC establishes and implements policies regarding the quality of education and the work environment for residents/fellows in all WSUSOM GME programs, including non-accredited programs. Written minutes are maintained. Voting members or designees are required to attend 100 percent of the scheduled meetings annually (see Attendance Requirements)

Meetings (IR I.B.3)

The GMEC meets at least quarterly but is scheduled for bi-monthly meetings pursuant to an annual meeting schedule set forth at the start of each academic year by the GME Office. Other committee meetings and meeting schedules are established by the heads of those committees.

Leadership and Membership (IR I.B.1.)

The GMEC convenes under the leadership of a

chair. Voting membership includes:

- ☐ The DIO and GMEC chair (if different from the DIO)
- ☐ Minimum of two residents nominated by their peers
- ☐ Representative residency program directors
- ☐ GME administrative director
- ☐ GME Director Education
- ☐ Individual responsible for monitoring quality improvement or patient safety
- ☐ Administrative representative of the WSUSOM (vice dean of Education)

Voting Member Designees

A voting member unable to attend a GMEC meeting may appoint a designee to attend in his/her stead.

The GMEC has established criteria for voting member designees:

Voting Member	Recommended Designees
Designated Institutional Official/GMEC chair	GME Administrative Director GME Director of Education
Program director	Associate program director, department chair or core faculty member (a physician who spends 15 hours per week on average teaching/mentoring program trainees as identified on the PIF or equivalent). Program coordinators may not serve as designees for program directors.
Peer-elected residents	Alternate peer-elected residents
Individual responsible for monitoring quality improvement or patient safety	CLER council member

Pursuant to the [Alliance of Resident Physicians Collective Bargaining Agreement](#) Article 11, the Union will have the ability to appoint all Employee representatives who serve on the GMEC. Each employee member of the GMEC would receive a vote on the committee and the same voting rights as other committee members. The Union may appoint one (1) alternate Employee who will be eligible to participate in meetings if the primary representative is unable to attend a scheduled meeting.

Non-voting members include:

- ☐ Hospital partners administration
- ☐ Department chairs
- ☐ Accredited/unaccredited fellowship program directors
- ☐ Other GME office administration
- GMEC subcommittee, Task-Force and/or Council chairs
- ☐ Residency program coordinators

Additional GMEC Members and subcommittees

To carry out portions of the GMEC's responsibilities, additional GMEC membership may include other members as may be deemed appropriate by the GMEC. These may include subcommittees that address required GMEC responsibilities whose membership must include peer-selected residents/fellows and whose actions must be reviewed and approved by the GMEC (see § **GMEC Sub-committees and other organized groups reporting to the GMEC (IR I.B.2)**).

GMEC Voting Member Attendance and Tracking (IR I.B.3)

GMEC required voting members, or their designees must attend 100% of regular bi-monthly GMEC meetings. Individual PDs must attend at least 4 of the 6 scheduled meetings (remaining 2 may be designee).

Procedure for tracking attendance

GMEC voting member and designee attendance is taken at each GMEC meeting via sign-in sheet. The GME Office maintains a GMEC voting member attendance tracking sheet for each academic year (July to June).

GMEC Responsibilities (IR I.B.4.)

Responsibilities of the GMEC include:

Oversight of:

- The ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs
- The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs and its participating sites
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME common and specialty/subspecialty-specific program requirements
- The ACGME-accredited programs' annual evaluation and Self-studies. All processes related to reductions and closings of individual ACGME-accredited programs, major participating sites and the sponsoring institution
- ☐ The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

- ☐ The GMEC must demonstrate effective oversight of underperforming programs through a special review process (see *GMEC Program Oversight through program review*)

Review and approval of:

- ☐ Institutional GME policies and procedures
- Annual recommendations to the sponsoring institution's administration regarding resident/fellow stipends and benefits
- ☐ Applications for ACGME accreditation of new programs
- ☐ Requests for permanent changes in resident/fellow complement
- Major changes in ACGME-accredited programs' structure or duration of education
- Additions and deletions of ACGME-accredited programs' participating sites
- ☐ Appointment of new program directors
- ☐ Progress reports requested by a review committee
- ☐ Responses to clinical learning environment review reports
- ☐ Requests for exceptions to duty hour requirements
- ☐ Voluntary withdrawal of ACGME program accreditation
- ☐ Requests for appeal of an adverse action by a review committee
- ☐ Appeal presentations to an ACGME appeals panel.

Annual Institutional Review (AIR) I.B.5

The GMEC must demonstrate effective oversight of the sponsoring institution's accreditation through an annual institutional review.

The GMEC must identify institutional performance indicators for the AIR that include:

- ☐ Results of the most recent ACGME institutional letter of notification
- ☐ Results of ACGME surveys of residents/fellows and core faculty
- each of its ACGME-accredited programs' accreditation information, including accreditation status and citations
- ☐ Reports from the Subcommittee for Compliance and Improvement.

The AIR must include monitoring procedures for action plans resulting from the review.

The DIO must submit a written executive summary of the AIR to the Sponsoring Institution's governing body. The written executive summary must include: a summary of institutional performance on indicators for the AIR; and action plans and performance monitoring procedures resulting from the AIR.

GMEC Program Oversight through Program Review

GMEC approved: July 2014

GMEC revised and approved: October 2016

GMEC reviewed and approved: April 2019

Policy

The GMEC is responsible for oversight of all graduate medical education programs in accordance with the ACGME. This oversight will consist of program reviews dependent on program performance.

Standard Program Reviews

- **Mock RRC Site Visit**

These reviews will be done at some point immediately prior to the scheduled site-visit date.

Corrective Program Reviews

Special reviews (IR I.B.6)

The GMEC conducts special reviews of all underperforming accredited residency and fellowship programs.

Criteria for identifying underperformance

One or more of the following criteria that deviates from expected results may result in the scheduling of a Special Review:

- Initial Accreditation Status – in preparation for RRC Site Visit
- Adverse ACGME Accreditation Status, e.g. accreditation with warning, probationary accreditation, withdrawal of accreditation, reduction in complement
- Unfavorable annual communication from ACGME (LON), e.g. new citations, new concerning trends, extended citations
- Resident or Faculty complaint to the ACGME
- Resident or Faculty complaint to the GME office
- Program attrition – Faculty and/or Resident
- Program changes
- Deficiencies in scholarly activity
- Board pass rate not meeting the ACGME specialty RRC required rate
- Clinical experience deficiencies (patient or procedural logs – quantity and/or quality)
- Resident annual ACGME survey (negative trends/non-compliance)

- Resident annual GME survey (negative trends/non-compliance)
- Faculty annual ACGME survey (negative trends/non-compliance)
- Faculty annual GME survey (negative trends/non-compliance)
- Milestones and competencies – negative trends
- Concerns from APE
- Other indicators at the discretion of the DIO and GMEC

A program's inability to demonstrate success in any of the following focus areas:

- Integration of residents/fellows into institution's patient safety programs, program attrition
- Integration of residents/fellows into institution's quality improvement programs and efforts to reduce disparities in health care delivery
- Establishment and implementation of supervision policies
- Transitions in care
- Duty hours policy and/or fatigue management and mitigation Education and monitoring of professionalism

The special review process results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

Focused Reviews

Focused reviews may be done at the discretion of the GMEC and may involve one or more criteria of an underperforming program but may not trigger a Special Review.

Procedure

When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO/chair of the GMEC shall schedule a special review. Special reviews shall occur within 90 days of a program's designation as "underperforming."

Special Review Panel

Each special review shall be conducted by a panel including at least one member of the GMEC, who shall serve as chair of the panel, one additional GMEC member, and one resident/fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the sponsoring institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.

Preparation for the Special Review

The chair of the special review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns to be reviewed as part of the special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation before the special review that will help the panel gain clarity in its understanding of the identified concerns.

The Special Review

Materials and data to be used in the review process shall include:

- The ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review
- Accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC
- Reports from previous special reviews of the program (if applicable)
- Previous annual program evaluations
- Results from internal or external resident surveys, if available
- Any other materials the special review panel considers necessary and appropriate.

The special review panel will conduct interviews with the program director, key faculty members, at least one resident from each level of training in the program and other individuals deemed appropriate by the committee.

Special Review Report

The special review panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the special review report before accepting a final version.

Monitoring of Outcomes

The DIO and GMEC shall monitor outcomes of the special review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight.

GMEC Sub-committees and other organized groups reporting to the GMEC (IR I.B.2)

GMEC approved: July 2014

GMEC updated and approved: May 2015

GMEC revised and approved: October 2016

GMEC revised and approved: April 2019

Subcommittees

To carry out portions of the GMEC's responsibilities, subcommittees whose membership is approved by the GMEC may be formed. Subcommittees that address required GMEC responsibilities must include a peer-selected resident. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.

Subcommittee for Compliance and Improvement

Under the direction of GMEC, the Subcommittee for Compliance and Improvement establishes and implements policies and procedures regarding the quality of education and the work environment for all residents/fellows in the ACGME- and non-ACGME-sponsored programs. The Compliance and Improvement Subcommittee creates formal written policies and procedures governing resident/fellow duty hours that correlate with the institutional and program requirements. The Compliance and Improvement Subcommittee also helps establish formal written policies for selection, evaluation, promotion and dismissal of residents/fellows in compliance with the institutional and program requirements. The Compliance and Improvement Subcommittee creates and revises these policies. The chair or designee presents the recommendations of the subcommittee to the GMEC for review and implementation. Selected program directors or their designees are members of this subcommittee. The resident representative is the president of the Resident Council - WSU or designee. Attendance at the Compliance and Improvement Subcommittee meetings follows the criteria set forth in the GMEC Composition and Responsibilities policy under *GMEC Voting Member Attendance and Tracking (IR I.B.3)*

The subcommittee is responsible for reviewing each residency program's Annual Program Evaluation and resulting Action Plan to monitor program compliance to all institutional, common and program-specific ACGME requirements. The subcommittee will then make recommendations to the GMEC to approve the program's action plan, ask for clarification and additional information or recommend a special review or other program reviews (see *GMEC Program Oversight through program reviews*)

Other Groups

Councils, Task Force or other groups may be formed as needed to assist in the performance of the GMEC.

Program Coordinator Council

The Program Coordinator Council is a permanent group that establishes and implements processes that will be implemented in the administration of the residency programs. The council will be responsible for the development and training of program coordinators.

Resident Council –Wayne State University (IR II.C)

The Resident Council - is a forum for residents to communicate and exchange information with each other relevant to their ACGME-accredited programs and their learning and working environment. The RC meets monthly and is comprised of peer-elected residents from each program. All residents are welcome to attend these meetings and have the opportunity to raise a concern to the council.

The council serves as an integral line of communication between residents, faculty and staff. WSU GME is committed to advocating the highest quality of education and patient care experiences to all residents in an atmosphere of safety, mutual respect and teamwork. The RC is a venue in which residents can organize events and bring issues and concerns in a

non-threatening and confidential manner to the GME Office and the GMEC. Representatives share ideas and educational experiences to further professional development and increase the quality of medical practice. The council president is a member of the GMEC and he or his designee presents information from RC meetings to the GMEC. The president or designee is also a member of the GMEC Subcommittee for Compliance and Improvement (see *"GMEC Sub-committees and other organized groups reporting to the GMEC (IR I.B.2)"*).

Procedure

At the March GMEC, GME is to reiterate the institutional purpose of the RC and call for programs to conduct the election detailed below. Ideal representatives are residents who desire to improve resident education through active participation in the RC.

Departmental Elections:

Each program with resident representation will hold its own election for one primary delegate, and at least one alternate delegate, who will be eligible to vote, hold office as a program representative within the WSU SOM GME Resident Council. These elections should be held prior to May 1. In absence of a majority vote, primary delegate may be appointed from the pool of nominees (PGY2 or greater, except for TY) at the discretion of the program director.

Terms: RC membership is for one year and residents can seek additional terms. In order to be effective as the executive committee, candidates should have served as a general member for at least one academic year.

Executive Committee Elections: President (carries out agenda items with VP), Vice President (assemble agenda):

- **Eligibility for Nomination:** Any peer-elected program resident representative may run for any position on the Executive Committee. Each nominee will provide a statement of interest to the GME office liaison that addresses their qualifications and prospective RC goals for the coming academic year. The nomination form must have the approval of the resident's program director. Nominees may campaign prior to the May meeting. Nominees must have participated in the prior year's Resident Council activities.
- **Timing of elections:** Elections will occur at the May Resident Council Meeting, permitting a change of leadership by the July meeting.
- **Election process:** Elections of officers shall occur by balloting among peer-elected program resident representatives in good standing. The date and time of the election will be distributed to all residents two weeks prior to the election. A majority vote is required to attain office. Run-off elections will be held if no candidate receives a majority vote. In the

event that there are no nominations for an elected position, a special meeting of the Executive Board shall be called and the position filled via appointment.

Non-accredited residencies/fellowships

GMEC approved: July 2014

GMEC Reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Policy

Residency/Fellowship programs conducted by academic departments in advanced subspecialty disciplines for which there is no Accreditation Council for Graduate Medical Education accreditation or American Board of Medical Specialties member board certification or new fellowships that will be applying for ACGME accreditation at a future date are considered unaccredited residency/fellowships.

- Non-accredited residencies/fellowships will be conducted directly by the responsible academic department, but subject to GMEC oversight.
- Non-accredited GME programs shall be a minimum of 12 months in length.
- The guiding principle for establishing a non-accredited GME residency/ fellowship programs must be that such a program shall provide an educational experience of comparable quality to other medical education programs while in no way interfering with, or detracting from, the training of residents and fellows in other sponsored GME programs.
- Matters pertaining to the selection of trainees, and disciplinary and grievance processes, shall be the responsibility of the academic department, according to all applicable standards. Residents in non-accredited programs will receive stipends and benefits corresponding to the schedule established by the GMEC for all residents.
- Residents in non-accredited programs will be processed and credentialed by the GME Office in accordance with the same policies and procedures that apply to residents in accredited programs.
- For existing non-accredited programs, the GMEC must review and approve all changes in training complement, major changes in program length or structure, and the appointment of new program directors.

The program director of the proposed new training program must petition the GME Committee in an application also signed by the chair of the department.

The application to the GME Committee must:

- Establish the clinical need for the program at local, regional and national levels
- Determine the impact of the new program on other training programs
- Develop the residents' rotational schedule

- Develop the FTE budget by hospital on the rotational schedule
- Suggest possible sources of funding, including the department, for GME follow-up
- Inform the GME Committee how the program determined the number of residents/fellows per year and the total number of residents
- Describe the didactic structure, including the core curriculum educational structure, goals and objectives, and assessment tools
- Assure that the program director's qualifications meet the required guidelines
- Assure that an adequate administrative structure and support are available
- Assure that key faculty members are available and that their absences from other programs do not create adverse effects
- Estimate resident/fellow duty hours and describe the system of monitoring duty hours include letters of support from programs providing required rotations and from programs that could be affected.

The GME Office will review the application and present its report to the GME Committee. The GMEC will communicate its findings and recommendations to the program director and the chair of the department. The opinion of the GMEC is final.

Oversight of Non-accredited Residencies/Fellowships

GMEC approved: July 2014

GMEC reviewed and approved: April 2019

Policy

The Wayne State University School of Medicine Graduate Medical Education Committee is responsible for oversight of all graduate medical education programs in accordance with the [Accreditation Council for Graduate Medical Education Institutional Requirements](#). Additionally, the GMEC has responsibility for oversight of non-accredited residency/fellowship programs.

The GMEC provides oversight of non-accredited graduate medical education programs by:

- Reviewing and approving proposals for new programs
- Approving appointments of new program directors
- Approving requests for changes in fellow complement
- Approving requests for major changes in program structure or length of training
- Approving requests for increases or any change to fellow duty hours
- Reviewing non-accredited program annual evaluations and action plans.

Non-accredited residency/fellowship programs must adhere to [WSUSOM Medical Education Policies](#) and [ACGME](#) Common Program Requirements.

Program Personnel and Resources

- ❑ **Program director:** There must be a single program director with authority and accountability for the operation of the program. Qualifications of the program director must include:
 - Requisite specialty expertise acceptable to the GMEC and current certification in the specialty by the specialty board or specialty qualifications that are acceptable to the GMEC.
 - The program director must coordinate training with the core program director, if one exists. Programs which exist in departments with ACGME-accredited residencies need cooperation between program director to avoid training conflicts and to ensure compliance with medical education policies as defined by the GMEC. As such, the two program directors must work together to coordinate and optimize resident and fellow experiences.
 - The program director is responsible for all communications with the GMEC, including submitting requests for required approvals and an annual evaluation and action plan.
- ❑ **Faculty:** There must be a sufficient number of faculty members with documented qualifications to instruct and supervise all fellows. The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, and demonstrate a strong interest in the education of fellows.
- ❑ **Other Program Personnel:** The program must jointly ensure the availability of all necessary professional, technical and clerical personnel for the effective administration of the program.
- ❑ **Resources:** The program must ensure the availability of adequate resources for resident/fellow education. This includes administrative support for maintaining files for verification of training, evaluation and duty hour requirements. If applicable, all funding agreements must be approved and processed through the WSU SOM GME office.

Resident/Fellow Eligibility and Appointments

The program director may not appoint more residents than approved by the GMEC. The program's educational resources must be adequate to support the number of residents appointed to the program.

The prospective resident/fellow must meet the criteria for appointment as spelled out in the appointment policy (see Recruitment, Selection/Non-discrimination and Appointment Policy)

In addition to the criteria for appointment a prospective fellow must have successfully completed an ACGME-accredited core specialty program or meet other eligibility requirements as specified by the Review Committee or other accrediting body. Letters of offer must be signed by the program director. The appointment of the resident will be made by contracts issued by the WSU SOM Graduate Medical Education office.

Educational Program

The curriculum and educational components must be documented. It is strongly suggested that the programs integrate the ACGME core competencies into the curriculum:

- ❑ **Patient Care: Residents** must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge: Residents** must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-based Learning and Improvement: Residents** are expected to develop skills and habits to be able to (1) systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement; and (2) locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
- ❑ **Interpersonal and Communication Skills: Residents** must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.
- ❑ **Professionalism: Residents** must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-based Practice: Residents** must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- ❑ **Scholarly Activities: Residents** must demonstrate scholarly activity during their training period.

Evaluations

- **Residents Formative Evaluation:** The faculty must evaluate fellow performance in a timely manner, following the end of the rotation. For longitudinal rotations, evaluation must occur at a minimum twice a year. The fellowship program director must provide each fellow with documented evaluation and formative feedback at least twice a year. Evaluations must be available for review by the fellow. It is strongly suggested that fellowship program director provide objective assessments of competency in the six ACGME competencies.

- **Residents Summative Evaluation:** The fellowship program director must provide a summative letter of completion upon successful completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution. This evaluation must document the fellow's performance during the fellow's education and verify successful completion of the program.
- **Faculty Evaluation:** At least annually, the program must document evaluation of faculty performance as it relates to the educational program. If there are less than three residents/fellows per year, then it is advised to pool faculty evaluation results (e.g., every two to three years before presentation to faculty to preserve anonymity of the residents/fellows evaluating the faculty).
- **Program Evaluation and Improvement:** The program must document evaluation of the program at least annually. These evaluations must include at a minimum an evaluation of the program by the residents/fellow. The Annual Program Evaluation template, as defined by the GME office, must be completed and returned to the GME office annually by a specified date.

