

# DMC™

DETROIT MEDICAL CENTER

WAYNE STATE UNIVERSITY



## Graduate Medical Education

**2006-2007  
GME Trainee Manual  
And  
Benefits Guide**

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



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

Trainees are encouraged to consult the various booklets, summaries, and/or governing documents as appropriate, and to contact the Office of Graduate Medical Education for more detailed information and up-to-date descriptions at <http://www.dmc.org/gme>.

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

This guide is to acquaint you with policies from WSU/DMC Graduate Medical Education and DMC hospitals at which you will be rotating. It is important to note that as stated in your Graduate Medical Education Agreement of Appointment (contract), you are governed by the policies of any hospital at which you rotate. If you wish to have additional information regarding anything addressed in this guide, please feel free to contact the Office of Graduate Medical Education at 313-745-5146.

Please note that pertinent WSU/DMC GME policies and procedures are also available for viewing on the Office of GME website at <http://www.dmc.org/gme>.



Office of Graduate Medical Education

Detroit Medical Center  
Graduate Medical Education  
4201 St. Antoine, 9C UHC  
Detroit, Michigan 48201  
(313) 745-5146

Office Hours: Monday – Friday 8:30 am to 5:00 pm  
Academic Calendar  
July 1 – June 30

Dear WSU/DMC Graduate Trainees:

The Office of Graduate Medical Education prepared the GME Trainee Manual and Benefits Guide for you. This guide provides a summary of benefits, policies, and services that are available to you as a member of the DMC House Staff. Additional policies, procedures, and requirements may be found in your program residency manual.

Should you have any questions or needs, do not hesitate to visit or contact The Office of Graduate Medical Education. We are here to assist and serve you.

Sincerely,

Mark Juzych, M.D.  
Designated Institutional Official  
VP for Academic Affairs, Detroit Medical Center  
Assistant Dean, Graduate Medical Education  
Wayne State University School of Medicine

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# **Part A: WSU/DMC Global Policies, Procedures, and Information**

## **Section I – WSU/DMC Graduate Medical Education History**

### ***History***

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

### ***Location***

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

### ***University***

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

### ***Facilities***

The largest health care provider in southeast Michigan, the Detroit Medical Center operates eight hospitals (Children's Hospital of Michigan, Detroit Receiving Hospital, Harper University Hospital, Huron Valley-Sinai Hospital, Hutzel Women's Hospital, Michigan Orthopaedic Specialty Hospital, the Rehabilitation Institute of Michigan and Sinai-Grace Hospital), two nursing centers and more than 100 outpatient facilities throughout southeast Michigan. The DMC is also affiliated with the Barbara Ann Karmanos Cancer Institute and Hospital and the Veterans Administration Medical Center Detroit.

As a nonprofit corporation established in 1985, the Detroit Medical Center is the largest nongovernmental employer in Detroit. The system has more than 2,000 licensed beds, 3,000 affiliated physicians and serves as the teaching and clinical research site for Wayne State University, the nation's third largest medical school. Many Detroit Medical Center physicians are recognized by colleagues as leaders in their field of medicine. Over 43% of the physicians practicing in Michigan are Wayne State University Medical School graduates.

### ***Wayne State University School of Medicine Organizational Profile***

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

WSU is located in the heart of Detroit's University Cultural Center, the home of renowned museums, galleries and theatres, most within walking distance to the campus. The WSU main campus encompasses 203 acres of beautifully landscaped walkways and gathering spots,



linking 100 education and research buildings. There are five extension centers in the metropolitan area that provide convenient access to a wide selection of courses.

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

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

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

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

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

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

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

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

## ***DMC Organizational Profile***

The Detroit Medical Center's (DMC) record of service has provided medical excellence throughout the history of the Metropolitan Detroit area. From the founding of Children's Hospital in 1886, to the creation of the first mechanical heart at Harper Hospital 50 years ago, to our compassion for the underserved, our legacy of caring is unmatched.

Our medical experts are nationally recognized and each year, hundreds of DMC doctors are included in the list of America's Best Doctors™. A reputation for excellence draws patients to world-class programs in oncology, organ transplant, cardiology, women's services, neurosciences, stroke treatment, optometry, pediatrics and rehabilitation.

We are the leading academically integrated delivery system in metropolitan Detroit and the largest health care provider in southeast Michigan. The DMC has more than 2,000 licensed beds, 3,000 affiliated physicians, and is the teaching and clinical research site for Wayne State University School of Medicine, the nation's fourth largest medical school. Detroit Medical Center facilities employ best practices and conduct business in an atmosphere of respect and professionalism. Our volunteer efforts in health education and disease prevention represent an ongoing commitment to the health and well-being of the communities we serve.

The DMC continues to meet the health care needs of a growing community, offering the best in medical research and development, advanced technology and optimum clinical services.

## ***Wayne State University Facilities and Affiliates***

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

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

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

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

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

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

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

centers in Dearborn, MI and in downtown Detroit. The VAMC serves approximately 464,000 veterans in Wayne, Oakland, Macomb and St. Clair counties.

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

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

### ***Detroit Medical Center Facilities***

Children's Hospital of Michigan – an international leader in pediatric neurology and neurosurgery, cardiology, oncology, diagnostic services including Positron Emission Tomography and MRI. Southeast Michigan's only pediatric Level One Trauma Center. Experts in pediatric critical care, rehabilitation and neonatal and perinatal medicine who care for thousands of children every year.

Detroit Receiving Hospital – Michigan's first Level One Trauma Center. Areas of expertise include a burn center, hyperbaric medicine, emergency psychiatry, medical and surgical emergencies, and traumatic brain surgery. Detroit Receiving trains nearly 60 percent of Michigan's emergency department physicians.

Harper University Hospital – known for its specialty services such as bariatric (gastric bypass surgery) cardiology, vascular procedures, neurosurgery, neurology and kidney and pancreas transplants. As the hospital with the first mechanical heart, Harper has always been a leader in state-of-the-art technology. Today, Harper continues that trend with Michigan's only iMRI machine, non-invasive cardiac procedures, and new advances in stroke prevention and neuromuscular diseases like Parkinson's and multiple sclerosis.

Huron Valley-Sinai Hospital – Oakland County's newest hospital and among the top hospitals in the area and nation in patient satisfaction. The hospital features the Harris Birthing Center with all private birthing suites, a regional specialty center, the Charach Cancer Center, a part of the Barbara Ann Karmanos Cancer Institute, the Krieger Center for Senior Adults, state-of-the-art surgical suites; cardiac services, complete inpatient and outpatient diagnostic care as well as an emergency department ranked among the highest in the United States for patient satisfaction.

Hutzel Women's Hospital – nationally recognized for cutting-edge research in high-risk obstetrics, infertility, reproductive genetics, gynecology and neonatology. Hutzel has been ranked as the number one hospital in research grants in the United States, for its OB/GYN physicians who are affiliated with Wayne State University School of Medicine.

Karmanos Cancer Institute/The Cancer Hospital – the only center in Michigan that specializes in cancer. The Hospital and Institute provides a highly effective, multi-disciplinary approach to patient care in which teams of physicians from diverse specialties and caregivers discuss and present the best treatment options for patients.

Kresge Eye Institute – internationally known for its contributions to ophthalmology and considered a leading center for the preservation of sight, implant surgery, cornea transplantation, retina disease and treatment of vision problems.

Michigan Orthopaedic Specialty Hospital – located in Madison Heights, is the only regional hospital focused exclusively on orthopaedic services. This specialty hospital provides patients access to comprehensive orthopaedic services and our expert team of physicians and caregivers recognized as among the best in the United States for orthopaedic care.