Performance Requirements

Residents/fellows in non-accredited programs are subject to the same performance requirements as other WSU SOM residents/fellows. Continuation in the program, promotion to the next level of the program, and graduation from the program are contingent upon successful completion of program requirements and approval from the program faculty and program director.

Non-Compete Policy (IR I.V.L.)

GMEC approved: March 2015

GMEC reviewed and approved: April

2017 GMEC reviewed and approved:

April 2019

Per Collective Bargaining Agreement

November 2024

Policy

Pursuant to ACGME institutional requirements, Wayne State University, the sponsoring institution, or any of its ACGME accredited programs, and according to Alliance of Resident Physicians Collective Bargaining Agreement Article 6, will not require residents or fellows to sign a non-competition guarantee or restrictive covenant in return for fulfilling their educational obligations.

Observers and Other Learners Policy

GMEC approved: April 2017

GMEC reviewed and approved: April 2019

Purpose:

To provide a policy and procedure for monitoring the presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, nurse practitioners, medical students, physician assistants, and pharmacy students) within residency and fellowship programs.

Policy:

Residency and fellowship training programs may establish relationships to assist with the training of other learners which must not interfere with the appointed resident's education in the WSU SOM Medical Education Programs. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines (Common Program Req. III.D). Observerships for medical school graduates who are seeking additional U.S. experience prior to applying for residency positions are generally prohibited.

Procedure:

1. The Graduate Medical Education Office (GME) will collect data from all residency and fellowship training programs regarding other learners in their programs on an annual basis. This information will be presented to the GMEC for review at the May GMEC meeting.
2. Any agreements (including PLAs) with WSU SOM residency training programs to provide education to other learners within their programs must be in writing and approved by both parties in the agreement. All agreements require notification to the WSU SOM GME Office.

Monitoring:

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- ACGME Annual Resident Survey
- Annual GME Resident evaluation of the program
- ACGME Annual Faculty Survey
- Annual GME Faculty evaluation of the program
- Annual review of outside learner documentation at GMEC meeting
- Anonymous contact via hotline and/or online complaint form

Outside Rotations

GMEC approved: February 2015

Procedure revised: November 2015

GMEC reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose:

To define the conditions under which rotations outside of WSU SOM and its hospital partner sites are included in the WSU SOM GME ACGME accredited residency programs.

POLICY

WSU SOM GME and all of its ACGME accredited residency programs aim to provide a full graduate medical education program for all residents. While WSU SOM GME is able to meet most educational requirements, it may be necessary for residents to complete a clinical rotation at a hospital or medical facility outside the system if a specific, accreditation-required clinical experience or a patient population is not available within the system (required rotation). There may also be circumstances when a resident may desire a specific clinical experience outside the system which is not required (elective rotation).

Procedure

Required Rotations

WSU SOM GME is responsible for ensuring that residents are provided the opportunity to meet all accreditation requirements. The Program Director is responsible for:

1. Investigating opportunities for required outside rotations;
2. If professional liability insurance is not provided by the institution where the outside rotation is planned, the Program Director may request the rotation be added to the WSU SOM GME Professional Liability policy to cover the resident during the required outside rotation;
3. Completing the Residency Program Rotation Request Form and Obtaining formal approval from the GMEC at least 90 days in advance of the start of the rotation;
4. Developing the Program Letter of Agreement, which must specify which institution is providing professional liability coverage, obtaining all required signatures and submitting to the GME office at least 30 days in advance;
5. Providing program funding of costs associated with the required rotation.
6. Coordinate with the WSU SOM GME office to ensure all arrangements are made with participating hospital; including approvals and resident credentialing.

Elective Rotations

Elective outside rotations must have the appropriate educational rationale. Department Chairs must agree to absorb resident salary and benefit costs in their department budget for the period away on the elective outside rotation.

Six months in advance of the elective rotation, the resident is responsible for completing the following:

1. Investigating opportunities for elective outside rotations;
2. Completing the WSU Residency Program Outside Rotation Request Form - including the educational rationale, obtaining approval of the Program Director, Chair of the Department and the GMEC;
3. Obtaining adequate professional liability insurance from the institution where the rotation is planned or from an independent source (inquire at the GME office); WSU SOM GME does not provide coverage for elective outside rotations; this is specified and must be

- acknowledged on the Outside Rotation Form
4. All costs associated with the elective rotation.
 5. Coordinate with the WSU SOM GME office to ensure all arrangements are made with participating hospital; including approvals and resident credentialing.

International Elective Rotations

International elective rotations are discouraged however, with the appropriate educational rationale, they may be approved.

In addition to the above requirements for an outside elective rotation, residents requesting an international rotation must also provide:

1. If appropriate, ACGME specialty RRC approval of completion of the international outside elective.
2. Specialty Board approval of the completion of the international outside elective.
3. Documentation of health insurance and professional liability coverage while out of the country.

Additional Requirements for Foreign Nationals:

Foreign nationals in some visa statuses who are seeking to participate in outside rotations may be subject to certain restrictions.

1. Foreign nationals with an Employment Authorization Document (EAD) are eligible to participate in outside rotations without restriction, consistent with the guidelines above.
2. Foreign nationals with J-1 status are eligible to participate in outside rotations, if coordinated with ECFMG. If a J-1 house officer's outside rotation will be outside the Detroit metro area, the Program Director prepares and uploads a letter to ECFMG indicating the name of the physician, the name and address of the institution where the rotation will take place, and the planned duration of the outside rotation. ECFMG will document the outside rotation in the J-1 house officer's SEVIS database record. If a J-1 house officer's outside rotation is within the Detroit metro area, the Program Director notifies ECFMG if the outside rotation was not in the training plan.
3. Foreign nationals with H-1B status may require additional/amended immigration filings with U.S. Citizenship and Immigration Services (USCIS) and/or the U.S. Department of Labor (DOL) if the requested rotation site was not specifically listed in the individual's initial H-1B application.

Monitoring

All applications for rotations outside of WSU SOM and its hospital partner sites will be reviewed and approved by the GMEC to ensure compliance with this policy. Once the GMEC approves the rotation the WSU SOM GME office will coordinate with the participating site's GME office to ensure all documentation is complete including: participating site application, credentialing requirements and any other documentation as may be required.

Program Director Appointment, Job Description and Responsibilities

GMEC Approved: July 2013

GMEC revised and approved: March 2015

GMEC reviewed and approved: April 2017

GMEC updated and approved: April 2019

Purpose

For each residency and fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME), there must be a single program director with authority and accountability for the overall program as outlined in the ACGME Common Program Requirements (CPR) (CPR II.A.1.). Program directors are expected to continue in their positions for a length of time adequate to maintain continuity of leadership and program stability (CPR II.A.1c.). It is the responsibility of Wayne State University School of Medicine (WSUSOM), as the sponsoring institution, to ensure that program directors of Wayne State University (WSU) programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) have sufficient protected time and financial support for their educational and administrative responsibilities to the program (CPR I.A.). It is also the responsibility of the Designated Institutional Official (DIO) and the GME Committee (GMEC) to ensure that any new program director meets the required qualifications for this role. To ensure successful transitions in program directors, a collaborative process is thus required between department chairs, the Designated Institutional Official (DIO) and the GMEC.

Policy

The purpose of Graduate Medical Education (GME) is to provide an organized educational program with guidance and supervision of the resident/fellow, facilitating the resident's/fellow's ethical, professional and personal development while ensuring safe and appropriate care for patients. The program director has the authority and accountability for the organization and implementation of these objectives for his/her program. The program director is responsible to the Chair of the Department, the Designated Institutional Official, and the GMEC for the overall conduct of the program in accordance with the program requirements of its ACGME Specialty Specific Residency Review Committee (RRC).

In order to assure the maintenance of the quality of each ACGME accredited residency program the WSU GMEC must approve the appointment of program directors. To appoint a new program director to an existing program, or to appoint a program director to a program applying for ACGME accreditation, the Department Chair proposes the change or appointment. This proposal is brought to the WSU GMEC for review and must be approved prior to submission of request to the ACGME. Support for the appointment by faculty and trainees should be obtained prior to submission to the WSU GMEC.

Qualifications of the Program Director

The minimum qualifications a program director :

- a) Must include specialty expertise and at least three years of documented educational and/or administrative, or qualifications experience acceptable to the Review Committee;
- b) Must include current certification in the specialty for which they are the program director by the American Board of Medical Specialty, or specialty qualifications that are acceptable to the Review Committee;
- c) Must include current medical licensure and appropriate medical staff appointment;
- d) Must include ongoing clinical activity;

Duties and Responsibilities for Program Administration and Accreditation

The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, disciplinary action; supervision of residents; and resident education in the context of patient care.

The program director must:

- a) Be a role model of professionalism;
- b) Design and conduct the program in consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program;
- c) administer and maintain a learning environment conducive to education the residents in each of the ACGME Competency domains;
- d) develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education at least annually thereafter;
- e) have the authority to approve program faculty members for participation in the residency program education at all sites;
- f) have the authority to remove program faculty members from participation in the residency program education at all sites
- g) a
- h) submit accurate and complete required and requested by the DIO, GMEC and ACGME.
Provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s);
- i) Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;
- j) ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances
- k) ensure the program's compliance with the Sponsoring Institution's policies and procedures related to for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a resident;
- l) ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination. Residents must not be required to sign a non-competition guarantee or restrictive covenant.

- m) Document verification of program completion for all graduating residents within 30 days;
- n) provide verification of an individual resident's completion upon the resident's request, within 30 days; and
- o) obtain review and approval of the sponsoring institution's DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the ACGME Program Director's guide to the Common Program Requirements. :
- p) prepare and submit all information and documentation required and requested by the GME Office and or GMEC in an accurate, complete, and timely manner (e.g. Annual Program Evaluations, Responses to citations and ACGME surveys with action plans, Semi-Annual Resident Reviews, CCC minutes);
- q) ensure compliance with the ACGME annual surveys and the GME annual program survey by faculty and residents;
- r) maintain an accurate and current documentation of core faculty, residents, schedules, clinical work and education hours, evaluations, etc. on the residency management system (i.e. New Innovations);
- s) establish and maintain a standing Clinical Competency Committee with minutes of all meetings;
- t) provide each resident with documented semiannual competency-based evaluation, according to specialty-specific milestones, providing the evaluation in person, in the resident management system and in ACGME's ADS, as required;
- u) ensure at least an annual review of the educational effectiveness of the program via a formal documented meeting with development of an action plan through the Annual Program Evaluation;
- v) maintain active relationships with other educational/professional/regulatory organizations, like the NRMP, Specialty's National Program Directors Organization, Specialty's National Professional Society, Specialty's ABMS Board, AMA (including providing annual update to the AMA FREIDA on-line listing of programs), AAMC (including providing annual update to its National Graduate Medical Education Census), State Board of Medicine, and others.

Program Director Time Commitment

Per the ACGME Institutional Requirements, the Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that: (II.A.2) At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program, or the amount of time required by the specialty's respective RRC, whichever is greater.

Every program must have representation at 100% of the WSU GMEC meetings. Program directors represent their programs as voting members of the GMEC. The program director must personally attend at least 4 of the 6 annual GMEC meetings, he/she may delegate the remaining meetings to a voting designee (acceptable alternates are Associate Program Director or Chair), if needed. Program director needs to attend the majority of the GMEC Subcommittee for Compliance and Improvement

meetings, and appoint program representation to the other GME task forces and subcommittees, as requested.

Procedure for Requesting a change in Program Director

To initiate a program director change or appointment request, the Chair submits to the GME Office the proposed program director's CV with a letter of request verifying the following information:

1. The program director will administer and maintain an educational environment conducive to educating trainees (CPR II.B.2.e). Further, the program director has been delegated responsibility for and agrees to carry out the program director responsibilities as described in the Common Program Requirements II.A.4.a).(1)-16
2. The program director has been provided a written job description detailing the responsibilities of this position
3. The program director meets the following qualification requirements:
 - a. Must include specialty expertise and at least three years of documented educational and/or administrative, or qualifications experience acceptable to the Review Committee;
 - b. Must include current certification in the specialty for which they are the program director by the American Board of Medical Specialty, or specialty qualifications that are acceptable to the Review Committee;
 - c. Must include current medical licensure and appropriate medical staff appointment;
 - d. Must include ongoing clinical activity;
 - e. and
 - f. Other documented qualifications as required by the relevant Review Committee, if applicable (e.g., based at the primary training site).
4. The amount of protected time, defined by full time equivalent (FTE), that will be made available to the program director in order to support his/her educational and administrative responsibilities to the program. It is expected that this time will be partially utilized to participate in professional development activities including the New Program Director Orientation meeting with the DIO
5. If approved by the GMEC, the GME Office will initiate a Program Director Change Request in the Accreditation Data System (ADS) immediately prior to appointment date. Once this change has been initiated, an email will be sent to the new program director identified on the change request form with instructions on how to complete the request. The email will include instructions to log into the ADS and will provide a username and password. The new program director will then be required to login and complete his/her professional information and an abbreviated CV, which will then be forwarded to the ACGME for approval. For some specialties, after this information is complete and submitted, the new program director will automatically be posted in ADS. For others, the request appears as "in progress". Upon approval, the Review Committee will send a welcome letter to the program director. If the program director does not meet Review Committee requirements, the Review Committee will notify the program director and the DIO

Monitoring

- Annual Program Evaluation
- Special Review of the Program
- ACGME Annual Resident Survey
- ACGME Annual Faculty Survey
- Annual GME resident evaluation of the program
- Annual GME faculty evaluation of the program

Resident Complement – ACGME Approval

GMEC approved: November 2008

GMEC revised: July 2011

GMEC updated and approved: March 2015

GMEC reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose

To ensure that all WSU SOM ACGME accredited residency programs adhere to the ACGME requirement that all ACGME accredited residency programs must not exceed their approved complement of residents and to provide programs with the requirements for applying for an approved increase in complement.

Policy:

In order to comply with the ACGME requirement that the number of approved residents must not exceed the number of active residents, the Graduate Medical Education Committee (GMEC) will review the status of each program on an annual basis during review of the residency program's submission in the ACGME's Accreditation Data System and through review of the program's Annual Program Evaluation. Programs with more approved residents than active residents must submit an explanation to DIO and the GMEC. In the unexpected event that the number of residents exceeds the number of approved residents, the program must apply for a complement increase through the ACGME.

Requirements for application for complement increase

ACGME Review Committees require prospective approval for increase in resident complement. The financial costs of resident positions are borne by participating sites, and an appropriate prospective review must direct the planning process. In addition, timing is important – the participating sites have individual financial years, and timing of the request should align with the appropriate interval for its consideration.

Programs must hold a status of Continued Accreditation to be considered for a complement increase. Programs with statuses of Continued Accreditation with Warning, Initial Accreditation, Initial Accreditation with Warning, or Probationary Accreditation are not eligible for an increase.

Per ACGME Policy the RRC will consider requests for a change in complement between full reviews through the Accreditation Data System (ADS) mechanism. Consideration for approval will be given to programs with:

- An accreditation status that is not on warning/probation
- No serious duty hour violations
- Reasonable compliance on the most recent Resident Survey
- Adequate faculty, facilities, patients
- A sound educational rationale
- A stable administrative structure and program leadership

An application for increasing the complement of a program must be completed and approved by the GMEC (see WSU Complement Increase Application). This application must include an educational rationale for this change in the resident complement and must also include financial support for the increase.

The educational rationale for an increase in resident complement need not be an educational innovation or change in program structure. For programs in good standing that can demonstrate that they have adequate resources (patients, faculty, facilities, and funding), the Committee will consider “the desire and ability to educate an increased number of residents” as an adequate educational rationale. However, the Review Committee will carefully consider how the complement increase will affect the residency program.

Any request for an increase in complement that is received within a year of an anticipated full review with site visit will be approved on a temporary basis until the full review can be completed. A decision on a permanent increase will be made at the time of the full review.

Permanent and temporary increases in resident complement require prior approval of the designated institutional official (DIO), and must be submitted to the Review Committee through the Accreditation Data System (ADS) for prior approval.

Procedure

1. Program identifies need to apply for complement increase – temporary or permanent.
2. Program director completes WSU Complement Increase Application – including educational rationale and financial consideration
3. Program director submits application to the GMEC for approval to proceed with application

4. Once the GMEC approves the application the program director will officially initiate an application for a change in the approved complement ACGME ADS by selecting “Complement Change” from the right panel under the “Program” tab.
5. The application will be sent electronically to the DIO for approval – the application will not go forward without DIO approval
6. After the DIO has approved the request, the materials submitted in ADS are forwarded to the Review Committee for a final decision.
7. Once the complement increase is approved the program may proceed with recruiting to fill the new position

Monitoring

ACGME accredited program resident complement numbers will be reviewed by the GMEC during the Annual Program Evaluation and review of the residency programs ADS update to ensure compliance with this policy.

All applications for complement increase will be reviewed and approved by the GMEC before official application may be made to the ACGME.

Resident Transfer Policy

GMEC approved: March 2007

GMEC updated and approved: September 2011

GMEC updated and approved: March 2015

GMEC reviewed and approved: April 2017

GMEC updated and approved: April 2019

Purpose

Residents are considered ‘transfer’ residents under several conditions including:

- ☐ Moving from a WSU SOM GME program to another program within WSU SOM GME.
- ☐ Moving to/from a WSU SOM GME program from/to a program at a different sponsoring institution.
- Entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school). This applies to residents who complete their PGY-1 year in a WSU SOM GME program or an outside

program.

- ❑ Entering a subsequent residency program after successfully completing a residency program at WSU SOM or any other institution.

Policy

Transfers must be conducted in a manner that allows for the optimal transition for the resident and for the WSU SOM residency program.

[NRMP guidelines](#) regarding transfer before completion of one year post-Match will remain in effect for those residents who participated in the Match.

Transfer in:

Program Directors must ensure that the addition of a transfer resident will not adversely affect the ACGME resident complement for the program. Once an approved residency slot becomes available, the program may recruit a resident candidate.

Before accepting a transfer resident into a WSU SOM GME training program, the program must obtain confirmation of the transfer resident's satisfactory performance in the residents' current program. The program must also obtain verification of previous educational experiences and a summative competency-based performance evaluation including procedure list prior to acceptance into the residency program. The program must obtain ACGME Milestones evaluations upon the residents' matriculation into the program.

The accepting program director in conference with the program's CCC will determine, based on the previous experience of the resident, the program year, ACGME specialty requirements and/or specialty board requirements the resident must meet to successfully complete the residency.

The accepting program director will notify the GME office of the transfer plan. The resident's credentials must be reviewed by the GME office to ensure they fulfill the criteria of the position (see Recruitment and Selection/Non-Discrimination and Appointment Policy).

Once approved the GME office will work with the residency program to fulfill all onboarding requirements including but not limited to: drafting the agreement of appointment, employment paperwork and other required documentation as needed.

Transfer Out

All requests for transfer out of a WSU SOM GME residency program must be made by March 1st or the earliest date possible of the current academic year. A resident must inform the program director of his/her desire to transfer to another program before any formal interview for such a transfer, and facilitate the communication of the two program directors relating to the transfer.

Once this communication has been made the resident may contact the program director of the desired program to discuss the possibility of the transfer.

In this circumstance, residents are expected to continue training in their current program until the end of their current appointment according to the terms of their Agreement of Appointment, unless an earlier resignation is mutually agreed upon by the resident and program director. Notification of intent to transfer to another program must be done by March 1st of the current academic year.