Rehabilitation Institute of Michigan – one of the nation's largest hospitals dedicated to rehabilitation medicine and research. The institute serves as a center of excellence for the treatment of persons with spinal cord and brain injuries.

Sinai-Grace Hospital – located in northwest Detroit, is a full-service community hospital, offering expertise in emergency medicine, obstetrics/gynecology, gerontology and bariatric surgery. Sinai Grace's orthopaedic surgery program features total joint replacement surgery, including revolutionary a minimally-invasive knee replacement procedure. Sinai-Grace operates 21 ambulatory sites and surgery centers, including the Oakland Virtual Medical Center.

## Section II – Graduate Medical Education (GME)

### ***GME Mission Statement***

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

### ***GME Administration***

**Mark Juzych, M.D., MHSA.**, Vice President, Academic Affairs, Detroit Medical Center, Assistant Dean, Graduate Medical Education, Wayne State University School of Medicine, Program Director, Ophthalmology Residency Training Program:  
(313) 966-2090; mjuzych@med.wayne.edu

Mark, as chair of the Graduate Medical Education Council (GMEC), oversees residency programs for all WSU/DMC ACGME and Non-ACGME programs. He has the authority and responsibility for all graduate medical education programs in the teaching hospitals, community hospitals or other type of institution that run residency programs for WSU/DMC. Mark advises, consults, and directs all GME faculty and staff in the sponsoring institutions. He reports to the Chief Medical Officer for the Detroit Medical Center and the Executive Vice Dean for Wayne State University School of Medicine.

**Judith L. Kunkle, Ph.D.**, Director, Academic Affairs, Graduate Medical Education, Assistant Professor, Division of Evaluation, Student Information, and Educational Research, Wayne State University School of Medicine, Detroit Medical Center  
(313) 966-2090; jkunkle@med.wayne.edu

Judy began her higher education career at Wayne State University in the early '90s. After working in health professions education in enrollment management, academic enrichment, and student affairs, Judy shifted her focus to Graduate Medical Education in 2000. She addresses many different areas of Graduate Medical Education including oversight of the educational process of the residency training programs, problem trainees, general competency education, academic affairs, orientation of new trainees, and consultant for GMEC on educational process improvement programs.

**Deborah Kellogg**, Administrative Director, Corporate Operations Director, Graduate Medical Education  
(313) 966-0515; dkellogg@dmc.org

Debi is responsible for GME operations and management of resident funds. She oversees the daily operations and supervision of the GME Office and Operations Staff. Debi works closely with the accreditation agencies and is responsible for ensuring compliance related to resident monies/fund management.

**Vanessa Meyer, MBA**, Academic Services Officer I/Accreditation Manager, Graduate Medical Education, Academic Affairs  
(313) 745-7390; vmeyer@med.wayne.edu

Vanessa coordinates and assists in monitoring ACGME policies and ensuring WSU/DMC GMEC compliance. She works very closely with Dr. Kunkle in tracking the academic

accreditation process including Institutional and Internal Reviews. Vanessa also administratively supports both the GMEC and the Resident Council.

### **GME Staff**

**Greg Czentnar**, Financial Coordinator, GME  
(313) 745-5149; gczentna@dmc.org

Greg assists the GME trainees and programs with all payroll and human resource issues.

**Tracy Davis**; Administrative Secretary 1  
(313) 993-0034; tdavis9@dmc.org

Tracy's responsibilities include: assists and provides incoming trainees with new appointment paperwork, processes verification letters, assembles contracts for current residents/fellows for each reappointment year, prepares files for disc once notice of completion is received, and clerical support for GME office.

**Kim Canady**; Administrative Secretary 1  
(313) 745-5146; kcanady@dmc.org

Kim is responsible for monitoring the residents to make sure that they comply with all Hospital and ACGME regulations. She is responsible for processing all trainee new appointment paperwork and also processes verification letters. Kim is support for the Corporate Director of GME.

**Sandy Krach**, Benefits Data Assistant  
(313) 745-3799; skrach@dmc.org

Sandy assists and processes the GME trainees' benefits and related issues.

**Dianne Mitchell**, Executive Secretary, Graduate Medical Education, Detroit Medical Center  
(313) 966-2090; dmitchel4@dmc.org

Dianne is the Administrative Assistant to Drs. Mark Juzych and Judy Kunkle. She is responsible for scheduling and planning for DIO and Director of Academic Affairs, GME-related meetings, administrative duties, paperwork and Internal Reviews.

**Lydia Pingilley**, GME Assistant  
(313) 745-6047; lpingill@med.wayne.edu

Lydia is the Liaison between the GME Office and the International Office and assists our international trainees with their paperwork. She also helps coordinate new trainee orientation, tracks off-site rotations and processing malpractice coverage.

**Connie Williams**, GME Assistant  
(313) 993-2573; cwilliam@dmc.org

Connie processes J-1 and H-1 visas, renews all educational licenses, maintain the database for all who rotate into a DMC hospital, gathers necessary paperwork for the medicare audit, provides notary service, and performs other related duties as required.

## **GMEC Committee Members**

Mark Juzych, MD	DIO; Assist. Dean/VP, GME	Ophthalmology
Ben Atkinson, MD	Vice President Resident Council	Resident Neurology
Brooks Bock, MD	President Harper-Hutzell Hospital	Emergency Medicine
Paul Bozyk, MD	President Resident Council	Chief Resident Internal Medicine
Elie Chidiac, MD	Associate Program Director	Anesthesiology
Robert Frank, MD	Executive Vice Dean, School of Medicine WSU	Internal Medicine
Larry Fleischmann, MD	Children's Hospital	Pediatric Nephrology
Robert Issac, MD	Treasurer Resident Council	Resident Radiation Oncology
Deepak Kamat, MD	Associate Chair for Education	Pediatrics
Debi Kellogg	Corporate Operations Director	Graduate Medical Education
David Kmak, MD	Program Director	Obstetrics-Gynecology
Judith Kunkle, PhD	Graduate Medical Education	Graduate Medical Education
Michael LaCusta	Executive Vice President, DMC	Strategy & Business Partner
Larry MacDonald, MD	Program Director	Transitional Year
Thomas Malone, MD	Executive Vice President & Chief Medical Officer, DMC	Neonatology
Tsveti Markova, MD	Program Director	Family Medicine
Vanessa Meyer, MBA	Accreditation Manager	Graduate Medical Education
Anne Mortensen, MD	Program Director	Pediatrics
Maryjean Schenk, MD	Chair	Family Medicine
Sanket Shah, MD	Secretary Resident Council	Resident Pediatrics
Mohamed Siddique, MD	Program Director	Internal Med.-Sinai Grace
Wilbur Smith, MD	Chair & Program Director	Radiology
Bonnie Stanton, MD	Chair	Pediatrics
James Tyburski, MD	Program Director	Surgery
Renee Van Stavern, MD	Program Director	Neurology
Maria Vlachaki, MD	Program Director	Radiation Oncology
Robert Wahl, MD	Program Director	Emergency Medicine
Wilhelmine Wiese, MD	Program Director	Internal Medicine

## **Section III – Graduate Medical Education Trainee Benefits**

### ***Alumni Affairs***

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

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

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

The Rehabilitation Institute of Michigan's Brasza Outpatient Center is pleased to offer a state-of-the-art health and wellness facility to the valued employees and patients of the Detroit Medical Center.

Please take some time to look over the website and learn about the many programs and services available at the Brasza Outpatient Center. [http://intraweb/default.aspx?ifsrc=/main\\_dmcinfo/rim\\_fitness](http://intraweb/default.aspx?ifsrc=/main_dmcinfo/rim_fitness)

### ***Beepers***

A DMC beeper will be issued to you, in most cases, when you begin in the training program. Should the beeper malfunction or break, it should be returned to the GME office for replacement. There will be a replacement fee of \$100.00 should the beeper be lost or stolen.

### ***Bereavement Leave***

In the event of the death of a close relative, trainees will be allowed time off with pay. A trainee will receive up to three (3) days paid time off for the funeral of a close relative. Two (2) additional days may be provided if the funeral site is equal to, or exceeds, 300 miles from the



trainee's residence and the trainee attends the funeral. Bereavement time off must be approved by the Program Director prior to usage. (Governed by DMC Policy HR 304)

### ***Changes in Personal Information***

Any change in your name or address must be immediately reported to the GME Office as well as your program office, in order to ensure no delay in receipt of important payroll information and/or documentation.

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

State of Michigan  
Board of Medicine  
P.O. Box 30912  
Lansing, Michigan 48909

#### *Foreign Nationals – Specific Notice:*

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

### ***Changes in Tax Withholding and/or Payroll Deductions***

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

### ***Continuing Medical Education***

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

**PURPOSE:** The Goal of the CME program is to plan and deliver high quality education activities for practicing physicians in order to reinforce their past learning and to disseminate new concepts and practices in medicine which may improve patient care for all medical specialties. In accordance with the educational affiliation agreement between Wayne State University and the Detroit Medical Center , the School is the accredited sponsor for all CME activities of the Detroit Medical Center and its constituent institutions.

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

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

**TYPES OF ACTIVITIES:** The educational activities provided within the program shall use whatever educational methods are appropriate and may include lectures, laboratories, discussion groups, and enduring materials such as, films, video tapes, monographs, computer programs and web based programs. The types of activities may include live courses, live regularly schedules seminars, live internet conferences, and enduring materials such as non-synchronous internet courses and journal CME. Whenever it may promote the educational objectives of the School, any of the above types of activities may be Jointly Sponsored with other institutions or groups which may or may not themselves be accredited to provide CME.

**CONTENT AREAS:** The content areas of CME activities sponsored by the Wayne State University School of Medicine include primary care, and specialty and sub-specialty topics in all fields of medicine. The scope of sponsored activities includes the basic medical sciences, clinical medical sciences and the provision of health care to the public.

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

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

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

## ***Counseling***

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

## **Employee Assistance Program (EAP)**

The DMC offers an Employee Assistance Program (EAP) to all postgraduate trainees. The EAP is designed to help you with personal problems or work situations. The EAP is designed to help you with problems such as anxiety or depression, alcohol or substance abuse, marital or family problems, legal or financial matters. The EAP telephone number is 313-745-1900 or 877-789-3271.

## ***Discounts***

Currently, Wayne State University students who show their "One Card" can save on a variety of different services and restaurants. For a complete up-to-date listing of discounts, please check the following website for details at: <http://cwis-1.wayne.edu/showyouronecardandsave/>

## ***Health, Dental, and Vision Insurance***

SUMMARY OF BENEFITS - POSTGRADUATE TRAINEES

All of the benefits listed below are provided to postgraduate trainees who are on the Detroit Medical Center payroll. WSU/DMC reserves the right to add, delete or otherwise change benefits without advance notice at WSU/DMC's discretion and as WSU/DMC deems appropriate.

**HEALTH INSURANCE:** The Detroit Medical Center offers trainees the choice between two health insurance providers, DMC Care Basic or DMC Care Plus PPOM. (Coverage is effective on the date of your appointment)

PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR REPORTING ANY CHANGE IN YOUR FAMILY'S STATUS (E.G. MARRIAGE, DIVORCE ETC.) TO THE GME OFFICE IN PERSON WITHIN 30 DAYS OF THE OCCURRENCE. YOU HAVE 90 DAYS TO REPORT THE BIRTH OF A CHILD BUT IT IS RECOMMENDED TO ADD THE CHILD TO YOUR INSURANCE AS SOON AS POSSIBLE. If you do not report such changes within the required period of time, it will not be possible to obtain coverage for that individual until the annual Open Enrollment which takes place near the end of each year, with coverage taking effect January 1.

**SPONSORED DEPENDENTS (E.G. PARENTS)** can be enrolled at premium participation cost as long as the following requirements are met: must be related by blood or marriage, must have been claimed as a dependent on the prior year and will be claimed as a dependent on the current IRS 1040 Form (verifies the individual is dependent upon you for 50% or more of his support as stated in the IRS code), out-of-country dependents must reside within the United States for a minimum of six consecutive months prior to becoming eligible to enroll in the plan, and must have a social security number. The postgraduate trainee must provide a copy of the Medicare card, if applicable, and complete the dependent eligibility verification form.

**DENTAL INSURANCE:** Dental insurance is provided to all trainees. YOU ARE RESPONSIBLE FOR REPORTING ANY CHANGE IN THE STATUS OF YOU OR YOUR FAMILY TO THE G.M.E. OFFICE IN PERSON WITHIN 30 DAYS OF THE OCCURRENCE. Sponsored dependents are not eligible for coverage under dental insurance.

**LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE:** Life insurance benefit is two times annual stipend. AFTER INITIAL ENROLLMENT, ANY CHANGE IN BENEFICIARY MUST BE REPORTED TO THE G.M.E. OFFICE IN PERSON.

**VISION COVERAGE:** Vision coverage, through Heritage Optical, is available at a nominal cost per pay. Children over 19 are not eligible and Sponsored Dependents are not eligible for Vision coverage.

## ***Housing***

Information packets regarding housing are available through the GME Office. Housing for any outside rotation is the responsibility of the resident's program.

## ***Leaves of Absence***

**PERSONAL LEAVES OF ABSENCE:** Approval of personal leaves of absence may be granted at the discretion of the WSU/DMC Program Director for up to 90 calendar days. Personal leaves of absence shall be unpaid. The Detroit Medical Center will continue to provide insurance premium payment for 30 days; after 30 days, the postgraduate trainee will be provided the opportunity to continue insurance coverage in accordance with the provisions of current law (COBRA). A family leave of absence is a conditional privilege of postgraduate

training. Such time off will be provided in accord with DMC policy in order to accommodate specific family care needs.

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

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

Under the Family Medical Leave Act (FMLA), you may be eligible to take up to 12 weeks of leave in order to care for a spouse, parent or child who has a serious health condition, or to care for a new child or newly adopted child. (If both parents are employed by the DMC, the combined maximum time off for care of a child is 12 weeks between the two parents.)

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

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

Health and dental insurance coverage will be paid by the DMC for 12 weeks.

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

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

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

**SHORT - TERM ILLNESS:** Trainees who started on or after 7/1/97 (including Sinai trainees who transferred to DMC payroll effective 5/11/97) will receive payment of stipend for verifiable illness for up to 180 days as follows: 1-90 days at 100%; 91-180 days at 75%. Trainees who started prior to 7/1/97 will receive full payment of stipend for verifiable illness for up to 90 days. Program Directors will notify the GME office when a trainee is out ill for more than 3 calendar days. For absences in excess of 3 calendar days, physician verification may be required. Illness time does not accumulate.