Residents who leave their program without the approval of their program director and prior to the end of the academic year are considered in violation of the terms of the Agreement of Appointment.

Transfers out of WSU SOM GME programs must be presented to the GMEC so the committee can monitor program attrition.

Procedures:

Residents transferring INTO a WSU SOM GME program:

- One to two months prior to anticipated transfer, obtain a statement regarding the resident's current standing and indication of when the summative competency-based performance evaluation will be completed. An example of an acceptable verification statement is: "(Resident name) is currently a PGY (level) intern/resident in good standing in the (residency program) at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY() year on June 30, (year). A final summary of her/his rotations and a summative competency-based performance evaluation including Milestones will be sent to you by July 31, (year)."
- Obtain written or electronic verification of previous educational experiences, including rotations completed and procedural/operative experience.
- Obtain a written or electronic summative competency-based performance evaluation from the resident's current program director ([see ACGME template](#)).
- Discuss the results of the summative evaluation with the current program director in person or via telephone, and keep written documentation of this discussion along with the training verification and summative evaluation in the resident's permanent file.

Residents transferring FROM a WSU SOM GME program

- For residents transferring out of a WSU SOM GME training program prior to completion of the program, the WSU SOM GME program director must provide

timely verification of previous educational experiences and a summative performance evaluation to the program director of the program into which the resident is transferring.

- For residents completing preliminary training in a WSU SOM GME training program and moving into another WSU SOM GME training program, the program director of the preliminary training program must provide timely verification of previous educational experiences and a summative performance evaluation to the WSU SOM GME program director of the program into which the resident is transferring.

Monitoring

- ☐ Review of transfer applications by the GMEC
- ☐ ACGME ADS updates
- ☐ Onboarding checklist in New Innovations

Resident & Faculty Well-Being

GMEC approved: May 2017

GMEC updated & approved: April 2019

GMEC updated & approved: January 2021

Purpose

Residents and faculty members are at risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in the clinical learning environment models constructive behaviors and prepares residents with the skills and attitudes needed to thrive throughout their careers.

Policy

The WSU GME recognizes the importance of the well-being of our residents and faculty and works with the residency programs to ensure that processes are in place to assist the residents in developing the skills to achieve and faculty members to maintain their personal well-being.

Each residency program shall have policies and schedules in place that spell out ways in which the residents will be supported in their efforts to become a competent, caring and resilient physician.

These must include:

- Schedules that
 - Ensure residents have protected time with their patients.
 - Are not unduly burdensome with intensity and compression
 - Have contingency plans in place for when there are circumstances in which residents may be unable to attend work, including but not limited to fatigue, family emergencies, parental leave, and illness. These contingencies must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
- Policies for time away from the residency that allow the resident the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Education regarding recognizing the symptoms of burnout, depression, and substance abuse (see Resident Impairment policy). Including recognizing these symptoms in themselves and others and means to assist those who experience these conditions.
- Provide access to appropriate tools for self-screening and access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- Resources that minimize non-physician obligations and undue administrative burdens
- Supervision policies that promote progressive autonomy and flexibility (See Supervision Policy)
- Monitoring workplace safety data to address the safety of residents and faculty members.
- Programs and resources available that encourage optimal resident and faculty well-being

All of these must be implemented without fear of negative consequences for the resident and faculty members who may be having any issues interfering with their well-being.

Procedure

The institution will verify that each program has a program level Resident Well-being policy which describes how the program provides resources to the resident to promote their well-being.

Programs will be responsible for monitoring resident and faculty well-being and recommending any appropriate resources that they may need. They will encourage residents and faculty members to alert the program director or other designated personnel or programs

when they are concerned that another resident, fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Resources:

The well-being of our residents and faculty members is of paramount importance to our institution. We encourage healthy lifestyles, healthy choices and healthy living. The WSU SOM community and specifically the office of GME support resident physician wellness with many support services for residents.

1. Education:

All incoming residents are required to complete modules through the AMA GME Competency Education Program that discuss resident well-being including: education on the signs of burnout; risk factors for sleep deprivation and fatigue; effects of sleep deprivation and fatigue on residents' personal and professional lives; stress and effects on resident health; and wellness tools.

The modules can be accessed through the website:

<https://cme.ama-assn.org/gme-competency>

The required modules are:

- Thriving Through Residency: The Resilient Resident Course
- Physician Health: Physicians Caring for Themselves
- Sleep Deprivation: Your Life and Work Course
- Using Tools to Form an Action Plan for Wellness

Faculty members also have access to the following AMA GCEP modules that have been edited for physician wellness:

- Faculty: Physician Health – Physicians Caring for Ourselves
- Faculty: Using Tools to Form and Action Plan to Wellness

1. Wayne State University Wellness Warriors <https://wellness.wayne.edu/>

The purpose of the Wellness Warriors Program is to improve the quality of life and the health status for the employees of Wayne State University. This will be accomplished by providing educational programs, services, and tools that assists individuals in accomplishing their wellness goals. Our program strives to help individuals be able to do what they want, when they want, how they want. In addition, we will provide quality and accessible health information and initiatives that encourage participants to pro-actively address healthy lifestyle decisions and contribute to the development of a culture of wellness at Wayne State University.

The Wellness Warriors Program is FREE for benefit-eligible WSU employees and is designed to offer each participant tools and resources to create a personalized wellness plan. The

program offers support, education and excitement to keep you focused on total personal wellbeing!

2. Ulliance-EAP

The EAP offers a range of services to help staff and WSU faculty address personal or work related problems. For more information of problem areas frequently addressed and services available:

- contact EAP at: (800)448-8326 - (24/7 free anonymous screening for depression and/or alcohol/drug abuse for residents and immediate family members)
- Live Advisor Resource Center web site

: <http://www.lifeadvisoreap.com/MemberLogin.aspx>

(website also includes access to online, anonymous screening for depression, substance abuse, eating disorders, anxiety disorders, bipolar disorder, and post-traumatic-stress-disorder to faculty and staff and immediate family members)

Non-WSU Faculty are offered EAP programs through their employers

3. WSU Psychology Clinic – Psychological assessment and treatment services available to residents and faculty. Call for appt: 313-577-2840

4. Marvin

Marvin is a mental health resource developed specifically for medical residents. Marvin works with [WSU employees' insurance \(pdf\)](#), so there is no cost other than a standard co-pay. It is also confidential and can be accessed at any time so it is convenient for the residents to use. Here's a [sign-up link](#).

Marvin also offers workshops for residents and faculty *free of charge*. Please see this [flyer \(pdf\)](#). They also have interactive webinars on a variety of topics such as positive psychology, distress tolerance, boundary setting, and interpersonal skills enhancement, or their staff can design specific workshops tailored to meet the needs of individual programs. Residency program directors may wish to contact [Jacinta Harman](#), Marvin's Director of Clinical Services.

Marvin 24/7 On-Call Client Crisis Support Services: 888.404.1163

5. Recognizing the Impaired Physician

There is a long tradition of concern at WSU SOM for the impaired professional. Greater awareness has led to increased recognition of addictions, depression, stress management, inappropriate anger displays, and behavior problems in our faculty and students and a continued interest in the treatment of the impaired professional. Physicians can become dysfunctional in a variety of ways, just like the patients they treat. Their individual problems often manifest in ways that can harm the patients whom they serve, the institutions that employ them, their families, and the colleagues with whom they work. Physicians often have difficulty admitting their problems with drugs or alcohol, and too often, do not get the help they need until a crisis is reached. Early interventions in confronting physicians who are heading for trouble are needed and if necessary, intensive treatment programs for the compromised professional can be made available. Initiating this process can be difficult for colleagues and supervisors. See Resident Impairment Policy for more information

6. Residency Program Support

GME Trainee Manual and Benefits Guide
There are circumstances in which residents may be unable to attend work, including but not

2025-2026

limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place to ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.

Monitoring

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- Resident completion of the GME Wellness Survey.
- Annual Program Evaluation
- Special Review of the Program
- ACGME Annual Resident Survey
- Annual GME Resident evaluation of the program
- ACGME Annual Faculty Survey
- Annual GME Faculty evaluation of the program
- Resident Council
- Anonymous contact via hotline and/or online complaint form

Response to ACGME or other National Organization Correspondence Policy

GMEC approved: November 2008

GMEC revised: July 2011

GMEC updated and approved: March 2015

GMEC updated and approved: February 2017

GMEC updated and approved: April 2019

Policy

To ensure oversight of continued program accreditation the GMEC must be notified of any program receiving an ACGME Letter of Notification (LON) that includes citations, request for response or an adverse action accreditation decision including: probationary accreditation, withdrawal of accreditation or administrative withdrawal. The DIO must review and approve any correspondence with the ACGME before it is submitted either by written progress report or entered in to ACGME ADS.

In addition to the ACGME letters of notification, the DIO must be notified of receipt of any letters from other national organizations, i.e. National Resident Matching Program (NRMP).

Procedure

ACGME Letters of Notification If any programs receives an ACGME Letter of Notification (LON) that includes citations, request for response or an adverse action accreditation decision including: probationary accreditation, withdrawal of accreditation or administrative withdrawal, the program director must submit an immediate response to the DIO. Time will be allocated for DIO review, program director revisions, and final signatures according to the prescribed ACGME timeline for response (see ACGME Correspondence Flow Chart).

The process for review is as follows:

- Step 1: Program director drafts response to ACGME citations and or/adverse actions including action plan to address citations, and submits to DIO within 30 days of receipt of letter.
- Step 2: ACGME LON, program director's response letter and program action plan are reviewed by the DIO. The DIO either approves correspondence and plan, or requests revisions and resubmission.
- Step 3(a): If Letter and Plan are approved by the DIO. The program director submits a follow-up report in six months.
- Step 3(b): If the DIO request letter and/or plan revisions. The program director resubmits correspondence and action plan to the DIO. Once approved by the DIO, the program director submits a follow-up plan in six months.
- Step 4: After DIO approval and finalization, the program director updates "response to citations" on ACGME ADS.
- Step 5: If a progress report is requested by the ACGME (separate from the ADS update), the letter must also be signed by the DIO before submission to the ACGME.

All Other Letters

- Once the program is in receipt of the correspondence the program director will confer with the DIO regarding the drafting of any response requested and before any reply is constructed or sent.

Monitoring

All ACGME letters of notifications and response from the residency program will be reviewed by the GMEC to ensure compliance with this policy.

Section V.2 Resident Academic Action Policies

Evaluation, Promotion/Reappointment & Completion Policy

GMEC approved: March 2007

GMEC updated and approved: September 2011

GMEC updated and approved: February 2015

GMEC reviewed and approved: April 2019 GMEC

2025-2026

updated and approved: April 2019

GMEC reviewed and approved: November 2024

Purpose: The ACGME requires that the sponsoring institution have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's appointment. Programs must maintain clear criteria for advancement and competence that are detailed and explicit to the resident. Careful records must be kept to evaluate resident progress. Detailed documentation of performance is critical and the importance of this cannot be overstated.

Policy

Evaluation

All programs sponsored by the GME Committee, including those not accredited by ACGME, are required to utilize the residency management software to create evaluation systems to assess Resident performance. As part of the Common Program Requirements (V.), supervising faculty must Directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. The resident's performance evaluation must include an objective performance evaluation based on the ACGME competencies and, on the specialty-specific Milestones, and must use evaluations by multiple evaluators (e.g. faculty members, peers, patients, self, and other professional staff members), and provide that information to the CCC for its synthesis of progressive Resident performance and improvement toward unsupervised practice.

The program director or their designee, with input from the CCC, must: meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and develop plans for residents failing to progress, following institutional policies and procedures (see Performance Improvement Policy)

At least annually there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident.

Promotion/Reappointment

Programs must clearly delineate, in writing, requirements for promotion/completion of residency training, in addition to specialty specific Residency Review Committee (RRC) requirements. The requirements must include but are not limited to:

1. Satisfactory completion of all training components per PGY-level as determined by the ACGME
2. Satisfactory performance evaluations
3. Full compliance with the terms of the residency agreement of appointment

4. Documentation of passage of appropriate licensing examinations (see USMLE and Complex examination policy)

Program appointment, advancement, and completion are not assured or guaranteed to the resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including special specific Milestones, as determined by the program director and/or Clinical Competency Committee (CCC). Unsatisfactory resident performance can result in required remedial activities, temporary suspension from clinical duties, reappointment without promotion, non-renewal of appointment, or dismissal from the residency program. A resident must be notified with a written notice of intent of the decision for non-renewal of appointment, reappointment without promotion or dismissal (see Performance Improvement policy). Residents may be reappointed for a period of not more than one (1) year.

Completion of Program

The program director must provide a Final Evaluation for each resident upon completing/leaving the program. This evaluation must be based on recommendations of the CCC and specialty-specific Milestones, and when applicable the specialty-specific case logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final evaluation must:

- Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
- ☐ Verify that the Resident has demonstrated the knowledge, skills, and behaviors to enter autonomous practice.
- ☐ Consider recommendations from the CCC, and
- ☐ Be shared with the resident upon completion of the program.

Resignation from the Program

Residents who desire to voluntarily leave the program prior to completion necessary for certification of the specialty are expected to discuss this action with the program director at the earliest possible time, preferably by **January 1** of the current training year. In this circumstance, residents are expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the resident and the program director (see Resident Transfer policy).

Procedure for Promotion/Reappointment/Completion of the program

- After conferring with the residency program CCC, the program director will make the final determination of the resident's readiness for advancement/completion of the program.
- Program directors will notify the residents and the GME office in writing of the final determination of the resident's readiness for advancement/completion of the program by March 1st of the current academic year.

- In the case of non-renewal of appointment, reappointment without promotion or dismissal, the program will provide the resident with notice of intent promptly and in the most expeditious manner possible. The program director must meet with the resident and present the notification letter to the resident. The letter will contain the reasons for the non-renewal of appointment, reappointment without promotion or dismissal (see Performance Improvement policy).
- ☐ The GME office will prepare all necessary human resource documents including preparation of the agreement of appointment or completion certificate.
- ☐ Documentation of renewal of licenses (Michigan ELL & CSL), certifications (BLS, ACLS, ATLS as required) must be uploaded into the residency management software.

Monitoring:

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- ☐ Annual Program Evaluation
- ☐ Special Review of the Program
- ☐ ACGME Annual Resident Survey
- ☐ Annual GME Resident evaluation of the program
- ☐ ACGME Annual Faculty Survey
- ☐ Annual GME Faculty evaluation of the program
- ☐ Resident Quality Council
- ☐ Anonymous contact via hotline and/or online complaint form

Grievance for GME Residents

GMEC approved: March 2007
 GMEC updated & approved: July 2011 GMEC
 updated & approved: March 2015 GMEC
 reviewed and approved: April 2017 GMEC
 reviewed and approved: April 2019
 Per Collective Bargaining Agreement
 November 2024

Purpose

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

GME Trainee Manual and Benefits Guide 2025-2026
Anonymous Complaint Box: The Anonymous Complaint boxes are located in the resident areas of each

residency program. The boxes are checked frequently and can only be opened by the GME office administrative staff.

GME Office Open Door Policy: The GME office is a confidential and safe place for residents and fellows to discuss concerns and conflicts. Additional information is available on the Graduate Medical Education website homepage (<http://www.gme.med.wayne.edu/>).

Residency Council and/or DIO: For problems involving program concerns, training matters or work environment, the Resident Council, or the GME DIO should be consulted.

Confidential Complaint Reporting: For concerns involving professionalism, including duty hour violations, Residents may also complete the confidential complaint reporting form online on the GME website (<http://www.gme.med.wayne.edu/>)

Other confidential venues available: GME Annual Resident Evaluation of the Program, ACGME Resident Survey.

A. Formal Process

Filing of a Grievance: A grievance may be filed conjointly by an individual member of the bargaining unit and by an authorized representative of the Union with the consent of the individual. Group grievances which have department-, division-, or bargaining-unit-wide effect may be filed by the Union at the appropriate step of the procedure provided that no grievance may be initiated at Step Two, unless specifically provided for elsewhere in this Agreement.

B. Formal Procedure

1. **Step One:** The written grievance shall be lodged and discussed with the Designated Institutional Officer (DIO) within sixty (60) working days after the grievant(s) knew, or should reasonably have known, of the alleged violation. The supervisor shall notify and involve appropriate representatives of the Employer. Within seven (7) calendar days after receipt of the grievance, the Employer shall meet with the grievant(s) and/or the Union in an effort to resolve the grievance. If requested, the Employer's decision shall be reduced to writing.
2. **Step Two:** If the Union is not satisfied with the decision in Step One, it may appeal the decision to the GME Committee within fourteen (14) calendar days. This appeal shall be in writing. Within fourteen (14) calendar days after receipt of the appeal, the GME shall investigate the grievance, meet with the grievant and Representative, work with all parties to develop a mutually agreeable resolution, and deliver a copy of this proposal to the Union.
3. **Step Three:** If the Union is not satisfied with the decision in Step Two, it may appeal the decision to the Faculty Affairs office of the Provost within fourteen (14) calendar days. This appeal shall be in writing. Within fourteen (14) calendar days after receipt of the appeal, the Faculty Affairs office of the Provost shall investigate the grievance and meet with the grievant and Union. A written answer to the grievance shall be forwarded by the Faculty Affairs office of the Provost to the Union with a copy to the grievant within fourteen (14) working days of the meeting.

4. **Step Four:** If the Union is not satisfied with the proposed resolution in Step Three, it may appeal the decision to an arbitrator. If the Union intends to proceed to Step Four, it must notify the President or their designee within twenty-one (21) working days of the receipt of the Step Three response. If additional time is needed, a request for an extension must be forwarded within the twenty-one (21)-day period.

Within twenty (20) days of such notification, a representative of the Union and a representative of the University's Office of the General Counsel shall confer for the purpose of selecting an arbitrator to arbitrate the dispute. In the event the parties are unable to agree upon the selection of an arbitrator, the selection shall be made in accordance with the then prevailing rules of the Federal Mediation and Conciliation Service (FMCS). FMCS will provide a panel of seven (7) arbitrators. The parties will strike names alternately until one (1) name remains, and that arbitrator will be appointed.

There shall be no formal rules of evidence, and the arbitrator shall operate in accord with the prevailing rules of the Federal Mediation and Conciliation Service. Each party may present its own witnesses.

The arbitrator's jurisdictional authority is defined and limited to the determination of a grievance as defined in the definition section of this Article, and limitations and exclusions to the arbitrator's authority contained in other Articles of this Agreement will also apply. The arbitrator shall have no power to add to or to subtract from or modify any of the terms of this Agreement, and their findings shall be consistent with the terms of this Agreement.

The arbitrator shall issue their decision within thirty (30) days after the conclusion of testimony, argument, and submission of briefs.

The cost for the services of the arbitrator shall be shared equally by the parties.

Performance Improvement (formerly Corrective Action) Policy and Due Process

GMEC approved: March 2007

GMEC updated and approved: September 2011

GMEC updated and approved: March 2015 GMEC

reviewed and approved: April 2017 GMEC

updated and approved: April 2019

GMEC updated and approved: September 2022

Per Collective Bargaining Agreement
November 2024

Purpose: *The Wayne State University School of Medicine (WSUSOM) is committed to providing a high-quality graduate medical education ("GME") through residency and fellowship programs. Residents and fellows (referred to in this policy collectively as "residents") are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. The policies and procedures described in this document are designed to ensure that actions which might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs.*

GME Trainee Manual and Benefits Guide

2025-2026

Program appointment, advancement, and completion are not assured or guaranteed to the resident but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. WSUSOM programs will provide evaluations and feedback to all residents to guide their professional growth along all competencies defined by the Accreditation Council for Graduate Medical Education (ACGME). A resident's failure to respond constructively to feedback can result in required remedial activities, temporary suspension from duties, non-promotion, non-renewal of appointment, or termination of appointment and residency education.

Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions.

[Further information can be found in the Alliance of Resident Physicians Collective Bargaining Agreement Article 26.](#)

Policy

The WSU GME applies a consistent and equitable approach when a resident fails to meet the academic expectations of a program.

WSU GME recognizes resident unique and multiple roles in the system. It maintains a training environment where teaching, learning and improvement are supported. This policy outlines an improvement process based on timely and documented feedback to address performance and/or behavior issues.

Program Directors have the primary responsibility to monitor the resident's progress in conjunction with the CCC and take appropriate academic and administrative disciplinary actions based on the resident's performance in accordance with all ACGME core competencies.

This policy provides guidance in addressing resident performance and/or behavior issues, as well as facilitates decision-making. WSUSOM GME recognizes that some issues are more serious than others, and therefore require a more serious action. The steps in the process are not sequential. The action to be taken is determined by the program director based on the specific performance and/or behavior and associated risks.

A. Definitions

1. Performance Improvement Plan (PIP): A PIP is designed to improve an Employee's proficiency or correct a deficiency in one or more ACGME Core Competencies. This is an educational tool to correct areas of unsatisfactory performance by an Employee.

A written document which:

- a. Identifies the specifics of the deficient performance and/or behavior.
- b. Documents the Employee's response to concerns.
- c. Defines specific remediation expectations/goals and evaluation metrics.

- d. Specifies strategies for improvement.
- e. Establishes a timeline for evaluation and feedback.
- f. Consequences of success and failure.
- g. Specifies a date for a follow-up meeting to determine whether the PIP has been successfully resolved or not.
- h. Signed by both the program director and the Employee and placed in the Employee's file. Signature by the Employee indicates that the PIP has been reviewed with the Employee; it does not indicate agreement by the Employee. If the Employee refuses to sign the PIP, the program director shall document such refusal.

A Performance Improvement Plans shall not be disclosed to a third party in response to requests for information about the Employee.

PIPs may not be grieved through the Grievance and Arbitration Process (Article 9).

2. Letter of Concern: A Letter of Concern is documentation that describes serious issues of Employee performance or behavior that requires remediation. In addition, any written complaint by a patient, sentinel event, or professional liability lawsuit may trigger a Letter of Concern if an investigation substantiates a serious issue of performance or behavior.
3. Immediate Suspension from Clinical Responsibilities Pending Investigation: An Employee will automatically be removed from patient care activities for any of the reasons listed below following written notification.
 - a. Lack of an Educational Limited or Permanent license in the State of Michigan.
 - b. Failure to obtain or maintain credentials required for the clinical practice.
 - c. Failure to complete required orientation and/or annual training requirements.
 - d. Failure to comply with the Moonlighting Provisions of this Agreement.
 - e. Failure to comply with the WSUGME USMLE and COMLEX Examination Policy.
 - f. Removal from payroll due to failure to maintain proper immigration status for legal employment as an Employee at Wayne State University.

This provision does not preclude a program from immediately suspending an Employee for other reasons not set forth in the above list when the program determines that such action is necessary pending investigation, provided such action is consistent with just cause.

Immediate Suspension from Clinical Responsibilities Pending Investigation may be grieved through the Grievance and Arbitration Procedure (Article 9) and shall not be disclosed to third parties in response to requests for information about the Employee.

4. **Probation:** Probation is a period during which an Employee is required to correct substandard performance or behavioral issues, violations of educational standards or policy, or inability to remediate a letter of concern or performance improvement plan. Probation becomes a permanent designation in the Employee's file, and will be disclosed to third parties in response to requests for information about the Employee. Placement on Probation may be grieved through the Grievance and Arbitration Procedure (Article 9).
5. **Renewal Without Promotion:** A residency program may determine an Employee has not performed to a level that would allow the Employee to progress to the next year of their training program. The program may in that case ask the Employee to repeat the year, or a portion of that year, at the same Program year level. This would be reflected on their certificate of completion and therefore disclosed to third parties in response to requests for information about the Employee. Renewal Without Promotion may be grieved through the Grievance and Arbitration Procedure (Article 9).
6. **Non-Renewal of Appointment:** Non-Renewal means the training program has decided not to offer a contract to the Employee for the next academic year or training period for failing to maintain academic and/or other professional standards required to progress in or complete the program. Non-renewal of Appointment becomes a permanent designation in the Employee's file, may be grieved through the Grievance and Arbitration Procedure (Article 9), and will be disclosed to third parties in response to requests for information about the Employee.
7. **Dismissal:** Dismissal involves immediate and permanent removal of the Employee for failing to maintain academic and/or other professional standards required to progress in or complete the program. Consistent with just cause standards, dismissal is typically preceded by sufficient notice to the Employee that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous disciplinary actions. However, in cases of serious misconduct, failure to meet employment eligibility requirements as listed above in section 3, and/or serious patient care issues, there may not be any preceding disciplinary action prior to an Employee being terminated. Dismissal becomes a permanent designation in the Employee's file, may be grieved through the Grievance and Arbitration Procedure (Article 9), and will be disclosed to third parties in response to requests for information about the Employee.

B. Procedures

1. PIP

The Program Director will meet at least semi-annually with each Employee and formalize a PIP as recommended by the Clinical Competency Committee (CCC) for the next 6-month training period. The PD may elect to formalize additional PIPs at any time to address shortcomings in an Employee's performance or growth. All PIPs shall have specific goals and timelines such that a follow-up meeting will result in the formal resolution of the PIP.

2. Letter of Concern

The Program Director on recommendation from the CCC will:

- a. Meet with the Employee and provide him/her with a Letter of Concern.
- b. Provide the Employee with a copy of the Performance Improvement Policy.

- c. Ensure that the Employee understands that failure to adequately address the letter of concern as evidenced by repeated behaviors may lead to progressive discipline including probation, suspension, non-renewal of appointment, or dismissal.
- d. The program director may issue more than one Letter of Concern.
- e. Letters of concern can be made part of the file at the discretion of the program director if complete remediation is not achieved.
- f. Letters of Concern that are subject to disclosure may be grieved through the Grievance and Arbitration Procedure. A reference to a letter of concern in a subsequent disciplinary document does not constitute disclosure.

3. Immediate Suspension from Clinical Responsibilities:

The period of removal pending investigation of a failure to meet employment eligibility requirements as listed above in section 3 will extend until the deficiency described is resolved as decided on by the CCC or until determination by the Program that the allegation is unfounded. During the investigation, Employees may be assigned to non-clinical duties or placed on paid or unpaid leave.

Employees who become ineligible for employment at Wayne State University due to changes in their immigration status will be removed from the active payroll and may not work in any capacity, including volunteer work, at the Wayne State University or WSU SOM. They will be placed on inactive, unpaid status until their work eligibility status is resolved.

4. Probation

Probation is a serious academic action that is taken in response to substandard performance or behavioral issues, violations of educational standards or policy, or inability to remediate a letter of concern.

The Program Director after conferring with the CCC and DIO will:

- a. Notify Employees in writing of their probationary status and provide them with documentation of Probation which will include: the reasons for the probationary status, the expectations that must be satisfied to remediate the probationary status, and the time limit for satisfactory remediation. The probationary and remedial period together should not be less than 30 days in length and may last as long as 12 months if appropriate (such as in the case of academic probation for yearly board exams, etc.). For ethical misconduct or substance abuse, an Employee may be placed on probation indefinitely through the remainder of the training program.
- b. Provide the Employee with a copy of this Article.
- c. Ensure that the Employee understands that probation is a permanent designation in the individual's file and is disclosed to third parties in response to requests for information about the Employee.

unacceptable performance and/or behavior, the next step may be non-renewal of appointment or dismissal.

- e. Meet with the Employee regularly during the probationary period to formally review the Employee's progress. (Meetings may be held more frequently if deemed necessary.)
 - f. During and at the end of the probationary period the CCC will review the Employee's progress and determine whether satisfactory improvement has been made based on information obtained from various sources and results relating to terms of remediation outlined in the Probation, which may be solicited from hospital/clinic and/or WSU faculty/staff /peers of the Employee. If improvement has been unsatisfactory during the probation period, the Employee may be (1) continued on probation for a specific period of time not to exceed an additional six months or (2) dismissed. Any Employee who is placed on probation for a third time for any reason may be continued on probation indefinitely, through the remainder of the training program, or dismissed without further notice.
 - i. When consistent with just case standards, there are limited circumstances where the period of probation may be indefinite and could be imposed for the remainder of the program. These circumstances include, but are not limited to, substance abuse and ethical misconduct. Examples of ethical misconduct include, but are not limited to, sexual harassment, patient abandonment, abuse of prescribing privileges and unlawful discrimination.
 - ii. Any substance abuse will result in mandatory referral of the Employee to the Michigan Health Professionals Recovery Program (HPRP) (see Employee Impairment Policy). As a condition of probation, the Employee must allow exchange of information between HPRP and the Program Director and DIO. The Employee shall sign a release of information from the HPRP as a condition of probation
 - iii. If the Employee's behavior is considered potentially dangerous to patients, themselves or other individuals, immediate suspension of clinical responsibilities may be imposed at the discretion of the Program Director and Department Chair without a probationary period.
 - g. Ensure that while on probation, all moonlighting privileges and out-of-town electives for the Employee will be suspended.
 - h. Place a copy of the Probation in the Employee's file and send a copy to the GME office.
5. Renewal Without Promotion: A residency program's CCC may determine an Employee has not performed to a level that would allow the Employee to progress to the next year of their training program. In this case the program may ask the Employee to repeat the year at the same program year level.

The Program Director after conferring with the CCC and DIO will:

- a. Notify the Employee in writing by March 1st, or as soon as possible prior to the normal termination date of the Employee's existing appointment. The notification will be by letter to the Employee and will contain a Non-Promotion which will include a summary of the Employee's performance that necessitates the non-promotion action and that defines a timeline for promotion.

- b. Provide the Employee with a copy of the union Article.
- c. Ensure that the Employee understands that Renewal without Promotion may be a permanent designation in the individual's file, may be disclosed in response to requests for information about the Employee and may be grieved through the Grievance and Arbitration Procedure (Article 9).
- d. Place a copy of the Renewal Without Promotion in the Employee's file and send a copy to the GME office.

In some cases, residents will be required to make up partial-year rotations or assignments due to performance problems or absence following medical or personal leave. If the program delays the resident's commencement of the next level of training but issues a new agreement at the program year level for which the resident would have otherwise been eligible, then the resident may not file a grievance. Likewise, when a resident at the end of their training must make up less than a full year of rotations, those extensions to the resident's current agreement or new agreements will not be subject to grievance. In such cases, the agreement extension will include stipends and benefits at the current level for the resident until they have completed all required assignments.

- 6. **Non-Renewal of Appointment:** Non-Renewal means the training program has decided not to offer a contract to the Employee for the next academic year or training period for failing to maintain academic and/or other professional standards required to progress in or complete the program.

The Program Director after conferring with the CCC and DIO will:

- a. Notify the Employee of non-reappointment by March 1st, or as soon as possible prior to the normal termination date of the Employee's existing appointment. The notification will be by letter to the Employee and will contain the reasons for the non-reappointment.
 - b. Provide the Employee with a copy of this Article.
 - c. Ensure that the Employee understands that Non-Renewal of Appointment is disclosed to third parties in response to requests for information about the Employee and may be grieved through the Grievance and Arbitration Procedure (Article 9).
 - d. Place a copy of the notification of Non-Renewal of Appointment in the Employee's file and send a copy to the GME office.
- 7. **Dismissal:** Dismissal involves immediate and permanent removal of the Employee from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program.

The Program Director after conferring with the CCC and DIO will:

- a. Determine that the Employee should be dismissed. Dismissal can occur at any point other than the end of the academic year or end of the stated contract period, at which time it is defined as Non- Renewal of Appointment.
- b. Notify the Employee of dismissal; the notification will be by letter to the Employee and will contain the reasons for the dismissal.

- c. Provide the Employee with a copy of this Article.
- d. Ensure that the Employee understands that dismissal may be grieved through the Grievance and Arbitration Procedure (Article 9).
- e. Place a copy of the notification of dismissal in the Employee's file.

In addition to the above, the following provisions shall apply to all discipline:

An Employee shall receive 24-hour notice prior to disciplinary or investigative meeting, unless waived by the employee. The notice must include the time of meeting, the location, and the purpose. This provision does not preclude a program from immediately suspending an Employee as indicated elsewhere in this Article.

An Employee has the right to Union representation during any meeting or interview that the Employee reasonably believes could lead to discipline. Employees shall be given a reasonable amount of time to secure Union representation.

The Employer may place an Employee on a suspension pending the outcome of an investigation. The Employer shall not extend such suspensions longer than necessary to conduct a thorough investigation and ensure the safety of patients, staff, and the Employee(s). The suspension will be a paid leave unless disallowed by law.

Employees shall be permitted to submit a rebuttal to any disciplinary action if they request to do so. The rebuttal will be attached to the letter of disciplinary action and will be placed in all files containing the disciplinary action.

Due Process

Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions.

If a resident believes s/he has been wrongfully dismissed from the program, not renewed or renewed without promotion the appeal procedure described below can be invoked. The process is intended to protect the rights of the resident and the training program and to ensure fair treatment for both parties.

PIPs themselves cannot be appealed. They are formative improvement plans made by faculty and administration, not included in disclosable records, and not punitive in nature

The decision to dismiss a resident from the program, not renew or renew without promotion is an academic responsibility and is the decision of the Wayne State University School of Medicine Graduate Medical Education programs.

In all cases of dismissal from the program, nonrenewal or renewal without promotion, it is expected that the appropriate probationary and remedial periods will have occurred as prescribed in this policy. However, there may be instances where immediate suspension without probation or other remediation will occur.

All “written notification” associated with the formal appeal process shall be by certified mail.

Due Process Procedure:

Notification of intent to appeal:

- 1. Any resident who is dismissed from the program, or whose Agreement of Appointment is not renewed or renewed without promotion shall be informed of the decision in person and/or by certified mail.*
- 2. The resident who receives said notice may appeal the dismissal, non-renewal or renewal without promotion.*
- 3. Any appeal by the resident must be received by the DIO within ten (10) calendar days of the resident’s receipt of the certified notice, or personal notice, whichever occurs first.*
- 4. However, in the event the resident refuses to accept the notice or otherwise does not receive the certified notice, the GMEC will presume that the certified notice is received within three (3) business days following dispatch from the program. In that case, the resident will have ten business days, plus three business days for a total of thirteen (13) days from the date of dispatch to file an appeal. For example, the program mails the notification on March 2nd, the resident would have until March 19th to file the appeal.*
- 5. A dated return receipt from the United States Postal Service shall be conclusive proof of an “attempt to deliver the notice.”*

Assembly of review committee:

- 1. Upon receipt of an appeal, the Chair of the GMEC/DIO (or designee) will convene an ad hoc committee to review the resident’s case.*
- 2. The committee shall seek advice from WSU counsel who shall be present for the hearing to advise the committee.*
- 3. The review committee may also seek advice from outside experts in the field of the resident’s specialty if deemed necessary.*
- 4. The review committee will include the Chair of the GMEC/DIO (or designee), one full-time faculty member from a different training program and one resident representative from GMEC who is in a different clinical training program. The Chair of the GMEC/DIO will chair the review committee. The resident may object to a member of the review committee for cause. The Chair of the GMEC/DIO has sole discretion to replace a member if deemed warranted.*

Responsibility of the review committee:

The committee is charged with responsibility to review the decision of the program by hosting a formal hearing and issue a recommended outcome as a result of that hearing. The question before the committee is whether the program’s decision was arbitrary or capricious. The burden of proof is on the resident to show that the program’s decision was arbitrary or capricious. (Arbitrary and capricious

action

is willful and unreasoning action, without consideration and in disregard of facts or circumstances. Where there is room for two opinions, action is not arbitrary or capricious when exercised honestly and upon due consideration even though it may be believed an erroneous conclusion has been reached.) Only those members of the committee that are present at the hearing may participate in the deliberations of the committee. The submission of a recommended outcome by the committee shall require a quorum of those present at the hearing and simple majority vote. If the committee is unable to achieve a simple majority vote, the recommended outcome(s) of the committee should reflect the views of each of the eligible committee members.

Hearing:

The review committee will assess the merits of the decision at issue and hear evidence and arguments by the resident and the Program Director, and Department Chair. Since the hearing is an academic proceeding, the rules of evidence shall not apply.

The Program Director and Department Chair are obligated to present to the review committee the reasons for and substantiating evidence in support of the decision at issue. The resident and Program Director may present documents or letters of support and call the testimony of witnesses. The resident may question witnesses who testify on behalf of the Program Director, or Department Chair. Witnesses called by the resident may be questioned by the Program Director, or department chair.

The resident may be represented by an attorney in an advisory capacity, but the attorney may not function as a spokesperson for the resident during this grievance process.

Final Determination:

The review committee will not overturn or modify the academic decision at issue unless, by majority vote, it concludes that the resident has established by a preponderance of the evidence that the decision at issue was arbitrary or capricious.

- 1. The review committee will make its determination within thirty (30) calendar days from the close of the hearing.*
- 2. The review committee will notify the resident, Department Chair, Program Director and GMEC (in writing) of its decision.*
- 3. The decision of the committee is final.*
- 4. Should the resident be reinstated, the review committee may impose an additional period of probation as a condition of continuation.*

Summary

Action	Documentation	Location	Appeal	Disclosed
Performance Improvement Plan (PIP)	PIP	File (will be removed at the end of training)	No	No
Letter of Concern	Letter of Concern	File (will be removed at end of training)	No	No

<i>Immediate Suspension from Clinical Responsibilities</i>	<i>Memo</i>	<i>File – will be removed when reason for suspension is resolved</i>	<i>No</i>	<i>No</i>
<i>Probation</i>	<i>Probation letter</i>	<i>Permanent File*</i>	<i>No</i>	<i>Yes</i>
<i>Renewal Without Promotion</i>	<i>Memo</i>	<i>Permanent File*</i>	<i>Yes</i>	<i>Yes</i>
<i>Non- Renewal of Appointment</i>	<i>Memo</i>	<i>Permanent File*</i>	<i>Yes</i>	<i>Yes</i>
<i>Dismissal</i>	<i>Written notice of dismissal from the program and termination of Agreement of Appointment</i>	<i>Permanent File*</i>	<i>Yes</i>	<i>Yes</i>

** If an action is overturned through the appeal process documentation will be removed from the Permanent File*

USMLE and COMLEX Examinations Policy

GMEC approved: March 2015

GMEC reviewed and approved: April 2017

GMEC revised and approved: April 2019

GMEC reviewed and approved: November 2024

Purpose

To ensure that Residents enrolled in training programs meet eligibility requirements to obtain medical licensure in Michigan beyond the level of the Educational Limited License.