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

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

**LONG - TERM DISABILITY:** A long-term disability plan underwritten by Provident Life & Accident Insurance Company is provided to all trainees on the DMC payroll. The plan provides 60% of salary to a maximum benefit of \$2,000 per month. For trainees who started on or after

7/1/97 (including Sinai trainees who transferred to DMC payroll effective 5/11/97), long-term disability benefits are payable after 180 consecutive days of disability and are payable as long as the disability continues (maximum to age 65 benefit period). For trainees who started before 7/1/97, long-term disability benefits are payable after 90 consecutive days of disability and are payable as long as the disability continues (maximum to age 65 benefit period).

An optional supplemental policy is available, at your own expense, up to a maximum of \$2,000 per month. For a supplemental application contact a Provident representative at (810) 827-2570.

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

### ***Meals for In-House Night Call***

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

### ***Payroll Procedures***

The postgraduate trainees receiving a stipend through the DMC are paid bi-weekly. You have the option of having your stipend check mailed to your home, directly deposited to your bank account or of picking it up directly from the GME office. Check distribution forms are available in the GME Office. Please note that if you elect to have your check mailed to your home, the GME Office cannot be responsible for delays in delivery do to holidays, etc.

Trainees receiving a stipend through a non-DMC source should contact the office responsible for issuing their check regarding their procedures.

### ***Professional Liability Coverage***

Your professional liability coverage is through the DMC Insurance Company, Limited. Your policy is a limited claims made policy with extended reporting endorsement (tail coverage). This coverage does not extend outside of the training program.

### ***Retirement Plans***

TAX SHELTERED ANNUITY (TSA) PROGRAM: This Program can help you reduce your current taxes and increase your retirement savings by saving pre-tax dollars. You have a choice of fixed annuity contracts, as well as variable annuity (mutual fund) investment options within an annuity contract(s).

### ***Security and Safety***

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

### ***Student Loans***

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

reduction of payment or other information as needed. Verification of training may be sought from the Office of Graduate Medical Education at 313-7455147.

### ***Vacation***

First year trainees are eligible for two weeks of vacation per contract year. All other residents and fellows are eligible for three weeks of vacation per year. All vacation time must be approved in advance by your Program Director. Vacation time does not accumulate.

## **Section IV – GME Policies and Procedures**

### ***ACGME Outcome Project:***

Minimum Program Requirements Language  
Approved by the ACGME, September 28, 1999

#### **Educational Program**

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

- Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

### ***ACLS\BLS\PALS Certification***

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

### ***Advanced Standing***

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

Trainees who spend time in a WSU/DMC Residency or Fellowship Program sponsored research activity can receive advanced standing for stipend purposes.

### ***Compliance***

The DMC Corporate requires compliance for all employees. This compliance includes:  
Seven Elements:

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

## ***Confidentiality***

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

## ***Call Rooms***

WSU/DMC will provide adequate institutional call room space for Graduate Medical Trainees who are required to do in-house call.

## ***Compensation***

It is the policy of WSU/DMC, (regardless of other less restrictive policies), all graduate medical trainees within the WSU/DMC residency training system, sponsored by the Accreditation Council for Graduate Medical Education, receive equal compensation according to graduate medical education training level. Any exceptions must be approved by the GMEC and confirmed by the Executive Committee of the Medical Staff.

## ***Corrective Action and Hearing Procedures (Disciplinary Action)***

### **Corrective Action Procedures**

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

#### **1. GENERAL PROVISIONS**

1.1. **Corrective Action.** As used in this document, "corrective action" includes the following actions:

1.1.1. **Suspension.** This action involves the temporary removal from the residency program ("Program") for a definite period of time. It does not include a summary suspension, as discussed in Paragraph 3 below.

1.1.2. **Reappointment Without Advancement.** This action involves reappointment to the Program without advancement to the next training level.

1.1.3. **Decision Not To Reappoint.** This action involves a decision not to reappoint a Resident following the expiration of the term of his or her current contract.

1.1.4. **Termination.** This action involves immediate and permanent dismissal from the Program.

1.1.5. **Other.** Other corrective action includes, but is not limited to, the following:

- (a) Placing the Resident on probationary status.



(1) Probation status shall not exceed one year. If the probation exceeds six months, the probation shall include at least one interim review at the approximate midpoint of the probation.

(2) Probation is imposed in accordance with 2.13 and 2.14.

(b) Issuing the Resident a letter of warning, admonition or reprimand which documents the cause for concern and becomes part of the Resident's permanent record.

**1.2. Criteria for Initiation.** Corrective action may be based upon the following criteria:

1.2.1. Failure of the Resident to fulfill each and every obligation imposed by the Residency Agreement.

1.2.2. Any action, conduct or health status of the Resident that is adverse to the best interests of patient care or the institutions to which the Resident is assigned.

**1.3. Examples.** The criteria described in Paragraph 1.2 include, but are not limited to, the following examples:

1.3.1. Breach of professional ethics;

1.3.2. Misrepresentation of research results;

1.3.3. Violation of the rules of the Program, of the institution to which the Resident is assigned or of the law; and

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

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

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

1.4.2. WSU/DMC;

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

or

1.4.4. The Program Director.

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

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

## **2. CORRECTIVE ACTION PROCEDURE**

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

corrective actions, and the procedure described below in Paragraph 2.13. and 2.14. shall be followed for all other corrective actions.

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

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

2.4. Upon completion of the investigation, WSU/DMC shall forward the request and a written report of its investigation and recommendations to the members of the Committee. A copy of the request shall also be sent to the Resident, along with a copy of the Corrective Action Procedures then in effect, and a notice that he or she may request an appearance before the Committee.

2.5. The Resident shall have ten days following the date of the notice described in Paragraph 2.4. above to file a written request for an appearance before the Committee. This request may include the Resident's written response to the request for corrective action. The request is to be made to the Chair of the GMEC. The request for an appearance shall specify:

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

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

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

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

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

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

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

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

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

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

2.7.3. WSU/DMC may present witnesses;

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

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

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

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

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

2.10. The Committee shall notify the Resident and the GMEC of its findings and corrective action decision no later than fifteen days following the meeting.

2.11. The Resident may submit a written request for reconsideration by the Dean of the decision of the Committee within ten days of the date of notice of such decision. The Dean, in his or her sole discretion, may affirm, modify or reverse the decision of the Committee, or return the case for consideration by the full GMEC. The Dean shall notify the Resident of his or her decision within fifteen days of the receipt of such request for consideration. The Dean's decision shall be final and binding except as described below in Paragraph 2.12.

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

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

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

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

### **3. SUMMARY SUSPENSION**

3.1. **Description.** The Resident may be summarily suspended from the Program, based on the criteria listed about in Paragraph 1.2., and such suspension shall become effective immediately upon imposition. In the event any corrective action described in Paragraphs 1.1.1. through

1.1.4. is also recommended, summary suspension shall continue pending completion of the corrective action proceedings described in Paragraph 2 above. If no such corrective action is recommended within ten days, or if any corrective action described in Paragraph 1.1.5. is taken, the summary suspension shall terminate upon expiration of the ten-day period or upon the taking of such corrective action.

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

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

### ***Criminal Background Check***

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

### ***DEA Numbers***

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

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

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

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

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

### ***Disciplinary Action***

See Corrective Action.

### ***Dress Code***

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

## ***Drug-Free Workplace***

Drug use in the workplace is all too common. The cost of drug use to industry has been estimated at over 100 billion dollars per year.

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

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

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

### **Some Signs Of Drug Use In The Workplace Include:**

- decreasing quality of work
- mood swings and irritability
- unpredictable behavior
- frequently ill, absent, or late
- desire to work alone
- frequent trips to bathroom
- not letting briefcase or purse out of sight
- decreased ability to tolerate usual workload and
- change in hygiene and/or dress

### **Obvious Signs of Drug Use in the Workplace include:**

- alcohol on breath
- odor of marijuana or
- caught using or selling drugs

Employees have a right to a safe, drug-free workplace. Read the alcohol and drug policy at your place of employment. Utilize the Employee Assistance Program, if your company has one, but do not ignore the issue.

Duty Hours and Working Environment

## ***Duty Hours and Working Environment***

In June 2003, the GMEC approved the WSU/DMC Graduate Medical Education Postgraduate Trainee Duty Hours and Working Environment Policy. This policy incorporates the ACGME duty hour requirements that were implemented in July 2003, and includes requirements that programs carefully monitor moonlighting activities (if allowed and approved prior to actual duty by the program director) and that program-specific policies be developed and distributed to each trainee. The GMEC has discussed at length the mechanisms for monitoring program compliance with duty hours, supervision, and moonlighting. In the September 2003 GMEC meeting, the Council formally adopted the written Procedures for Monitoring Compliance with Duty Hour Requirements. While this is reviewed annually, it was recently reviewed (along with all policies and procedures) and re-approved by the GMEC in September 2006.

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

1. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Trainees must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

## **Oversight**

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

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

1. Each WSU/DMC program must have written policies and procedures consistent with this policy and the ACGME Program Requirements for trainee duty hours and the working environment. These policies must be distributed to the trainees and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create trainee fatigue sufficient to jeopardize patient care.
3. If the complainant is a resident, a member of the teaching staff, or other internal personnel in the program or institution in question, the following options should be taken before submitting a complaint to the ACGME:
  - a. Contact the Program Director to discuss the problem.
  - b. If the issue either involves the Program Director or is not resolved by meeting with the Program Director, contact the institutional GME committee or similar oversight body, the DIO of the sponsoring institution, the GME office identified on the ACGME website (under Accredited Programs and Sponsors, ADS), or the resident representative on any of these oversight groups.

4. If the efforts above do not resolve the issue, contact the ACGME Complaint Officer to discuss submitting a formal complaint. If the complainant is someone outside the institution, the ACGME Complaint Officer may be contacted as the first option in the process.
5. For further information on filing a complaint directly with the ACGME please reference their website at: [www.acgme.org](http://www.acgme.org).

## Requests for Exception

A program wishing to request an exception to the Duty Hours limitation (up to a maximum of 88 hours), must submit a written proposal describing the educational rationale for the request to the Graduate Medical Education Council (GMEC). (first approved 05.01.03 by GMEC).

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the GMEC is required.

Process:

1. Exceptions to the above standards for reasons of sound educational rationale may be submitted to the trainee section of the GMEC for consideration. The trainee section will then present the proposal along with their recommendations to the full GMEC for approval/denial. If approved, the exception request will then be forwarded on to the appropriate Residency Review Committee (RRC). Exceptions approved by GMEC will not be effective until direct notification to the Designated Institutional Official (DIO) from the RRC that it was accepted.
2. All duty hour concerns by trainees will be directed to the trainee section of the GMEC for consideration, investigation, and action. The trainee section of the GMEC will then present the concerns and proposed action to the full GMEC for approval/denial.

## Monitoring Requirements

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

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

Compliance Hotline: Trainees are encouraged to contact the DMC Compliance Hotline (888-484-9200) to report violations of the Duty Hour requirements.

Internal Audit: Each year various programs are selected to be audited by personnel from the DMC Internal Audit department.

Internal Review: Questionnaire includes specific questions regarding program policies on duty hours and compliance with requirements. Internal Review Committee members meet with trainees and ask for their confidential assessment of program compliance with requirements.

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

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

Web Survey: Trainees are asked to complete a confidential (only program is identified) web based survey. Included in the survey are questions about program compliance with duty hours and other work environment issues.

### ***ECFMG Certificate (International Medical Graduates Only)***

The Educational Commission for Foreign Medical Graduates (ECFMG) certificate is required for admission to any residency training program at WSU/DMC. See also Recruitment & Selection/Non Discrimination.

### ***E-Mail***

Email is available through both Wayne State University and the Detroit Medical Center. To obtain an email address contact the GME office.

### ***Electronic Medical Records (EMR)***

The Detroit Medical Center is in the process of training, developing and distribution of electronic medical records. This will be a stepped out process through 2008. Check with your program for requirements of the EMR training.

### ***Appointment/ Employment Requirements***

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

#### A completed Application for Appointment

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

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

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

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

Or,

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

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

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



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

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

This signed Graduate Medical Education Agreement of Appointment

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

Further information that the GME Office may request in connection with the trainee's credentials, includes but is not limited to, Criminal Background Check(State of Michigan Public House Act 27, 28, and 29) and clearance from the National Practitioner Data Bank,

Any document not printed in English must be accompanied by an acceptable original English translation performed by a qualified translator. Each translation must be accompanied by an affidavit of accuracy acceptable to WSU/DMC.

Successful passage of Institutional Net Learning Modules required for Employment.

#### ELIGIBILITY:

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

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

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

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

Applicants selected for appointment must provide:

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

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

#### PERSONAL INTERVIEW:

Personal interviews should be arranged by the residency program office.

#### EXAMINATIONS:

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

#### APPROPRIATE FORMS FOR HIRE

### **Non-U.S. Citizen International Medical Graduates**

ALL OF THE ABOVE, PLUS THE FOLLOWING:

Proof of current visa status

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

Curriculum Vitae

Ministry of Health Letter from home government

### ***Evaluations***

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

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

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

### ***Fire Alarms and Evacuation***

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

a. General Personnel Procedures

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

b. Reporting a Fire

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

A hospital safety control officer is located in each facility; check [www.dmc.org](http://www.dmc.org) for specific

locations.

## ***Gifts and Gratuities***

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

## ***Grievance for GME Trainees***

The purpose of this policy is to define the usual process at WSU/DMC for residents to communicate substantive issues and concerns to the programs and institution's administration. It also defines the mechanisms for an official, impartial hearing of concerns that are not resolved through usual, initial communications with administration. The intent is to provide the due process and an appeal mechanism in instances where this is needed.

1. Residents who have concerns or issues related to the interpretation, application, or breach of any policy, practice, or procedure in their educational program, or Graduate Medical Education in general should:
  - a) first discuss them with their program director,
  - b) if reasonable discussion with the program director does not lead to resolution of the concern the resident(s) should bring the issue to the attention of the Graduate Medical Education office,
  - c) if reasonable discussion with the Designated Institutional Official (DIO) does not resolve the issue, a formal grievance may be sent in written form to the Graduate Medical Education Council.
2. Resident(s) wishing to resolve a specific grievance will forward their complaint in writing (addressed to the Graduate Medical Education Council), to the DIO. The resident(s) concerned, or their colleagues representing them - such as the chief resident(s), will then be scheduled to present a summary of the complaint to the Graduate Medical Education Council at its next meeting. Legal representatives will not participate in or be present during Graduate Medical Education Council or subcommittee deliberations.
3. Upon hearing the summary of the complaint, the Graduate Medical Education Council will nominate a subcommittee to review that specific complaint. The subcommittee must be made up of Graduate Medical Education Council members and include:
  - two residents
  - two faculty (one from the program from which the complaint emanated and one not)
  - a chairperson who cannot also simultaneously fill one of the above positions
  - a non-voting administrative resource personThe chairperson will be nominated and elected by the Graduate Medical Education Council.
4. The Grievance Subcommittee will meet within two weeks to consider resolution for the complaint. Residents, program directors, and the DIO will submit documentation they feel is important to the subcommittee secretary prior to the first meeting. The subcommittee chairperson may request additional documentation, as they or the subcommittee feels necessary.
5. The subcommittee will, at the designated time and place, hear the resident(s) concerned present the details of their complaint and their proposed solutions in full. Other concerned parties may also present their views on the issues to the subcommittees at

that time. Having heard the resident(s) and other parties concerned, they will then be excused from the meeting.