Policy

Pursuant to Article 24, of the collective bargaining agreement, residents will receive time off without loss of pay to take USMLE Step 3 or COMLEX Level 3 examination (no more than two (2) days) and this time will not count as usage of vacation, or other paid time off, as long as the resident has collaborated with the Program Director regarding the time period for which the test will be scheduled.

All Residents in GMEC approved programs are required to sit for the USMLE Step 3 examination or COMLEX Level 3 examination by June 30th of their first year of training (PGY 1). Failure to sit for the examinations before June 30th will result in the resident being suspended from clinical duties (see Performance Improvement and Due Process policy) until documentation of sitting for the exam has been submitted to the program. If they fail to sit for the exam by November 1st of their GME Trainee Manual and Benefits Guide

2025-2026

PGY-2 year they may be terminated from the training program.

Residents who fail the examinations on their first attempt will enter an educational enhancement plan as determined by their residency program and will need to pass the examination by March 1st of their PGY 2 year. Failure to pass the examination will result in non-renewal of appointment to the residency program.

All Transitional Year Residents are required to pass the exam before June 30th to successfully complete the TY residency

All Fellows and PGY-2 Residents entering GMEC approved programs must have successfully completed the USMLE Step 3 examination or COMLEX Level 3 examination, as evidenced by obtaining a passing grade for that examination prior to starting a fellowship or categorical program.

Exceptions to this policy may only be granted upon approval by the GMEC.

Academic actions including non-renewal or termination as a consequence of failure to meet requirements in this policy are not reviewable under the terms of the Performance Improvement and Due Process Policy.

Monitoring

- Review by the program's CCC
- ☐ Promotion/Reappointment forms to GME office
- ☐ Advancement Checklist on the resident management system.

Section V.3 Resident Training Environment Policies

Clinical Work and Education Oversight (Formerly Duty Hour Oversight) (IR.III & IR I.V.J.)

GMEC approved: March
2007 GMEC revised: July
2011

GMEC updated and approved: August 2014
GMEC updated and approved: April 2017
GMEC updated and approved: April 2019

Purpose

To ensure an appropriate learning and working environment and compliance with Clinical Work and Education hour requirements programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Definition:

Clinical Work and Education 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 including clinical work done from home, the provision for transfer of patient care, time spent in-house during clinical and educational activities such as conferences and moonlighting. Clinical Work and Education hours do not include reading, studying or academic preparation time such as time spent away from the patient care unit preparing for presentations or journal club.

Policy

WSU GME is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and resident/fellow well-being. WSU GME fosters a culture of professionalism that supports patient safety and personal responsibility. WSU GME is committed to providing an educational and work environment which encourages residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The clinical responsibilities for each resident/fellow is based on PGY-level, patient safety, education, severity and complexity of patient illness/condition and available support services. Resident care for patients in an environment that maximizes effective communication utilizes inter-professional teams and ensures effective hand-over processes. Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Resident and core faculty members are educated concerning the fulfillment of educational and professional responsibilities of physicians that include: scholarly pursuits, accurate completion of required documentation, the identification of resident mistreatment and to appear for Clinical Work and Education appropriately rested and fit to provide the services required by their patients. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. (see **Handoffs & Transitions of Care policy**)

Each program must ensure that the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities (see **Supervision and Accountability policy**), clinical teaching and didactic educational events; and are not compromised by excessive reliance on resident to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of resident time and energies. Clinical Work and Education hour assignments must recognize that faculty and

GME Trainee Manual and Benefits Guide 2025-2026

resident, collectively, have responsibility for the safety and welfare of patients. Programs may adopt more restrictive Clinical Work and Education hour requirements which also apply to resident/ rotating in that program.

Mandatory Time Free of Clinical Work and Education

Clinical Work and Education hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all internal and external moonlighting. The maximum Clinical Work and Education period is 24 hours (24 hours plus four hours transition and education for a total of 28 hours. Additional patient care responsibilities must not be assigned to a resident during this time).

Residents are required to have time off from all educational and clinical responsibilities. Residents should have 8 hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after a 24-hour shift, inclusive of call.

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. Residents must be scheduled for a minimum of one day in seven free of Clinical Work and required Education (when averaged over four weeks). At home call cannot be assigned on these days. One day is defined as one continuous 24-hour period from all clinical, educational and administrative activities.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Each specialty may further specify the maximum number of consecutive weeks of night float, and maximum number of months of night float per year as determined by their respective Review committee

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

Procedure

Resident Clinical Work and Education hours are self-reported through the residency management software

Faculty and resident are educated to recognize the signs of fatigue and sleep deprivation and to employ procedures to prevent and counteract its potential negative effects on patient care and learning. Mandatory educational requirements on fatigue are assigned to resident via an on-line course prior to their first year. The program must have an educational program that educates Faculty and residents about Clinical Work and Education hours and fatigue mitigation.

Each program adopts fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, including naps and back-up call schedules. In addition, each program must have a process to ensure continuity of patient care in the event that a resident/fellow may be unable to perform his/her patient care duties. Programs will encourage residents to use alertness management strategies in the context of patient care. Strategic napping, especially after 16 hours of continuous Clinical Work and Education, is strongly suggested.

The WSU GME ensures that all residents have access to call rooms at each participating site and/or safe transportation options for residents who may be too fatigued to return home safely.

Monitoring

The GMEC reviews and monitors working conditions, resident supervision, Clinical Work and Education hours for residents and ancillary support, and resident participation in department scholarly activity as set forth in the ACGME institutional, common and applicable specialty program requirements.

- Bi-monthly review of Clinical Work and Education hour reports from each program at the GMEC meeting. The GMEC will request a report from the program director of any violations identified as patterns of non-compliance.
- Program policies: Copies of program-specific policies and procedures are maintained on residency management software.
- Annual GME resident evaluation of program: Residents are asked to complete a confidential (only the program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Work and Education hours and other work environment issues.

- Annual GME faculty evaluation of program: Faculty are asked to complete a confidential (only the program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Work and Education hours and other work environment issues.
- ACGME resident survey: The ACGME surveys residents about their clinical and educational 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.
- ACGME resident survey: The ACGME surveys residents about their clinical and educational experiences. This survey is not administered in conjunction with a program's site visit, although the information gathered will be used at the time of the program's site visit.
- Anonymous contact: Residents are encouraged to contact the anonymous hotline at 248-457-5120 to report violations of the Clinical Work and Education hour policy or any other grievance. They can also access the Confidential Complaint Form on the [WSU GME website](#)
- ❓ Special review: Questionnaire includes specific questions regarding program policies on Clinical Work and Education hours and compliance with requirements. Special review committee members meet with residents and ask for their confidential assessment of program compliance with requirements.
- Resident Council – residents have the opportunity to report any complaints to their council representative or to bring the matter to the attention of the council directly. The council will address the issue with the GMEC and provide information back to the resident on any resolutions that may occur.

[Please see the Alliance of Resident Physicians Collective Bargaining Agreement](#) Article 13 for further information.

E-Mail Policy

GMEC approved: March 2007

GMEC updated & approved: July 2011

GMEC updated & approved: February 2015

GMEC reviewed & approved: April 2017

GMEC reviewed & approved: April 2019

Purpose

Communication between residents, fellows, faculty, program directors, coordinators and the GME office is critical to the functioning of training programs. Frequently, important information and announcements are disseminated to training programs and their participants. In addition, protected information often needs to be shared to enhance patient care and training requirements (i.e., case conferences and/or morbidity and mortality, etc.). Having this information transmitted on a secure server is of utmost importance.

The purpose of this policy is to:

- ☐ Help assure that communications among School of Medicine faculty, staff, and residents are secure, especially those communications via electronic means that may contain Personal Health Information (PHI).
- ☐ Provide a reliable and consistent means of exchanging official communications via email among administration, faculty, residents, and staff.
- Facilitate communication among School of Medicine faculty, residents, and staff with outside entities by providing official, institution-sponsored and identified email accounts to all.

Policy

All faculty, residents, fellows, staff and administrators must have an assigned wayne.med.edu or wayne.edu email address.

- ☐ All official communications will go through that address.
- ☐ PHI can only be transmitted to a user who is authorized to view the PHI and who also has a med.wayne.edu or wayne.edu email address.
- ☐ All faculty, residents and/or staff may not send any communication that contains PHI and/or confidential resident information through a commercial email account such as Hotmail, Gmail, Yahoo or AOL.
- ☐ Program directors and coordinators must use school of medicine email addresses in all correspondence to faculty, residents, fellows and school administration.
- Residents, fellows and faculty must check their school of medicine accounts regularly to ensure that they are not missing important information. Failure to meet deadlines etc. because of failure to check School of Medicine email will be addressed by program directors as a professionalism deficiency during semi-annual evaluations (see Professionalism policy).

Definitions under this policy

Protected Health Information (PHI): PHI is considered to be any information that is created or received by WSUPG as a health care provider and relates to an individual's past, present or future physical or mental condition, healthcare, and payment for health-related services. PHI also includes any data that clearly identifies the individual (i.e. Name, SSN, MRN or credit account numbers) or can be used to find the person's identity (i.e. address, telephone number, DOB, e-mail address, names of relatives, employer).

Monitoring

The GMEC will monitor compliance with the institutional policy through the following venues:

- ☐ ACGME Annual Resident Survey
- ☐ Annual GME Resident evaluation of the program
- ☐ ACGME Annual Faculty Survey
- ☐ Annual GME Faculty evaluation of the program
- ☐ Resident Quality Council
- ☐ Anonymous contact via hotline and/or online complaint form

References

[WSUPG](#) Policy for Emailing Patient Information (secure website)

[WSU SOM](#) policy for official communication

[WSU C & IT](#) Policy for Access IDs, Electronic Mail and Directory Services

Hand-offs and transition of care (IR III.B.3.)

GMEC Approved: January 2013

GMEC updated and approved: September 2014

GMEC updated and approved: April 2017

GMEC reviewed & approved: April 2019

Purpose:

To establish protocol and standards within the WSUSOM GME residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs during clinical work and education hour shift changes and other scheduled or unexpected circumstances.

Definition:

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

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

Policy:

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure (CPR VI.E.3.a) and maximize the learning experience for residents, ensure quality care and patient safety, and adhere to general institutional policies concerning transitions of patient care. Schedule overlaps must include time to allow for handoffs, ensure availability of information and an opportunity to clarify issues.

Programs, in partnership with their Sponsoring Institution, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (CPR VI.E.3.b).

Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care (CPR VI.E.3.d).

Programs must ensure that residents are competent in communicating with team members in the handoff process (CPR VI.E.3.c).

Each program must ensure continuity of patient care in circumstances in which residents may be unable to attend work or perform their patient responsibilities, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in these circumstances and must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work (CPR VI.E.3.e & CPR VI.C.2)

Each program must include the transition of care process in its curriculum. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field.

Procedure

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

- ② Identification of patient, including name, medical record number and date of birth
- ② Identification of admitting/primary/supervising physician and contact information
- ② Diagnosis and current status/condition (level of acuity) of patient
- ② Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
- ② Active issues, including pending studies, what needs to be followed up during shift
 - Contingency plans (“if/then” statements)

If a face-to-face handoff is not possible the handoff process may be conducted by telephone conversation or other electronic communication (e.g. Skype, Facetime). Telephonic handoffs must follow the same procedures as face-to-face handoffs and both parties to the handoff must have access to an electronic or hard copy of the handoff information. Patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines.

Programs are strongly encouraged to follow the SAIF-IR acronym during the handoff process:

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

There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These include:

- Didactic sessions on communication skills, including in-person lectures, web-based training modules, review of curricular materials and/or knowledge assessment.
- Programs can utilize additional educational resources available at:
<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/resident-fellow-section/rfs-resources/patient-handoffs.page>
- ☐ Occupational safety, health and environment training conducted at the beginning and repeated at least once throughout the academic year.
- ☐ Direct observation of a handoff session by a faculty member, peer or a more senior resident.
- ☐ Evaluation of written handoff materials by a faculty member, peer or a more senior resident.
- ☐ Assessment of handoff quality in terms of ability to predict overnight events.
- Assessment of adverse events and relationship to sign-out quality.
- Participation in the institutional Observed Structured Handoff Evaluation (OSHE) which is used to assess resident application of handoff education. The OSHE consists of a didactic session on handoffs, and then residents complete a written and verbal handoff exercise to a participating senior resident using a standardized case – specialty based - that is scored by faculty for educational feedback.

Programs are required to develop scheduling and transition/handoff procedures to ensure that:

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

Monitoring

Program Monitoring

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

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

Institutional Monitoring

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

- Annual Program Evaluations
- Special Review of the program
- Annual GME resident evaluation of the program
- Annual GME faculty evaluation of the program
- Annual ACGME Faculty Survey
- Annual ACGME Resident Survey
- Resident Council
- Anonymous contact via hotline and/or online complaint form.

Moonlighting

GMEC approved: July 2011

GMEC updated and approved: September 2015

GMEC updated and approved: February 2017

GMEC reviewed & approved: April 2019

Purpose

The purpose of this policy is to specify the circumstances under which residents may engage in moonlighting, as well as the criteria which must be satisfied by the resident/fellow who engages in such activities. The criteria for such activities takes into account the legal, regulatory and accreditation requirements, patient care needs, the residents' educational goals and WSU GME policy requirements.

Policy

Residents are not required to engage in Moonlighting. Residents shall devote themselves conscientiously to the performance of their full-time professional efforts as defined by GME institutional policies and graduate medical education program (Program) requirements. Because resident/fellow education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program

Residents must be in good standing within their Program to be granted permission to moonlight. All moonlighting must be reported as duty/work hours and total duty/work hours may not exceed the ACGME requirements. Both the institution and program director must closely monitor all activities.

Moonlighting when (a) it's not authorized, (b) will create a conflict of interest, (c) results in impaired efficiency, absenteeism or tardiness, or (d) is performed during scheduled Program hours, will subject the Resident/fellow to disciplinary action up to and including dismissal. Individual programs may have additional requirements or restrictions.

Procedure

The resident must receive prior written approval from the program director or designee. The program director may withhold or withdraw consent at any time, as he/she, in his or her sole discretion, deems appropriate.

PGY1 residents are not permitted to moonlight.

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

Moonlighting candidates must possess a permanent Michigan medical license with corresponding controlled substance license. An educational limited license is not valid for moonlighting activities.

Moonlighting candidates must also obtain their own DEA number as the DEA number assigned by the hospital/institution is not valid for use during moonlighting activities.

Residents are not covered by the WSU GME-provided professional liability insurance when moonlighting. Malpractice coverage must be provided for moonlighting activities. Residents who wish to moonlight must submit the appropriate insurance program request forms to their program coordinator. It is the responsibility of the resident to ensure that appropriate liability coverage is in place for his/her moonlighting activities.

Monitoring

Programs will assure resident compliance with approval, reporting and monitoring of the moonlighting processes. The GMEC will monitor moonlighting activities compliance through resident self-reported duty hours through New Innovations.

[Please see the Alliance of Resident Physicians Collective Bargaining Agreement](#) Article 27 for further information.

Professionalism Policy (formerly Professional Expectations policy)

GMEC approved: March 2007

GMEC updated & approved: July 2011

GMEC updated & approved: February 2015

GMEC reviewed & approved: April 2017

GMEC updated & approved: April 2019

Purpose:

Professionalism is one of the core competencies of the ACGME as evidenced by the Common Program Requirements (CPR V.I.B) which state: Programs, in partnership with the Sponsoring Institution, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

Professionalism is also included in the ACGME CLER Pathways to Excellence with the following four pathways: Formal educational activities are essential to creating a shared mental model of professionalism that contributes to high quality patient care; Resident attitudes, beliefs, and skills related to professionalism directly impact the quality and safety of patient care; Faculty members' engagement in training on professionalism directly impacts the quality and safety of patient care; Periodic monitoring of physician professionalism is essential to identifying vulnerabilities and designing and implementing actions to enhance patient care.

It is the responsibility of the institution, WSU SOM GME, to provide systems for education in and monitoring of residents and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; accurate completion of required documentation by residents and identification of resident mistreatment.

POLICY

Each program must have a program level professionalism policy which describes how the program provides professionalism education to residents and how professionalism is evaluated. That policy should include but not be limited to the following Professional Values and Attributes:

- **Professional Responsibility:** *Sound medical practice and good medical care of patients are the resident's and the physician's highest priority. The resident shall be internally motivated at all times and in all settings to place the patient's concerns before his or her own. He or she will always help to create a positive learning environment, be appropriately dressed, be punctual and prepared, and attend all required activities in their entirety. The resident is to be reliable and honest in completing all tasks, which include duty hour reporting, evaluation completion and other tasks required by their training program.*
- **Competence and Self-Improvement:** *It is the expectation that residents will be committed to the learning and mastery of medical knowledge, skills, attitudes, and beliefs. The motivation for this learning is the optimal care of all patients. The resident will know the limits of his or her abilities and appropriately seek help to improve the care of patients while continuously expanding his or her knowledge base. This commitment extends to life-long learning; an acknowledgement that what begins in the residency never ends as long as the physician is committed to the practice of medicine.*

- **Respect for others and professional relationships:** Residents always respect their patients as individuals. There is respect for the patient's dignity, privacy, cultural values, and confidentiality. Residents demonstrate sensitivity, respect, compassion, emotional support, and empathy at all times—to patients, patients' families, other health care team members, and peers. In this context, a fundamental component of professionalism is altruism; putting the best interests of patients and colleagues over self-interest. Respect and altruism are attributes that must extend outside of the clinical setting as the resident is a constant representative of the School of Medicine and of the profession itself.
- **Honesty including academic integrity:** Residents are committed to honesty at all times. This commitment extends beyond the office, examination room, or operating room in his or her training environment. Absolute honesty in written notes entered into patient's records and in oral presentation of findings is expected; medical findings are true, complete, and verifiable. This attribute includes the responsibility for reporting the dishonesty of others. As with other core values, honesty is not limited to the School of Medicine and its affiliated teaching sites because the public expects honesty in its physicians as much as the School of Medicine expects it in its residents.
- **Personal responsibility:** The resident is responsible for maintaining his or her own health and wellness. Drug and alcohol abuse are prohibited. Residents are expected to seek care as needed to maintain physical and mental health. The resident should freely access resources for help in managing health or personal issues that are negatively impacting performance in their residency program. Residents need to be proactive in recognizing those of their peers who are affected by drug abuse, alcohol abuse, or other personal issues detrimental to health, well-being, and/or safety, their safety, or the safety of patients. Residents with such concerns about their peers should notify their program director, a faculty member, or administrator.
- ❑ **Social responsibility:** Societies place physicians in positions of power and authority. Physicians and residents must always conduct themselves in a manner to be worthy of that trust. Residents must demonstrate concern for and responsiveness to social ills and other factors which detract from the medical, cultural, spiritual, and emotional health of society.