6. The subcommittee will then immediately deliberate behind closed doors, without interference or participation by anyone other than subcommittee members.
7. The subcommittee will have the fiduciary responsibility to make a final recommendation regarding resolution of the complaint. This will be expected at the time of the first meeting. In rare circumstances, at the chairperson's discretion, the subcommittee may elect to obtain additional information and meet again in one week to finalize their recommendation(s) for resolution of the complaint.
8. The final recommendation(s) of the Grievance Subcommittee will be distributed by the chairperson to the Graduate Medical Education Council, the resident(s) concerned, and the DIO within 3 work days.
9. The subcommittee's final recommendation(s) for resolution of the complaint are not necessarily final and binding:
  - Those recommendations requiring financial remuneration are subject to review and approval by WSU/DMC. This review will be executed by WSU/DMC administration within two weeks of the subcommittee's recommendations.
  - Resident(s) concerned with the complaint may choose to appeal the subcommittee's recommendation(s). The appeals process is outlined below.
  - In all other cases, the subcommittee's recommendations are final and binding, and the Graduate Medical Education Council will effect the recommendations of the subcommittee or direct the DIO to do so.
10. If the resident(s) appeal the subcommittee's recommendations, they will submit in writing their appeal to the Graduate Medical Education Council, including specific reasons why the feel an appeal is necessary despite the Grievance Subcommittee's deliberations. The Graduate Medical Education Council will consider this request for appeal and vote to:
  1. a) retain the subcommittee's recommendations, or
  2. b) nominate a Grievance Appeals Committee.
11. If the Graduate Medical Education Council votes to retain the subcommittee's recommendations, they are final and binding.
12. In case of appeal, if the Graduate Medical Education Council elects to nominate an Appeals Subcommittee, the constituents will be from the same groups as outlined for the Grievance Subcommittee, but new persons will be nominated first from the Graduate Medical Education Council. If an appropriate member is not available from the Graduate Medical Education Council, nonmembers will be nominated. In addition to the constituents outlined for the Grievance Subcommittee, an administrator from WSU/DMC will be nominated to the Appeals Subcommittee, as will a program director or leader from an outside institution.
13. The Appeals subcommittee will follow the same process as outlined above for the Grievance Subcommittee. The Grievance Appeals Subcommittee recommendations for resolution of the complaint are final and binding on all parties.

## ***Harassment***

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

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

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

Situations involving behavior described above should be reported immediately to your Program Director or the DIO at (313)745-5146.

## ***I-9 Procedure for Appointment to Residency***

**I-9 documents are required to be signed with each appointment or reappointment. Residents on Visa's or work authorization cards granted through INS are tracked by the GME Office.**

GME will run a monthly report identifying any Visa or Work agreements that will expire in the next 180 days on a monthly basis. Program Directors will be notified of any Resident appearing on this report. The attached memorandum will be issued to the Resident warning of the need to provide their original required documents to assure compliance with immigration law and other regulatory requirement.

Failure to provide the required documentation for a new appointment or renewal documentation by the expiration date will result in the resident being suspended pending investigation of the Visa or Work Authorization card.

New Residents will not be allowed to start their rotation programs with out Medical Licensure or immigration documentation.

## New or Continued Appointment Paperwork Processing Time

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

### National Resident Matching Program Appointments

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

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

#### Non-Match Appointments:

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

**New & Transfer J-1 trainees** entering **A.C.G.M.E. accredited program**  
Minimum processing time = **10 weeks**

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

Renewal of **work authorization** cards  
Minimum processing time = **12 weeks**

**H-1 appointments - Please note that WSU/DMC does not sponsor H-1 appointments except under the following circumstances:** The applicant already possesses an H-1 visa and is in an accredited program elsewhere OR is enrolling in a WSU/DMC unaccredited program

**New H-1 trainees**  
Minimum processing time = **16 weeks**

**Transfer H-1 trainees**  
Minimum processing time = **12 weeks**

***Failure to comply with Renewal Requirements for Visa or Work Authorization:***  
***In accordance with DMC Tier 1, HR 506 Progressive Discipline policy, "Failure to complete mandatory training programs or competency validations required for regulatory compliance" is a major infraction, subject to disciplinary action up to and including final warning or termination. The GME office requires Visa or Work Agreement renewals to be completed in advance of continued or initial appointment.***

### **ID Badge**

Identification badges are issued when you begin in the training program. Replacements for lost badges can be obtained in the Parking and Badges office with \$10.00 cash replacement fee. Also new hires are required to pay a \$10.00 cash fee.

## ***International Graduates***

### *Travel and Re-Entry from Abroad*

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

### *Sponsorship Renewal*

1. Please contact the GME Office in March to begin the processing of your ECFMG sponsorship renewal.
2. If you have a dependent that requires renewal of their work authorization you will need to allow the INS Office at least 3 months to process the request once you submit your new DS2019.
3. If you No Objection Certification Letter is date restricted, or does not include your sub-specialty, please let the GME Office know so that you can obtain a new letter of offer to submit to the Ministry of Health.

## ***Impairment***

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

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

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

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

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

## ***Jury Duty***

WSU/DMC policy enables you to fulfill your civic responsibility of serving on juries or appearing as a subpoenaed witness without loss of pay or benefits. All Graduate Medical Trainees are eligible for this benefit. When you receive a summons, subpoena, or other legal notice for

appearance, you should notify your supervisor promptly. In the case of jury duty, your supervisor will approve the absence and consider it an "authorized absence with full pay." When you return to work, you must submit proof of appearance, including complete dates of service. In those instances when your continued presence is crucial to the operation of the department, your supervisor is authorized to furnish a letter (addressed to the presiding judge) requesting that you be excused and providing a full explanation for that request. Your absence will not be counted as sick pay or vacation regardless of the duration of your jury service.

### ***Legal Aid and Legal Actions***

Legal aid is available to all WSU/DMC Graduate Medical Trainees in connection with any circumstances involving a hospital patient(s). Any development of a medicolegal nature must be handled through the Risk Management Office. If legal papers relating to a patient are served on a Trainee, contact Risk Management at (313) 966-0820.

### ***Life Insurance and Accidental Death & Dismemberment Coverage***

Postgraduate trainees receiving a stipend through DMC have a term life insurance policy and accidental death and dismemberment coverage available to you effective on the date of your appointment. Life insurance benefit is two times your annual stipend. After initial enrollment, any change in beneficiary must be reported to the GME office in person.

### ***Malpractice Coverage during Rotations to and from Non-DMC Sites***

#### **WSU/DMC residents while at DMC**

Coverage is provided automatically. Limit: \$5M/claim.

#### **WSU/DMC residents while outside DMC**

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

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

#### **Non-WSU/DMC residents rotating through DMC hospitals**

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

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

#### **Observership**

All trainees interested in an observership with a WSU/DMC program must apply at a minimum of 30 days prior to the start of the rotation. See Observership policy for more information.



## ***Medical Licensure***

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

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

## ***Military Duty***

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

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

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

## ***Moonlighting/Temporary Special Medical Activity (TSMA)***

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

1. Because trainee education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the trainee to achieve the goals and objectives of the educational program.
2. The program director must comply with the WSU/DMC written policy regarding moonlighting.
3. The resident must receive prior written approval from the Program Director and the Chief of the Department or Section. The Program Director and/or the Chief of the Department or Section may withhold or withdraw his or her consent at any time, as he or she, in his or her sole discretion, deems appropriate.
4. Moonlighting that occurs within a DMC health care facility (internal moonlighting), must be counted toward the 80-hour weekly limit on duty hours.

WSU/DMC Training Programs must have a written policy regarding moonlighting that:

- Identifies whether or not the program allows trainees to moonlight

If program allows moonlighting, policy must also:

- Describe eligibility for moonlighting

- Set parameters, e.g., maintenance of acceptable performance, hours, location, etc. Note: Moonlighting time spent in DMC facilities must be counted toward the 80-hour limit.
- Describe consequences of not complying with policy

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

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

Liability coverage for moonlighting activities is not provided through Detroit Medical Center Graduate Medical Education. It is the responsibility of the trainee to ensure that appropriate liability coverage is in place for his/her moonlighting activities.

## ***Observership Policy and Application:***

### **What Is The Role Of An Observer?**

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

### **What Is The Process For Becoming An Observer?**

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

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

### **What Qualifications Do I Need To Become An Observer?**

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

### **How Long Is An Observership?**

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

### **How Do I Apply For An Observership?**

Simply complete the Observer application (found at [www.dmc.org/gme](http://www.dmc.org/gme)) and send to GME with the following: A copy of your valid ECFMG Certificate, CV, USMLE score report, and Medical School Diploma (as well as translation if not in English) to:

Attention Observership Application  
Office of Graduate Medical Education  
9C – University Health Center  
WSU/DMC Residency Training Programs  
4201 St. Antoine  
Detroit, Michigan 48201

### ***National Practitioner Data Bank***

There will be a check made to identify and discipline incompetent physicians who engage in unprofessional behavior and to restrict their ability to move from state to state without disclosure or discovery of previous damaging or incompetent performance. The NPDB collects information on actions relating to the professional competence or professional conduct of physicians. The check will be conducted on all new applicants to the medical health professional affiliate staff. The departments should notify applicants that employment is contingent on the satisfactory results of these checks.

### ***New Training Program Establishment Procedures***

The Graduate Medical Education Council will evaluate proposals to establish a new WSU/DMC fellowship program based primarily on whether or not there is evidence of:

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

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

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

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

In addition to the above, proposals must include:

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

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

A formal application, which is available in the GME office, must be signed by both the Program Director and the Chair of the Department.

### ***Non-Renewal Of Appointment***

WSU/DMC Graduate Medical Education will provide a postgraduate trainee with written notice of intent not to renew a trainee's Residency Agreement no later than four months prior to the end of the trainee's current agreement, except in instances where the primary reason for non-renewal occurs within the four months prior to the end of the agreement. In all cases, including those where more than or less than four months notice is given, trainees must be accorded due process as described in the WSU/DMC Corrective Action Procedures (a copy of which is available at the GME website <http://www.dmc.org/gme>).

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

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

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

### ***On-Call Activities***

The objective of on-call activities is to provide trainees with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when trainees are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Trainees may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
3. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the trainee has not previously provided care.
4. At-home call (page call) is defined as call taken from outside the assigned institution.
  - a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each trainee. Trainees taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- b. When trainees are called into the hospital from home, the hours trainees spend in-house are counted toward the 80-hour limit.
- c. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**Outside Professional Activities**

Resident shall devote all of his or her professional efforts to the performance of Resident's obligations under this Agreement, and shall not participate or engage in any outside professional work of any kind or nature whatsoever; (i) unless and until Resident has obtained a permanent license to practice medicine in Michigan; (ii) unless and until Resident has presented his/her Program Director with evidence of professional liability insurance in such amounts as WSU/DMC, in its sole discretion, deems appropriate, insuring Resident against any malpractice liability, and Resident has agreed to indemnify and hold harmless WSU/DMC, WSU, the DMC Hospitals, all other hospitals to which Resident is assigned and the officers, directors, employees and agents of each of the foregoing, from any and all losses and expenses resulting from or caused by such activities; and (iii) unless and until Resident receives the written approval of the Program Director and the Chief of the Department or Section to which Resident is assigned, it being understood that the Program Director and the Chief of the Department or Section to which Resident is assigned may withhold or withdraw his or her consent at any time, as he or she, in his or her sole discretion, deems appropriate. Resident hereby acknowledges that while engaging in any activities other than those required to performed under this Agreement, Resident is not acting as an employee or agent of WSU/DMC, WSU, any DMC Hospital or other hospital to which Resident is assigned and that Resident is therefore not covered by the insurance or self-insurance programs of any such entity. Resident further acknowledges that he or she shall be expected to perform all duties as assigned even in the event consent is given to engaging in other activities, and if Resident is unable to perform his or her duties as assigned or otherwise violates the terms of this Paragraph 5 Resident will be subject to corrective action including dismissal.

**Parking**

The postgraduate trainee must park in the designated lot at the hospital in which they are rotating. Information regarding trainee parking locations is distributed to new trainees at the time of appointment. Additional information regarding parking is available in the Office of Graduate Medical Education. The parking office has final say in any parking related issues.

DMC FACILITY	PARKING ASSIGNMENTS
Children's Hospital	Children's Hospital Parking Deck (enter from Beaubien) Accessible 24 hours/day  IMPORTANT NOTE: PARK ONLY AT THE 5 <sup>TH</sup> LEVEL OR ABOVE
Detroit Receiving Hospital	North Deck (enter from John R) Accessible 24 hours/day  DRH underground (enter from St. Antoine) Accessible only between 4:30pm and 5:00am Monday-Friday; all day weekends and holidays

Harper Hospital	North Deck (enter from John R) Accessible 24 hours/day  Fellows Only–Center Deck (enter from John R)
Hutzel Hospital	Hutzel Parking Deck (enter from St. Antoién) Accessible 24 hours/day  IMPORTANT NOTE: PARK ONLY AT THE 3 <sup>RD</sup> LEVEL OR ABOVE
Rehabilitation Institute	PM&R Residents ONLY – CHM Mack Deck (enter from Brady)
University Health Center	North Deck (enter from John R) Accessible 24 hours/day  DRH underground (enter from St. Antoine) Accessible only between 4:30pm and 5:00am Monday-Friday; all day weekends and holidays

### ***2006 Professional Expectations (formally conduct and general work rules)***

Purpose: Successful participation in graduate medical education depends upon many factors, central to which are ACGME core competencies: Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems Based Practice. These are similar to WSU/DMC Service Standards: Health and Safety, Courtesy and Respect, Efficiency and Effectiveness, Continuous Learning and Improvement.