In observing the above Professional Values and Attributes residents are expected behave professionally by:

- ❑ Demonstrating appropriate sensitivity to patients and their families
- ❑ Completing tasks in a timely manner
- ❑ Demonstrating honesty and integrity
- ❑ Maintaining a professional demeanor, including:

- Having an appearance and dress that are in line with professional standards as established by departmental policies
- Exhibiting respectful and courteous behaviors
- Being responsive to questions and accommodating to requests
- Adhering to professionally accepted boundaries for patient relationships
- Conforming to sexual harassment and discrimination policies

Unprofessional conduct, to include but not limited to the following, is unacceptable and may be subject to performance improvement actions (see Performance Improvement Policy and Due Process):

- Failure to Engage - Failure to engage includes but is not limited to the following descriptors:
 - Absent or late for assigned activities
 - Not meeting deadlines
 - Poor initiative
 - General disorganization
 - Cutting corners
 - Poor teamwork
 - Language difficulties
- Poor Self-Awareness - Poor self-awareness includes but is not limited to the following descriptors:
 - Avoiding feedback
 - Lacking insight in own behavior
 - Not sensitive to another person's needs
 - Blaming external factors rather than own inadequacies
 - Not accepting feedback
 - Resisting change
 - Not aware of limitations

- Dishonest - Dishonest includes but is not limited to the following descriptors:
 - Cheating in exams
 - Lying
 - Plagiarism
 - Data fabrication
 - Data Falsification
 - Misrepresentation
 - Acting without required consent
 - Not obeying rules and regulations
- Disrespectful - Disrespectful behaviors include but are not limited to the following descriptors:
 - Poor verbal/non-verbal communication
 - Inappropriate use of social media
 - Inappropriate clothing
 - Disruptive behavior in teaching sessions
 - Privacy and confidentiality violations
 - Bullying
 - Discrimination
 - Sexual Harassment

Disrespectful Behaviors

1. Nondiscrimination – It is unethical for a resident to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, sexual preference, national origin, ancestry or physical handicap. Residents must show respect for patients and families as well as everyone involved in their care. This includes physicians, nurses, students, other residents, fellows and administrative staff.
2. Professional Demeanor – The resident should be thoughtful and professional

when interacting with patients, families, peers and co-workers. Inappropriate behavior includes but is not limited to the use of offensive language, gestures, or remarks with sexual overtones, extreme lack of interest and/or dishonesty. Additionally, residents should maintain a neat and clean appearance and adhere to the dress code policy.

3. Teaching - The very title “Doctor” – from the Latin docere, “to teach” – implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those in this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

Dishonest Behaviors

Disrespectful & Dishonest Behaviors

4. Confidentiality – All residents are required to undergo training in the Health Insurance Portability and Accountability Act (HIPAA) and must adhere to this policy. A patient’s right to the confidentiality of their medical record is fundamental to medical care. Discussing medical problems or diagnoses in public violates patient confidentiality and is unethical.
5. Conflicts of Interest – Recognition, avoidance and management of conflicts of interest represent a core issue of professionalism. Any resident with a proprietary or other interest in any material he or she is presenting or discussing must properly disclose that conflict of interest. When a conflict of interest arises, the welfare of the patient must at all times be paramount.
6. Sexual Misconduct – Residents must not engage in romantic, sexual, or other nonprofessional relationships with a patient while involved in the patient’s care, even at the apparent request of a patient. In addition, students must not engage in romantic, sexual or other non-professional relationships with mentees, tutees or others for whom the resident is in a position of authority. Residents are not expected to tolerate inappropriate sexual behavior on the part of patients, their families or other health professionals. Residents must adhere to all relevant university, clinical and community site policies regarding sexual misconduct. Wayne State University has a strict policy regarding sexual assault and harassment. More information and resources can be viewed here: <https://doso.wayne.edu/sexual-misconduct/resources>
7. Disclosure – Residents must understand the ethics of full disclosure. The patient

must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision-making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient's authorized representative. Residents who participate in disclosing information to patients must do so only with the guidance and supervision of the attending physician. Residents must adhere to all clinical and community site policies regarding disclosure.

8. Informed Consent – Residents must understand the obligation to obtain informed consent from patients. It is the physician's responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatment alternatives, and risks involved. The physician's presentation should be understandable and unbiased. The patient's or surrogate's concurrence must be obtained without coercion. Residents who participate in obtaining informed consent must do so only with the guidance and supervision of the attending physician.
9. Representation of Level of Training and Knowledge – A resident should accurately represent themselves to others. A resident should never provide care beyond what is appropriate for their level of training. The resident must seek consultation and supervision whenever their care of patient may be inadequate because of lack of knowledge and/or experience.
10. Honesty – Residents are expected to demonstrate honesty and integrity in all aspects of their education and training, and interactions with patients, staff, faculty, colleagues and the community. They may not cheat, lie, steal or assist others in commission of these acts. Residents must not commit fraud or misuse funds intended for professional activities. Residents must assure accuracy and completeness for their parts of the medical record and must make good-faith efforts to provide the best possible patient care. Residents must be willing to admit errors and not knowingly mislead or promote themselves at the patient's expense. The resident is bound to know, understand and preserve professional ethics and has a duty to report any breach of these ethics by other residents or health care providers through the appropriate channels. Plagiarism is a serious offense and is considered Academic Misconduct under the University's Academic Misconduct policy.
11. Research – The foundation of research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into pre-conceived molds or models; and to report

new knowledge through appropriate channels. Co-authors of research reports must be acquainted with the work of their coworkers that they can personally vouch for the integrity of the study, validity of the findings, and must have been active in the research, or writing, itself.

Dishonest, Disrespectful, Failure to Engage and Poor Self-Awareness

12. Impairment - The resident will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every resident to protect the public and to get the appropriate help for him or herself and to assist a colleague whose capability is impaired because of ill health. The resident is obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence.
13. Arrogance - Arrogance means an offensive display of superiority and self-importance and will not be tolerated. Arrogance denotes haughtiness, vanity, insolence and disdain. All of these qualities run counter to the demeanor of the professional.
14. Commitment to Life-long Learning – Medical knowledge has been expanding exponentially. The doubling time was an estimated 50 years back in 1950, 7 years in 1980, 3.5 years in 2010 and is projected to be 73 days by 2020. Residents must make a commitment from the very beginning to be responsible for learning and maintaining the necessary skills that are required to provide quality care to patients.
15. Lack of Conscientiousness - Residents are expected to be thorough and dependable, and to commit the time and effort required to meet his or her responsibilities. Residents should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff. Responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty, nurses, other health care team members, and administrative staff is a responsibility that must be honored by residents.
16. Behavior Towards Colleagues – The resident will deal with professionals, staff, and peers in a cooperative and considerate manner, including their mentors and teachers. Professional relations among all members of the medical community should be marked with civility and each person should recognize and facilitate the contributions of others to the community. Under no circumstances will the resident exhibit prejudice in words, action or deed towards a colleague based on ethnicity, race, religion, gender, age, sexual orientation, or physical disabilities. It is unethical and harmful for a resident to

disparage without good evidence the professional competence, knowledge, qualifications or services of a colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

17. Evaluation - Becoming a physician requires continuous personal growth and improvement. Residents should seek feedback and are expected to respond to feedback and constructive criticism by appropriate modification of their behavior. Resistance or defensiveness in accepting criticism or in receiving feedback, remaining unaware of one's own inadequacies and not accepting responsibility for errors or failure are examples of a poor professional attitude. Residents should actively participate in the process of evaluating their teachers, including faculty and staff. When evaluating their performance, residents are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate residents performance.

Procedure

The WSU SOM GME Professionalism policy will be provided to each incoming resident during the onboarding process via the GME Trainee Manual and Benefits Guide. Residents will be asked to verify their receipt of the manual via the onboarding checklist in the residency management system. The policy will also be available electronically on the WSU SOM GME website and in the residency management software.

The institution will verify that each program has a program level professionalism policy which describes how the program provides professionalism education to residents and how professionalism is evaluated, and will ensure that all program policies relating to professionalism are distributed to Residents and Faculty.

Program directors will be responsible for investigating any complaints/reports involving professionalism and if a violation of the policy is identified he/she will confer with the Clinical Competency Committee to develop a performance improvement plan if one is indicated, as specified in the Performance Improvement Policy and Due Process.

Monitoring:

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- ❑ Reporting of successful completion of online modules during the onboarding process for incoming residents on Professionalism, Impairment, Clinical Work and Education Hours and Fatigue Mitigation and any other modules as determined by the GMEC.
- ❑ Annual Program Evaluation
- ❑ Special Review of the Program

- ☐ ACGME Annual Resident Survey
- ☐ Annual GME Resident evaluation of the program
- ☐ ACGME Annual Faculty Survey
- ☐ Annual GME Faculty evaluation of the program
- ☐ Resident Council
- ☐ Anonymous contact via hotline and/or online complaint form

Resources:

WSU School of Medicine Professionalism [information](#)

ACGME CLER Pathways to Excellence [information](#)

Social Media Policy

GMEC approved: February 2015

GMEC revised and approved: October 2016

GMEC reviewed and approved: April 2019

Purpose:

This policy is intended to be used as a guide to encourage School of Medicine (SOM) residents who use social media to protect themselves from the unintended consequences of such practices and to maintain public trust. The term “social media” should be broadly understood for purposes of this policy to include but not be limited to blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, and social networking sites. The SOM is a principled organization, and as such, has an interest in its residents being above reproach in the eyes of their peers and the public. This document is crafted to help the residents navigate the continually changing world of social media. Participating thoughtfully in social networking and other similar Internet opportunities can support personal expression, enable individuals to have a professional presence online, foster collegiality and camaraderie within the healthcare and biomedical research professions, and provide opportunity to widely disseminate public health messages, scientific observations, and related communications. However, social networks, blogs, and other forms of communication online also create new challenges to interpersonal relationships. Medical professionals, including those still in training, should weigh a number of considerations when maintaining a presence online:

Policy

WSUSOM GME recognizes that Residents may have their own personal Social Media accounts or participate in Social Media forums outside of the workplace. Nothing in this section will interfere with or otherwise be used to discriminate against Residents who use personal Social Media on non-working time for discussion of wages, hours or other terms and conditions of employment or for political, or other lawful purposes

Privacy and Confidentiality

- ❑ SOM residents must be cognizant of, and adhere to, standards of patient privacy and confidentiality in all environments, including online, and must refrain from posting potentially identifiable patient information on personal accounts or websites, when valid, written permission was not given by the patient.
- ❑ Posting any patient information, photos, commentary, content or images may be a breach in confidentiality that could be harmful to the patient and may be a violation of federal privacy laws, including but not limited to provisions within the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, while HIPAA is a United States federal law, the ethical principles that underlie it extend to patients seen outside the country as well.
- ❑ Sensitive information such as medical records or proprietary information is never to be transmitted by social media.

Professionalism

- ❑ Professional conduct (see Professionalism Policy) must be adhered to at all times, including during the use of social media. The public holds physicians to a high standard of professional conduct.
 - When writing online as representatives of the SOM about experiences as health professionals – residents must reveal any existing conflicts of interest and be honest about their credentials.
- ❑ SOM residents may not use their professional position to develop personal relationships with patients, whether online or in person. SOM residents are discouraged from interacting with current or past patients on personal social networking sites such as Facebook.
 - SOM residents who do not maintain the school's professional code of conduct are subject to disciplinary action. The SOM reserves the right to ask SOM residents to edit, modify, review or delete any posting that violates the school's professional code of conduct. SOM residents assume all risks related to the security, privacy and confidentiality of their posts.
- ❑ Residents must not represent or imply that they are expressing the opinion of the organization by using hospital or institution proprietary information such as SOM/hospital logos, trademarks, images, or related representations unless granted permission in writing from the Executive Director, Office of Marketing and Publications, Wayne State University or representative from the affiliated hospital. Trainees must comply with the current hospital or institutional policies with respect to such information.
- ❑ SOM residents should recognize that actions online and content posted may negatively affect their reputations and those of their colleagues at the SOM among patients and colleagues, may have consequences for their medical, teaching, and/or research careers, and could undermine public trust in the medical community. One should always remember that he or she is representing the medical community.
- ❑ To maintain appropriate professional boundaries, SOM residents should consider separating personal and professional content online. For professional use, SOM residents are strongly encouraged to use their med.wayne.edu email addresses. The med.wayne.edu email address is required for all communication with the SOM (see Email policy).
- ❑ When using the Internet for social networking, SOM residents should use the maximum privacy settings to safeguard personal information and content, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, SOM residents should routinely monitor their own Internet presence to

ensure that the personal and professional information on their own sites and content posted about them by others is accurate and appropriate. One should assume that everything he or she writes, exchanges or receives on a social media site is public.

- ❑ SOM residents acting in a public capacity are an ambassador of the SOM while in that capacity. Controversial subjects should be discussed thoughtfully, respectfully, and in a professional manner.
- ❑ SOM residents should take caution not to post information that is ambiguous or that could be misconstrued or taken out of context.
- ❑ SOM residents should be aware that content posted in any format (g., video, song, and etc.) may be taken out of context by others and used for an unintended purpose. Posting online is public and permanent and can be used by anyone without prior request to the original posters. Always consider how people outside of your target group will review the content.
- ❑ SOM residents are encouraged to avoid posting material on residency group sites that could be seen as marginalizing to any individual or group; for example, regarding gender, race, religion, social background or sexual orientation.
- ❑ SOM residents are encouraged to avoid posting comments about the health, weight, attitude, or lifestyle choices of SOM faculty members, trainees, academic staff members, and other residents.
- ❑ When SOM residents see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If, in the opinion of the observer, the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the observer should report the matter to the GME office and DIO.
- SOM residents should familiarize themselves with relevant Federal, state, and local laws governing online activities. Any issue of concern on social media (including threats, violence, suicide, slander, cyberbullying, etc.) should be reported immediately to the Wayne State University Police Department (phone #:313 577-2222) and/or GME office. When uncertain whether these laws are followed, please refer to a residency administrator before posting.

Procedures

Inappropriate use of the internet and social networking sites may result in:

- Professionalism academic remediation
- Discipline for breach of hospital or institutional policy
 - Loss of computer privileges at hospital or WSUSOM
 - Potential suspension
 - Potential dismissal
 - Other assignments and/or remediation plans based upon the infraction

Any violation of HIPAA can result in potential dismissal from program as well as possible criminal and/or civil penalties. A violation of HIPAA may also negatively impact your license to practice medicine.

Monitoring:

Compliance with the institutional and individual program's policy will be monitored by the GMEC via:

- ❑ Annual Program Evaluation
- ❑ Special Review of the Program
- ❑ ACGME Annual Resident Survey
- ❑ Annual GME resident evaluation of the program
- ❑ Resident Quality Council
- ❑ Anonymous contact via hotline and/or online complaint form

See also

WSUSOM Technology Guidelines:

<https://www2.med.wayne.edu/elab/orientation/guidelines.html>

WSU Acceptable Use of Information Technology Resources:

<https://wayne.edu/policies/acceptable-use/>

Supervision (IR IV.I.)

GMEC approved: March 2007

GMEC revised: July 2011

GMEC updated and approved: September 2014

GMEC updated and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Policy

The WSU GME programs recognize and support the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and the resident's maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine. Residents are expected to graduate as accomplished physicians capable of functioning competently and without supervision. Specialty specific milestones will govern resident advancement from one year of education to another, providing guidance about the authority and responsibility granted to residents.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each Resident Review Committee) who is responsible and accountable for that patient's care. Residents and faculty will inform all patients of their respective role when providing direct patient care.

Each program will demonstrate that the appropriate level supervision is in place for all residents is based on each residents level of training and ability, as well as patient complexity and acuity.

Supervision may be exercised through a variety of methods as appropriate to the situation. A supervisor may be a member of the medical staff, a more senior resident or fellow designated by the program director. Each specialty may specify which activities require different levels of supervision as determined by their Review Committee.

Levels of supervision:

To promote oversight of resident supervision while providing for graded authority and responsibility the program must use the following classification of supervision:

- Direct supervision - the supervising physician is physically present with the resident and patient
- Indirect supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
- Indirect supervision - the supervising physician is not physically present within the hospital or other site of patient care. However, the supervisor will be available by means of telephonic and or electronic modalities and is available to provide direct supervision.
- Oversight - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Procedure

Residents:

All residents will know their scope of authority and the circumstances under which they are permitted to act with conditional independence. All residents, regardless of year of training, must communicate appropriately with the supervising physician.

The clinical responsibilities for each resident must be based on PGY level, patient safety, resident education, severity and complexity of patient illness, and available support services. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director with input from the Clinical Competency Committee. The program

director will evaluate each resident's abilities based on specific criteria. When available, evaluation shall be guided by specific national standards-based criteria.

The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident, based on the needs of the patient and the skills of the resident.

Initially PGY1 residents must be supervised either directly or indirectly with direct supervision immediately available. Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.

Residents will have resources for reporting inadequate supervision in a protected manner that is free of reprisal.

Supervising Physician:

Faculty members who function as supervising physicians shall delegate portions of care to residents based on the needs of the patient and the skill level of the resident. Faculty supervision assignments will be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

It is a responsibility of the program director to approve the selection of teaching faculty. Residents must be supervised by attending physicians who are credentialed in that setting for the patient care and diagnostic and therapeutic for which they are providing supervision.

In every level of supervision, the supervising faculty member must review progress notes, sign off procedural and operative notes and discharge summaries.

Faculty members must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.

Senior residents or fellows shall serve in a supervisory role of junior residents in recognition of their progress toward independence based on the needs of each patient and the skills of the individual.

Program Responsibilities:

Each residency program will establish schedules which assign qualified faculty physicians, residents, or fellows (or appropriate other licensed independent practitioners as permitted by the RRC) to supervise at all times and in all settings in which residents of the residency program provide any type of patient care. The type of supervision to be provided will be delineated in the curriculum's rotation description.

The program will update annually a listing of procedures pertinent to that specialty with an indication of the requirements for performing an activity with or without direct supervision.

The program director will ensure that attending physicians are educated regarding appropriate supervision standard requirements, including physical presence requirements and documentation ones.

Each program will develop program-specific policy based on respective ACGME common and specialty-specific requirements, consistent with the institutional WSU GME policy. Programs will set guidelines for circumstances and events in which residents must communicate with the supervising faculty members, such as the transfer of a patient to the intensive care unit or end-of-life decisions.

Monitoring

Compliance with the individual program's Supervision policy will be monitored by the GMEC via:

- ☐ Annual Program Evaluations
- ☐ Special Review of the program
- ☐ Annual GME resident evaluation of the program
- ☐ Annual GME faculty evaluation of the program
- ☐ Annual ACGME Faculty Survey
- ☐ Annual ACGME Resident Survey
- ☐ Resident Council
- ☐ Anonymous contact via hotline and/or online complaint form.

Acceptable Use of Technology Resources Policy

GMEC approved: March 2015

GMEC reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose:

IT refers to the use of information technology services and connections during the residents' regular work and on-call hours. This policy is designed to guide residents in the acceptable use of computer systems, networks, and other information technology resources at Wayne State University (WSU), WSU School of Medicine and all affiliated entities. This policy is that of WSU which the WSUSOM is required to follow and is reprinted here for your convenience.

Policy

Guiding principles

The University community is encouraged to make innovative and creative use of information technologies in support of educational, scholarly, and administrative purposes. Wayne State University supports access to information representing a multitude of views for the interest, information and enlightenment of students, faculty and staff. Consistent with this policy, Wayne State University supports the use of information technology resources in a manner that recognizes both the rights and the obligations of academic freedom.

Wayne State University recognizes the importance of copyright and other protections afforded to the creators of intellectual property. Users are responsible for making use of software and other information technology resources in accordance with copyright and licensing restrictions and applicable University policies. Using information technology resources in a manner violating these protections, or furthering the unauthorized use or sale of protected intellectual property, is prohibited.

Wayne State University cannot protect individuals against the receipt of potentially offensive material. Those who use electronic communications occasionally may receive material that they might find offensive. Those who make personal information available about themselves through the Internet or other electronic media may expose themselves to potential invasions of privacy.

Information technology resources are provided to support the University's scholarly, educational, and administrative activities. Information technology resources are limited, and should be used wisely and with consideration for the rights and needs of others.

User responsibilities

Users are expected to use computer and network resources in a responsible manner. Users should take appropriate precautions to ensure the security of their passwords and prevent others from obtaining access to their computer resources. Convenience of file or printer sharing is not a sufficient reason for sharing computer accounts.

Users may not encroach on others' use of computer resources. Such actions include, but are not limited to, tying up computer resources with trivial applications or excessive game playing, sending frivolous or excessive messages, including chain letters, junk mail, and other similar types of broadcast messages, or using excessive amounts of storage.

The following behaviors are prohibited while using University information technology resources, including computers and networks owned or operated by Wayne State University, or to which Wayne State University is connected:

- ❑ Modifying system or network facilities, or attempting to crash systems or networks;
- ❑ Using, duplicating or transmitting copyrighted material without first obtaining the owner's permission, in any way that may reasonably be expected to constitute an infringement, or that exceeds the scope of a license, or violates other contracts;
- ❑ Tampering with software protections or restrictions placed on computer applications or files;

- Using University information technology resources for personal for-profit purposes;
- ☐ Sending messages that are malicious or that a reasonable person would find to be harassing;
- ☐ Subverting restrictions associated with computer accounts;
- ☐ Using information technology resources to obtain unauthorized access to records, data, and other forms of information owned, used, possessed by, or pertaining to the University or individuals;
- Accessing another person's computer account without permission. Users may not supply false or misleading data, or improperly obtain another's password to gain access to computers or network systems, data or information. Obtaining access to an account name or password through the negligence or naiveté of another is considered to be a specifically prohibited use;
- ☐ Intentionally introducing computer viruses, worms, Trojan Horses, or other rogue programs into information technology resources that belong to, are licensed to, or are leased by Wayne State University or others;
- ☐ Physically damaging information technology resources;
- ☐ Using, or encouraging others to use, information technology resources in any manner that would violate this or other University policies or any applicable state or federal law; and
- ☐ Falsely reporting or accusing another of conduct that violates this policy, without a good faith basis for such an accusation.

Users should remember that information distributed through the University's information technology resources may be considered a form of publication. Although Wayne State University does not take responsibility for material issued by individuals, users must recognize that third parties may perceive anything generated at Wayne State University as in some manner having been produced under Wayne State University auspices. Accordingly, users are reminded to exercise appropriate language, behavior, and style in their use of information technology resources.

Policy administration

The University encourages all members of its community to use electronic resources in a manner that is respectful of others. While respecting users' privacy to the fullest extent possible, the University reserves the right to examine any computer files. The University reserves this right for bona fide purposes, including, but not limited to:

- ☐ Enforcing policies against harassment and threats to the safety of individuals;
- ☐ Protecting against or limiting damage to University information technology resources;
- ☐ Complying with a court order, subpoena or other legally enforceable discovery request;
- ☐ Investigating and preventing the posting of proprietary software or electronic copies of texts, data, media or images in disregard of copyright, licenses, or other contractual or legal obligations or in violation of law;
- ☐ Safeguarding the integrity of computers, networks, software and data;
- ☐ Preserving information and data;
- ☐ Upgrading or maintaining information technology resources;
- ☐ Protecting the University or its employees and representatives against liability or other potentially adverse consequences.
- ☐ No action under this section may be taken by university officers without the approval of the President or his/her designee.

- ❑ The University may restrict the use of its computers and network systems when presented with evidence of violation of University policies, or federal or state laws, or when it is necessary to do so to protect the University against potential legal liability. The University reserves the right to limit access to its information technology resources, and to remove or limit access to material stored on University information technology resources.
- ❑ All users are expected to conduct themselves consistent with these responsibilities. Abuse of computing privileges may subject the user to disciplinary action as established by applicable University policies.
- ❑ Students who violate this policy may be subject to discipline pursuant to the Student Due Process Policy, Wayne State University Code Annotated.
- ❑ Represented employees may be subject to discipline in accordance with the applicable collective bargaining agreement.
- Non-represented employees may be subject to discipline in accordance with the Handbook for Non-represented Employees.

The University and users must recognize that all members of the University community are bound by federal and state laws pertaining to civil rights, harassment, copyright, security and other statutes governing use of electronic media. This policy does not preclude enforcement under such laws.

This policy is for all units of the University. Schools, colleges, and divisions may adopt policies governing the Acceptable Use of Information Technology Resources that incorporate the University Policy. School, college and division policies must be approved by the Vice President for Information Technology.

Reporting violations

Allegations of conduct that is believed to violate this Acceptable Use policy should be reported in writing to the Computing and Information Technology Information Security Office. To ensure the fairness of any proceedings that may follow a reported violation, the individual filing the report should not discuss or provide copies of the allegations to others. Nothing in the section shall be interpreted to prohibit an individual from pursuing such other administrative or legal rights as he or she may have. While the University's primary responsibility to investigate violations of this policy rests with Computing and Information Technology. Exceptional cases should be reported to the President or his/her designee.

Additional IT requirements for WSUSOM GME Residents

Access to protected patient information is covered by the Health Insurance Portability and Affordability Act (HIPAA). Residents are expected to comply with all HIPAA policies as set forth by WSU SOM and all its hospital partners. Particular care should be taken to avoid copying sensitive information onto removable devices such as flash drives, PDAs, etc. (See Social Media Policy and Email Policy)

Residents utilizing IT services at teaching sites may have to meet additional requirements established by the host institution. This policy should be presented at the site-specific orientation. If not, the resident should notify the program director.

Monitoring:

Compliance with this policy will be monitored by the GMEC via:

- ☐ ACGME Annual Resident Survey
- ☐ Annual GME resident evaluation of the program
- ☐ Resident Quality Council
- ☐ Anonymous contact via hotline and/or online complaint form

Section V.4 Human Resources

ADA for residents (IR IV.H.4)

GMEC approved: March 2007

GMEC updated and approved: July 2011

GMEC Revised and approved: December 2014

GMEC Reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose: To ensure full and equal employment, public accommodation and educational opportunities to all disabled qualified residents in training in the WSU GME residency/fellowship programs.

Policy

It is the policy of the WSU SOM GME programs to provide reasonable accommodation to people with known impairments that meet the statutory definition of a covered disability except where such accommodation would impose an undue hardship or present the threat of harm. Persons with disabilities who are covered under this policy include applicants seeking admission to residency programs and residents who, with or without reasonable accommodation, meet the technical standards for Graduate Medical Education.

Technical Standards for Graduate Medical Education

Applicants for Graduate Medical Education must have sufficient gross and fine motor skills to be able to independently perform physical examinations of patients and to record their notes and orders. The applicant must be able to physically perform the diagnostic and therapeutic procedures required of physicians in their specialty, and also those that may be required of any physician in an emergency setting. Examples of such procedures include but are not limited to phlebotomy, placement of a nasogastric tube, endotracheal intubation, thoracostomy tube placement, cardiopulmonary resuscitation, manipulation of surgical instruments, and wound suturing and dressing, to list only a few.

These activities require both gross and fine sensory-motor coordination, equilibrium, and hand-eye coordination.

Applicants must have sufficient use of the senses of sight, hearing, and touch so as to be able to conduct independent examinations of their patients and to observe or detect the various sign and symptoms of the disease processes that will be encountered in the routine

course of their training. The applicant must also have sufficient sensory capabilities to conduct evaluations and examinations in any emergency setting that are reasonably anticipated to be a part of their training program. Examples of the components of such evaluations and examinations include visual observation of the patient, auditory auscultation and/or percussion of the chest and abdomen, and tactile palpation of the chest, abdomen and extremities.

Applicants must have the ability to efficiently and effectively communicate, both verbally and in writing, with patients, faculty and staff physicians, residents, nurses, and other members of the allied health, academic, business and administrative units of the Medical Center, both in the routine course of patient care and operation, as well as in the event of emergency or crisis. Examples of such communication include written documentation of the history and physical examination, written and/or computerized entry of patient orders and directions for patient care, verbal presentations in rounds, presentation of didactic conferences, oral presentations at academic conferences, and submission of papers for publication.

The applicant must have sufficient cognitive skills to be able to organize, analyze and synthesize complex concepts and information in order to identify and diagnose pathologic processes, formulate appropriate plans for patient management and participate in a Graduate Medical Education program. Participation in the educational program assumes cognitive ability sufficient to acquire and maintain the basic information and fund of knowledge required of all residents in a given program as well as the ability to demonstrate mastery of such information and knowledge through the written and/or oral examination processes including, but not limited to, in-service examinations and the certifying examinations of the various medical specialty colleges and boards.

Applicants must have sufficient behavioral and social skills so as to effectively interact with patients and their families in the examination, diagnosis, treatment, and counseling processes. The resident must also effectively and constructively work with their fellow residents, staff physicians, and nurses as well as personnel in the allied health, academic, administrative and business units of the medical center. The applicant must be capable of performing assigned clinical duties for up to 80 hours/week, on the average. The applicant must also be able to function effectively as a member of the health-care team, academic program, and medical center as a whole under conditions that may change rapidly and without warning in times of transition, crisis or emergency.

Responsibility for Implementation

The Employment Service Center of the [Office of Equal Opportunity](#) is the primary contact for information and advice about disability accommodation and access.

Procedure for Requesting Reasonable Accommodation

It is the obligation of the individual seeking an accommodation to direct their request to the appropriate university contact. (i.e. the Program Director). The Employment Service Center of the Office of Equal Opportunity is responsible for ensuring that requests are considered on a case-by-case basis in accordance with state and federal regulations, and that

appropriate University officials are involved in evaluating the request, identifying funds and implementing the accommodation.

The accommodation request form for Individuals with Disabilities is available on the Employment Service Center of the Office of Equal Opportunity website found at https://oeo.wayne.edu/pdf/request_for_accommodationemployee_10-25-17.pdf. The procedure for requesting an accommodation is available on the Equal Opportunity Office website at <https://oeo.wayne.edu/resources/brochures>

Documentation of Disability

Individuals who request accommodation are obligated to provide documentation of their disability upon request of the Employment Service Center of the Office of Equal Opportunity. The University reserves the right to obtain additional medical or psychological assessment at its own cost. All documentation regarding disability shall be retained in files separate from the academic or personnel files of the individual.

Complaint Procedure

Individuals who believe they have been denied reasonable accommodation or have been discriminated against on the basis of their disability are advised to contact the Employment Service Center of the Office of Equal Opportunity. Disputes related to reasonable accommodation are handled internally through the Employment Service Center of the Office of Equal Opportunity. The office can be reached by calling (313) 577-2280.

Harassment (IR IV.H.3.)

GMEC approved: March 2007

GMEC updated and approved: July 2011

GMEC updated and approved: December 2014

GMEC reviewed and approved: April 2017

GMEC reviewed and approved: April 2019

Purpose:

The purposes of this policy are to outline expectations of behaviors that promote a positive, supportive, learning environment for Wayne State University School of Medicine GME medical residents and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of appropriate expectations, provides examples of unacceptable treatment of resident, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.

Policy

WSU SOM GME is committed to a policy of non-discrimination and equal opportunity in all of its operations, employment opportunities, educational programs and related activities. As educators, we are all committed to maintaining an educational and professional environment free of all forms of harassment and discrimination. WSU SOM GME strives to create a safe and supportive learning environment that reflects the institution's values of

professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion and integrity. Mistreatment of residents is unacceptable and will not be tolerated.

This policy embraces all persons regardless of race, color, sex, national origin, religion, age, sexual orientation, marital status or disability/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 residents, extracurricular activities, the use of university services and 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 designed to achieve full equity for minorities and women. (See the Wayne State University Non-Discrimination/Affirmative Action policy at this http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf).

Procedure

Residents/Fellows should use this policy to address discriminatory, unfair, arbitrary or capricious treatment by faculty, staff, clinical teaching faculty and medical personnel. The WSU SOM GME adheres to the professional standards of the Wayne State University Nondiscrimination Policy http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf.

Residents/Fellows are expected to report behavior which interferes with the learning process. Residents/Fellows should consider the conditions, circumstances and environment surrounding the behavior. Examples of discriminatory, unfair, arbitrary or capricious treatment include, but are not limited to:

1. Physical
 - a. Physically mistreated causing pain or potential injury
 - b. Pushed/slapped hand ("get out of the way communication")
 - c. Exposed to other forms of physical mistreatment used to express frustration, make a point or get attention
2. Verbal
 - a. Accused
 - b. Threatened/intimidated
 - c. Yelled at/snapped at
 - d. Degraded/ridiculed/humiliated/sworn at/scolded/berated
 - e. Exposed to inappropriate conversation/comments (of nonsexual and nonracial nature)
3. Sexual harassment
 - a. Making unwelcome sexual comments, innuendo, jokes, or taunting remarks about a person's protected status as defined in the University's Nondiscrimination Policy Statement.

- b. Making unwelcome and unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy, http://bog.wayne.edu/code/2_28_06.php.
 - c. Ignored because of gender
 - d. Stalking of a sexual nature; i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means.
- 4. Ethnic
 - a. Exposed to racial or religious slurs/jokes as defined in the University's Nondiscrimination Policy Statement.
 - b. Stereotyped
 - c. Neglected/ignored (because of student's ethnicity)
- 5. Power
 - a. Dehumanized/demeaned/humiliated (nonverbally)
 - b. Intimidated/threatened with evaluation consequences
 - c. Asked to do inappropriate tasks/scut work
 - d. Forced to adhere to inappropriate work schedules
 - e. Neglect/ignored

Please note: When one party has any professional responsibility for another's academic or job performance or professional future, the university considers sexual relationships between the two individuals to be a basic violation of professional ethics and responsibility; this includes but is not limited to sexual relationship between faculty and resident/fellow or between supervisor and resident/fellow, even if deemed to be mutually consenting relationships. Because of the asymmetry of these relationships, "consent" may be difficult to assess, may be deemed not possible, and may be construed as coercive

Resident who themselves experience or observe other resident experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. Those who believe they have experienced mistreatment, sexual harassment or discrimination by an administrator, faculty, staff member, another resident or a teaching hospital or clinic employee can pursue one or more avenues for resolution.

Suggested options for residents include:

1. DISCUSS it with your program director, department chair, associate program director, other faculty member, Resident Council member and/or Graduate Medical Education office staff.
2. FILE a report with the GME office using the Resident Physician Confidential Complaint Reporting form found on the GME website
<https://www.med.wayne.edu/gme/resident-physician-confidential-concern->

reporting/. The user may choose to share their name or make the report anonymously.

3. Formally REPORT it:

- a. If the event involves a WSU administrator, faculty or staff, and involves **sexual harassment or discrimination** the resident/fellow **must** also report the incident to the [Office of Equal Opportunity](#) who will investigate and respond accordingly. Refer to University Policy 2005-03 Discrimination and Harassment Complaint Process.
- b. If the event involves a WSU administrator, faculty or staff, and **does not** involve sexual harassment or discrimination the resident/fellow **may** also report the incident to the Office of Equal Opportunity.
- c. If the event involves clinical faculty/medical personnel (non-university employee) at a clinical site, the resident/fellow may also report the event to the Human Resources Department of that Hospital.

All complaints should be filed within 30 business days of the event.

Rights of the Accuser and Accused:

- To confidentiality
- To have the allegations investigated in a thorough and timely manner
- To be informed of the outcome of the process

Responding to Concerns of Mistreatment

All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints in an expeditious, discreet and effective manner. The University, including the GME office and the residency program, will attempt to maintain confidentiality to the extent possible within legitimate conduct of an investigation and/or as required by law. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing a complaint.

No Retaliation

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the accused or the accuser and other related persons, including, but not limited to, acquaintances, friends and family members. Individuals who believe they are experiencing retaliation should immediately contact the GME office so that prompt remedial action can be taken.

References

- a. University Policy 2005-03 Discrimination and Harassment Complaint Process
https://oeo.wayne.edu/pdf/discrimination_and_complaint_process_final_old.pdf
- b. University Policy Nondiscrimination/Affirmative Action Policy
http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf.
- c. University Sexual Harassment Policy
https://oeo.wayne.edu/pdf/wayne_state_university_sexual_harassment_statute.pdf

Recruitment, Selection/Non-Discrimination and Appointment (IR I.V.A.2)

GMEC approved: March 2007
GMEC revised: July 2011
GMEC updated and approved: November 2014
GMEC updated and approved: February 2017
GMEC updated and approved: April 2019
GMEC reviewed and approved: November
2024

Purpose: This policy sets forth WSU GME's guidelines regarding resident recruitment and selection. This policy is intended to establish valid, fair, effective and ethical criteria for recruitment and appointment of residents.

Policy

Residents shall be recruited and selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. WSU GME programs shall not discriminate with regard to sex, race, age, religion, color, national origin, disability or any other applicable legally protected status. As outlined in Article 2, of the bargaining agreement the Wayne State University Office of Equal Opportunity (OEO) processes will be followed.

Applicants invited to interview for a resident/fellow position have access via the WSU GME website <https://gme.med.wayne.edu/resident-info> to the following information: terms, conditions, and benefits of appointment to the WSU SOM ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. This information includes: financial support, vacations, and other leaves of absence; and professional liability, medical benefits, disability and other insurance accessible to residents and their eligible dependents.

Procedure for recruitment

In selecting from among qualified applicants, the WSU GME and all of its graduate medical education programs shall participate in an organized matching program, such as the

National Resident Matching Program (NRMP). Since WSU, as an institution, participates in the NRMP MATCH all WSU programs – even if they do not participate in the NRMP MATCH - must abide by all policies and procedures in the NRMP. Programs participating in the NRMP MATCH must participate in the “all-in” policy that requires all positions to be selected through the NRMP (See [NRMP Participation Agreement for Institutions](#)) and must abide by all policies and procedures in the NRMP.

Positions are occasionally available outside the match process for reasons such as attrition or off-cycle appointments. Potential candidates for such positions shall be proposed by the program director to the DIO before any interviews may be scheduled. The DIO will ensure the program director has certified the eligibility and qualifications of any candidate proposed for appointment outside the match process and for assuring that the appointment is made in compliance with the policies and procedures of the NRMP (if applicable).

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

- An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program
 - Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education or Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation; or,
 - Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - Have a current valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment
 - holding a full and unrestricted license to practice medicine in Michigan
- Applicants who are not citizens of the United States must be eligible and apply for an ECFMG-sponsored J-1 visa or have a U.S. Citizenship and Immigration Services-issued employment authorization. More detailed information on visa requirements and application procedures may be obtained from the GME Office at 313-577-0714
- Prospective residents must pass a criminal background check through WSU HR.

Procedure for Resident Appointment

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

- A completed application for appointment. All appointment paperwork must be accompanied by a WSU GME application or an ERAS form.

- Successful completion of USMLE or COMLEX step 1, step 2 CK and CS and step 3 if applicable.
- Proof of legal employment status, (i.e. birth certificate, passport, naturalization papers, valid visa, EAD card etc.). If the resident is an international medical school graduate, an original, current and valid ECFMG certificate is required.
- 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) Advanced Cardiovascular Life Support, Basic Life Support and Pediatric Advanced Life Support as prescribed by program and/or WSU.
- The signed Graduate Medical Education Agreement of Appointment for a term of one-year.
- Submit to a health examination and supplementary test(s), including tests for drug and/or alcohol abuse and/or a cotinine (nicotine) test, and receive the required immunizations in compliance with the sponsored program hospital's policy and all applicable federal, state and local laws and regulations. It must be determined the resident is in sufficient physical and mental condition to perform the essential functions of appointment. The results of all examinations shall be provided to the affiliated hospital's Employee Occupational Health Services.
- Further information that the GME Office may request in connection with the resident's credentials includes, but is not limited to, National Provider ID Number (NPI), Transcripts from Medical School and other employment documentation as required by the WSU Human Resource Department.
- 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.

Non-U.S. Citizen International Medical Graduates must complete and submit all of the above, plus the following:

- Proof of current visa status or eligibility to obtain a visa
- If currently on or applying for Exchange Visitor Visa (J-1), must also provide:
 - Curriculum vitae
 - Ministry of Health letter from home government

Resident impairment (IR IV.H.2.)

GMEC approved: March 2007

GMEC updated & approved: July 2011 GMEC
updated & approved: December 2014 GMEC
updated & approved: April 2017 GMEC
reviewed & approved: April 2019
Per Collective Bargaining Agreement
November 2024

Purpose:

The purpose of this policy is to establish guidelines recognizing and dealing with physician impairment (i.e., substance abuse, chemical dependency, mental illness, or use of drugs or alcohol that does not constitute substance abuse or chemical dependency) evaluations, for all residents/fellows, to ensure that the health and safety of other WSU GME residents/fellows, patients and others is protected (see Resident Well-being).

Policy

Program Directors and faculty shall monitor residents and fellows for evidence of impairment, and especially those related to depression, burnout, suicidality, substance abuse, and behavioral disorders. Further, it is also the responsibility of every individual—including Program Directors, faculty and Employees to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition. This reporting requirement applies to anyone who observes that a physician may be impaired. Actual evidence of impairment is not required. Trainees may make this report to the Health Professional Recovery Program (HPRP) directly or may make their concerns known to the Program Director, Associate Program Director, Faculty member, GME Office or another responsible individual.

- A.** *In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement shall be fulfilled by confidentially reporting the individual to the HPRP.*

B. Definitions

1. Impaired or impairment means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to minimum standards of acceptable and prevailing practice for that health profession due to the health professional's substance abuse, chemical dependency or mental illness or the health professional's use of drugs or alcohol that does not constitute substance abuse or chemical dependency.
2. Substance abuse is the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.
3. Chemical dependency is a group of cognitive, behavioral, and physiological symptoms that indicate that an individual has a substantial lack of or no control over the individual's use of one or more psychoactive substances.

4. Mental illness is a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Examples of mental health disorders include but are not limited to major depression, bipolar disorder, anxiety disorder and post-traumatic stress disorder.
5. Dual Diagnosis refers to persons who have signs of concurrent substance use and psychiatric disorders.

C. Procedure

If concern is raised about an Employee, the Program Director should act quickly to perform a workplace intervention. In the absence of the Program Director, Department Chair, or Associate Program Director, any responsible faculty member may perform a workplace intervention. As part of this intervention a resident may be required to undergo a drug and/or alcohol test. Residents who refuse to be tested for drugs and/or alcohol will be considered to be insubordinate and will be subject to disciplinary action up to and including termination.

1. Prior to any drug test, an Employee has the right to speak with a Union representative before the test is performed, which they may do by phone, or in person at the test site.

If the Employee chooses to speak with a Union representative, they will be afforded a reasonable amount of time to do so subject to the following paragraph. After the Employee speaks with the Union representative, the Employer may proceed with the test.

In all cases, however, the Employer may proceed with the test thirty (30) - sixty (60) minutes following the initial notification of the intent to perform the test, regardless of whether or not the Employee has spoken with a Union representative and regardless of the length of time the Employee has spoken with the Union representative

An Employee who refuses to take a drug test may be subject to discipline.

- D.** *Employees may be removed from participation in clinical duties and other professional activities and referred to HPRP should there be evidence of impairment.*
- E.** *The HPRP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all Employees who are referred.*
- F.** *If HPRP determines that the Employee is not impaired, mention of the concern shall be removed from their personnel records and the Employee will be allowed to return to work without prejudice.*
- G.** *However, should HPRP conclude that an Employee is suffering from impairment; the Employee may be required to complete outpatient treatment with HPRP and/or may be referred to an outside facility for further evaluation and potential inpatient treatment. In this case, the Program Director must immediately take appropriate action, which may include:*
 1. Suspension from Clinical Duties: This action will be considered if impairment may adversely affect the Employee's ability to provide safe patient care or may otherwise put the individual at risk for hurting him/herself or others.

2. Leave of Absence: If inpatient treatment is indicated as a part of the treatment plan, the program may opt to place the Employee on a medical leave of absence and remove him/her from all patient contact and other program duties.

H. Leave Status

Employees who must undergo inpatient treatment and rehabilitation at an outside facility will automatically be placed on medical leave during this period. Depending on the duration of leave, the Employee may be required to extend his/her training in order to meet ACGME and/or Board minimum training requirements.

I. Return to Work

Employees who have been treated for impairment will require a full endorsement from both the treatment center and the HPRP before consideration will be given to their return to training. The program will make the decision about accepting an Employee back into training only after full consultation with HPRP and after review of the Employee's previous academic performance. Employees will be required to agree to and sign a Return to Work Agreement, an agreement supplemental to the residency agreement that outlines conditions under which he/she may continue in the training program and any other matters specific to the individual resident's circumstances. In some cases, Employees may undertake limited duties as a part of the Return to Work Agreement. Due to the many risks to recovery inherent in the healthcare workplace, in some cases, return to training may not be recommended.

- J. Employees who are deemed able to return to training will be required to commit to a full monitoring program as determined by the HPRP. The HPRP will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the Employee is safe to practice. The program will allow reasonable accommodations for Employees to meet the requirements of this monitoring program.*

An appropriate workplace monitor will be identified at each training site who will both provide and receive reports from the HPRP of the Employee's progress. The workplace monitor(s) will be responsible for making sure the Employee reports for work as required and will be the point person for any concern regarding the Employee. The workplace monitor may need to notify other faculty members or chief residents of the situation, although confidentiality will be maintained wherever possible.

Resources:

Employee Assistance Plan: Ulliance EAP - phone: 1-800-448-8326, website:

<http://www.lifeadvisoreap.com/MemberLogin.aspx>

Health Professionals Recovery Program (HPRP): Phone: 800-453-3784, website:
<http://www.hprp.org/>

Time away from Residency (including Jury Duty, Leaves of Absence, FMLA)

GMEC approved: March 2007
GMEC revised: July 2011
GMEC revised: September 2013
GMEC revised: May 2014
GMEC updated and approved: October 2014
GMEC updated and approved: February 2017
GMEC updated and approved; April 2019
GMEC revised June 2022
Per Collective Bargaining Agreement November 2024

Policy

Residents are entitled to paid time off in accordance with program accreditation requirements, WSU Human Resource benefits, and Article 24 of the agreement. This time may include vacation and leaves of absence, including medical, parental, and caregiver leaves of absence.

A. *Effect upon the Graduate Medical Education Program*

Promotion or program completion of a GME program may be affected by time off, based on the length of leave and the educational requirements of the program. Accreditation agencies and specialty colleges may have specific requirements regarding the amount of time a resident must be engaged in training to qualify for promotion, program completion or board certification. Information related to eligibility for specialty board examinations is available through each specialty college and may be accessed through the ABMS (www.abms.org). The program director must inform the resident of any specialty-specific board requirements that may be impacted by any leave of absence or excessive time away from the program.

B. *Paid Leaves*

All paid leave is available beginning the first day of the Employee's program and can be taken intermittently or consecutively in consultation with the Employee's Program Director.

1. Vacation Bank

Employees shall be eligible for 150 hours (20 weekdays) of time off from their residency for vacation per contract year.

- a. All vacation time must be approved in advance by the program director or their designee.

- b. Requests for vacation time will not be unreasonably denied.
- c. Vacation time does not accumulate and must be used by the end of the residents' PGY anniversary date.
- d. There will be no vacation bank payout upon termination or graduation.

2. Illness/Disability Leave

- a. Employees shall be eligible for 165 hours (22 days) of illness/disability leave per year. An additional 165 hours shall be placed into an Employee's illness/disability bank every anniversary date.
- b. The maximum accrual of the illness/disability bank shall be 990 hours (132 days).
- c. Illness/Disability bank can be utilized immediately.
- d. There will be no disability payout upon termination or graduation from the program.

3. Personal Leave

Employees shall be eligible for 15 hours (two days) per year, after initial six months of service, that may be used for any purpose.

4. Emergency Care

Employees shall be eligible for 15 hours (two consecutive days) of emergency care for immediate family, per occurrence. Immediate family member shall be defined as: spouse, parent, sibling, child, step-child, grandparent, grandchild, parent-in-law, sibling-in-law, and child-in-law. Siblings of parents, children of siblings, and cousins shall be considered members of the immediate family only if living in the employee's immediate household.

5. Examinations

Employees shall receive time off without loss of pay to take examinations required by Programs or as part of their Board requirements, including any required sub-specialty in-service exams. The Employer will provide time off work with pay to a Employee in a residency program to take the USMLE Step 3 or COMLEX Level 3 examination (no more than two (2) days) and this time will not count as usage of vacation, or other paid time off, as long as the Employee has collaborated with the Program Director regarding the time period for which the test will be scheduled.

6. Conferences

Will be eligible for a minimum of five days off without loss of pay to attend conferences as specifically approved by the Program Director or Program Director's designee.

7. Training

Employees will receive time off without loss of pay to recertify for Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), or Advanced Trauma Life Support (ATLS) courses as may be required by their current training program. These recertifications will be offered at no cost to the Employee in accordance with guidelines established by the Employer. If an employee needs to take any of these courses privately, they will have to pay up front but will then get reimbursed by their program.

The Employer will make reasonable efforts to provide Employees with electronic or other written reminders of recertification deadlines at least six (6) months in advance, but it remains the responsibility of the Employee to track and fulfill their recertification obligations.

8. Interview Time

When approved by the program director, Employees shall be granted paid time off for attending job and fellowship interviews.

9. Civic Duty

Employees shall be granted paid time off to serve their civic duties, including, but not limited to, presenting themselves for jury duty.

When residents receive a summons, subpoena or other legal notice for appearance, they must notify their supervisor promptly. If their continued presence is crucial to the operation of the department, the supervisor authorized to furnish a letter (addressed to the presiding judge) requesting that the resident be excused and providing a full explanation for that request. If that request is denied, the Employee shall be granted time to appear without loss of pay or benefits. Proof of appearance may be required by the Employer.

10. Medical/Parental/Caregiver Leave

The Employer will provide Employees with a total of six (6) weeks of approved medical, parental, and caregiver leave(s) of absence during an Employee's ACGME-accredited program. This time will be covered with full pay, but the Employee must utilize the appropriate paid time off (PTO) (i.e., illness/disability leave and/or vacation) to be run concurrently with the Medical/Parental/Caregiver leave, with the exception that the resident will retain 1 week of PTO that will be reserved for use outside of the six (6) week leave.

a. Medical/Parental/Caregiver leave can be taken for the following reasons:

- i. The birth of a child and to bond with the newborn child within one (1) year of birth.
- ii. The placement with the Employee of a child for adoption or foster care and to bond with the newly placed child within one (1) year of placement.
- iii. A serious health condition that makes the Employee unable to perform the functions of their job.
- iv. To care for the Employee's spouse, child, or parent who has a serious health condition.

- b. An Employee who gives birth by Cesarean section shall receive an additional two (2) weeks of paid Illness/Disability Leave for physical recovery, pursuant to Section C of this Article.
- c. Medical/Caregiver/Parental Leave will run concurrently with leave under the Family and Medical Leave Act (FMLA) to the extent the Employee is entitled to such leave. The procedure to request FMLA is outlined in section M.1 below.
- d. Anticipated Dates for Medical/Parental/Caregiver leave shall be provided by the Employee to the Employee's program director, if possible.
- e. The Employer will provide reasonable accommodations, as required by federal law, to accommodate any health care needs that may arise during the course of an Employee's pregnancy and as a result of childbirth. All accommodation requests must be submitted to the OEO office as outlined in University guidelines.

C. Unpaid Leaves

1. Family Medical Leave Act (FMLA)

- a. Employees shall be eligible to take up to 12 weeks of job-protected unpaid leave, or substitute appropriate paid leave if earned, for a family or personal serious health condition that qualifies under the FMLA or to care for a child or newly adopted child.
- b. Prior to taking FMLA leave, the Employee should, when possible, give 30-days' notice to their program director. In situations where the need for FMLA is not foreseeable, Employees should give written notice to the program director as soon as practicable.
- c. Employees should then arrange the leave through the [FMLA source website](#).
- d. Employees who take FMLA leave because of their own serious health condition or to give birth to a child, must first exhaust Disability and Vacation leave.
- e. Employees who take a service member family leave or a leave for the birth, adoption or foster care of a child or to care for a seriously ill spouse, child, or parent, must use all accrued vacation before being eligible for unpaid leave.
- f. Procedure to request FMLA. The employee should discuss the need for FMLA with the program director. In the case of foreseeable FMLA, a trainee must give 30-days' notice to their program director. In situations where the need for FMLA is not foreseeable, trainees are required to give written notice to the program director as soon as practical. After informing their program of their need to take FMLA the resident must: call 1-877-GO2- FMLA (1-877-462-3652), or log onto [FMLASource](#) or [WSU's FMLA webpage](#) to start the leave process. FMLA paperwork must not come to Program directors, Coordinators or the GME office. Once the resident makes a request in the FMLA Source website; the system generates all documents needed — for example notification and approval/denial of FMLA. Those notices will be sent to HR and the GME office, so they can forward information to the Program as necessary. Although leave under FMLA is unpaid, Employees may be entitled to concurrent paid leave, such as Medical/Parental/Caregiver Leave.

2. Personal Leave

Employees shall be eligible to take a personal leave of absence after one (1) year of service.

- a. This type of leave is not related to FMLA leaves.
- b. Vacation time must be exhausted while on a personal leave. Once vacation time is exhausted the remaining leave will be unpaid, medical benefits may be terminated once an employee is absent without pay for more than 20 working days.
- c. Prior to taking personal leave, the Employee should, when possible, give 30-days' notice to their program director. In situations where the need for such leave is not foreseeable, Employees should give written notice to the program director as soon as practicable.
- d. In a medical emergency, a verbal notice shall be acceptable, with written doctor's note submitted subsequently as soon as practicable.

3. Military Leave

An Employee shall be granted a leave of absence without pay for the period of required active duty when they (1) are inducted for active duty military service through the selective service system or (2) volunteer for active duty military service rather than being inducted or (3) are assigned to alternate service through the selective service system in lieu of being inducted. Following such a leave of absence, an Employee who 1) receives a certificate of satisfactory completion of service; 2) applies for reinstatement within ninety (90) days after release from active duty; and 3) is still qualified to perform as an Employee shall be returned to Employee responsibilities and duties at the appropriate level.

- D.** *When an employee is on leave, the Employer shall provide for coverage of their duties without increasing the workload of other Employees. Employees shall not be required or expected to make up time on paid leave by performing extra work. However, as outlined in section 1, taking paid time off can delay completion of the residency program.*

Jury Duty

Policy

¹ Immediate family member shall be defined as: Husband, wife, father, mother, brother, sister, son, step-son, daughter, step-daughter, grandmother, grandfather, grandchildren, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, and son-in-law. Aunts, uncles, nieces, nephews, and cousins shall be considered members of the immediate family only if living in the employee's immediate household.

The WSU GME endorses the desire of residents to serve their civic duties, including, but not limited to, presenting themselves for jury duty.

Procedure

When residents receive a summons, subpoena or other legal notice for appearance, they must notify their supervisor promptly. If their continued presence is crucial to the operation of the department, the supervisor is authorized to furnish a letter (addressed to the presiding judge) requesting that the resident be excused and providing a full explanation for that request. If that request is denied, WSU policy enables the resident to fulfill one's civic responsibility of serving on juries or appearing as a subpoenaed witness without loss of pay or benefits. All GME residents are eligible for this benefit. The resident's supervisor will approve the absence and consider it an "authorized absence with full pay." When the resident returns to work, he/she must submit proof of appearance, including complete dates of service. (see § "Time away from residency" — Effect upon the Graduate Medical Education Program).

Family Medical Leave Act (FMLA)

Policy

Under the Family Medical Leave Act, a resident may be eligible to take up to 12 weeks of job-protected unpaid leave, or substitute appropriate paid leave if available, for a family or personal serious health condition that qualifies under the FMLA or to care for a child or newly adopted child. See the university's FMLA policy, located at <http://policies.wayne.edu/appm/3-4-5-family-and-medical-leave-act.php> for details and eligibility requirements.

Procedure

- Discuss the need for FMLA with the program director. In the case of foreseeable FMLA, a trainee must give 30-days' notice to his or her program director. In situations where the need for FMLA is not foreseeable, trainees are required to give written notice to the program director as soon as practical.
- After informing their program of their need to take FMLA the resident must: call 1-877-GO2-FMLA (1-877-462-3652), or log onto www.fmlasource.com or <https://hr.wayne.edu/tcw/loa-fmla/fmla> to start the leave process.
- FMLA paperwork must not come to Program directors, Coordinators or the GME office. Once the resident makes a request in the FMLA Source website; the system generates all documents needed — for example notification and approval/denial of FMLA. Those notices will be sent to HR and the GME office, so they can forward information to the Program as necessary.

- Residents will be asked to follow this process even if they may not be eligible for FMLA to ensure that all of the required information for their leave is collected by the Human Resources Department.
- Residents who take leave because of their own serious health condition or to give birth to a child, must use paid leave before being eligible for unpaid leave in the following order:
 - Accrued Illness Banks (see “Time away from residency” — Illness/Disability Bank).
 - Vacation Banks (see “Time away from residency” — Vacation Bank).
- Residents who take a service member family leave or a leave for the birth, adoption or foster care of a child or to care for a seriously ill spouse, child, or parent, must use all accrued vacation before being eligible for unpaid leave.

Leaves of Absence

Policy

It is the policy of WSU to comply with federal, state and local rules and regulations related to the administration and implementation of leaves of absence programs and to be consistent in the communication and application of such programs. The GME programs adhere to the following WSU policy, located in the Personnel Manual for Non-Represented Employees; No 2.3 Leaves of Absence, located at <https://policies.wayne.edu/non-rep/2-3-leaves-of-absence>. (see “Time away from residency” — Effect upon the Graduate Medical Education Program).

Residents are eligible, if needed, to take a personal leave of absence upon their start in their residency program. This type of leave is not related to FMLA leaves.

Illness/Disability and Vacation time must be exhausted while on a personal leave. Once paid time is exhausted the remaining leave will be unpaid, medical benefits may be terminated once an employee is absent without pay.

Procedure

To initiate a leave, the trainee must:

- Discuss the need for leave with the program director. In the case of foreseeable leaves, a trainee must give 30-days’ notice to his or her program director. In situations where the need for leave is not foreseeable, trainees are required to give written notice to the program director as soon as practical. In a medical emergency, a verbal notice may be acceptable, with written doctor’s note submitted as soon as practical.
- Contact the Graduate Medical Education office to discuss procedures.
- The Program administrator will track absences so that all program requirements are met (see “Time away from residency” — Effect upon the Graduate Medical Education Program).