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

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

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

- New Graduate Medical Trainee orientation
- WSU/DMC GME Trainee Manual
- Office of Graduate Medical Education web page ([www.dmc.org/gme](http://www.dmc.org/gme))
- Office of Graduate Medical Education staff
- Elected House Staff member to Medical Executive Committee of the Medical Staff
- Required Web modules
- Policies and procedures for using WSU or DMC owned equipment, property and resources
- Policies and procedures regarding attendance and time away from work

We expect trainees to:

- Treat everyone (colleagues, faculty, students, patients, families, guests) with respect as well as demonstrate integrity and honesty

- Ensure patient safety
- Regularly review your performance evaluations with your program director

Resources:

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

Standards of Conduct and Performance:

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

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

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

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

**Professional Expectations:**

**Key: Recommended Disciplinary Action**

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

W: Written Warning

CA/S: Automatic corrective action including suspension

T: Termination

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

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
<b>1. Performance</b>					
1.1 Perform assigned tasks safely, competently to maximize patient health and safety and according to performance expectations.	1.1a Failure to perform task(s) adequately as requested, either because of unwillingness to perform the task or carelessness in carrying out the assignment	O	W	CA/S	T

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
1.2 Demonstrate commitment to excellence and ongoing, continuous learning, improvement and professional development	1.2a Being in an unfit condition to perform the duties of the job, including working under, or suspected of working under, the influence of drugs or alcohol	O or W	T		
<b>2. Compliance with Policies &amp; Procedures</b>					
2.1 Understand and comply with all University, Hospital, or affiliated premises, policies and procedures, i.e. Clinical, Administrative, and Safety policies	2.1a Failure to complete required safety training	W	CA/S	T	
	2.1b Failure to complete required HIPAA training	W	CA/S	T	
	2.1c Failure to maintain current BLS, ACLS	W	CA/S	T	
	2.1d Failure to maintain current NALS, PALS, ATLS (when indicated)	W	CA/S	T	
	2.1e Failure to complete required ACGME competency modules	W	CA/S	T	
	2.1f Engaging in unapproved "moonlighting" activities	CA/S	T		
	2.1g Failure to have an annual PPD with results recorded at OHS	O	W	CA/S	
2.2 Comply with all federal & state and accreditation standards regulating the provision of professional services	2.2a Failure to maintain on file with the Office of GME a valid MI medical license	CA/S	T		
	2.2b Any activity which violates federal or state standards regulating the provision of professional services, or violations of regulations affecting continued licensure, commissioning or certification in a profession	T			
	2.2c Boundary violations and/or sexual relationships with patients	T			



STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
	2.2d Self prescribing or prescribing for family members in violation of policy of the MI Medical Board	W	CA/S	T	
	2.2e Report to the Office of Graduate Medical Education and cooperate with the Michigan Medical Board any investigation or correspondence regarding issues which may impact state licensure	T			
2.3 Maintain duty hours in compliance with Institutional, ACGME and RRC policies	2.3a Work in excess of 80 hours per week averaged over 4 week period; work in excess of call more frequently than 1 night in 3 averaged over a 4 week period; lack of having one 24 hour period in 7 days away from the hospital averaged over a 4 week period	W	CA/S	T	
2.4 Protect confidentiality of sensitive information. Such information should not be repeated, discussed or removed from the work area, except for legitimate and authorized work reasons	2.4a Use of another's computer sign-on or computer access code or providing the use of an individual's sign-on code without proper authorization to gain unauthorized access to confidential or privileged information	W	CA/S	T	
	2.4b Behavior which compromises another's safety or privacy, or discloses confidential WSU/DMC information, including access to medical records based upon curiosity and not a medical "need to know" due to participation in the patient's medical care, or designated QI or educational function		CA/S vs T depends on whether curiosity or malicious intent		
2.5 Demonstrate honesty and integrity	2.5a Falsifying WSU/DMC, Hospital, or affiliated records, including intentional failure to accurately record time records, or medical records	T			
	2.5b Failure to demonstrate commitment to ethical principles	CA/S	T		

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
	2.5c Failure to appropriately disclose relationship/gifts from industry including pharmaceutical representative in order to avoid real or perceived undue influence	W	CA/S	T	
<b>3. Availability for Work</b>					
3.1 Attend work as assigned; arrive on time fully prepared to begin work. Remain throughout the work period and until work is completed (patients seen, notes written or dictated, messages completed). Request authorization for time away from work according to established procedures if there is a need to leave the workplace	3.1a Violation of attendance policy involving unscheduled absence or tardiness for whatever reason, including failure to report to work or leaving work prior to conclusion of the work period, and absences which exhibit an unprofessional pattern or trend. Absences may render a graduate medical trainee unable to complete a program within the training contract and may result in a trainee being ineligible to sit for boards, depending on specific rules of the relevant RRC	O	W	CA/S	T
3.2 Notify the supervisor well in advance of any unscheduled absence in accordance with departmental guidelines.	3.2a Failure to inform supervisor when leaving duty or failure to report back	W	CA/S	T	
	3.2b Absence without notice provided in accordance with program procedures for 3 consecutive workdays constitutes voluntary resignation	T			
3.3 Arrange coverage for patient follow-up when absent.	3.3a Failure to arrange patient coverage when absent	O	W	CA/S	T
3.4 Answer pages and respond to emails in timely fashion.	3.4a Failure to respond to pages promptly (typically within 15minutes); email within 24 hours, when on duty and on call.	O	W	CA/S	T
	3.4b Failure to use available systems to designate vacations, time away, etc.	O	W	CA/S	T
<b>4. Teamwork &amp; Workplace Behavior</b>					

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
4.1 Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients, families, staff and colleagues; Work collaboratively with all co-workers including those from other disciplines to provide patient-focused care	4.1a Inappropriate behavior and/or use of profane, abusive or loud/boisterous language directed toward patients, families, staff, supervisor or co-workers	W	CA/S	T	
	4.1b Threatening or endangering any person's life or health, deliberately or through carelessness	CA/S	T		
4.2 Demonstrate respect and courtesy toward fellow staff members, faculty, students, patients and visitors; demonstrate sensitivity and responsiveness to patients and co workers' culture, age, gender, and/or disabilities	4.2a Failure to appropriately interact with anyone on WSU/DMC, Hospital, or affiliated premises (including patients, their families, students, visitors or other employees)	CA/S	T		
	4.2b Violating another's privacy or dignity, including sexual harassment or insensitivity to culture, age, gender and/or disabilities	CA/S	T		
	4.2c Sexual relationship with anyone with whom one has supervisory or educational evaluative responsibilities	CA/S	T		
4.3 Be productive and use all available time to accomplish expected work tasks. Personal business should be accomplished outside of work times and/or in scheduled time-off	4.3a Failure to complete work assignments in a timely fashion. Allowing personal activities to interfere with professional responsibilities.	O	W	CA/S	T
4.4 Use available resources to resolve work related problems		O	W	CA/S	T
4.5 Facilitate learning of students and other health professionals	4.5a Failure to treat others with dignity and respect and maintaining appropriate relationships which are conducive to equitable, balanced evaluations	O	W	CA/S	T

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
4.6 Present at all times a proper and professional appearance. Dress for work according to the department's workplace attire guidelines, including the appropriate display of the WSU/DMC identification badge.	4.6a Failure to conform to departmental uniform or dress code policy, including the wearing of identification badges	O	W	CA/S	T
4.7 Give, accept and ask for balanced feedback on a regular basis		O	W	CA/S	T
<b>5. Work Requests &amp; Assignments</b>					
5.1 Complete all medical records in a timely fashion	5.1a Failure to complete medical records within Hospital/Department designated time frame	W	CA/S	T	
<b>6. Safety &amp; Respect</b>					
6.1 Respect and safeguard the property of others and WSU/DMC. Use WSU or DMC property only for legitimate work purposes (email, facsimile machines, computers, copiers, cell phones, tools, vehicles and other work related equipment)		CA/S	T		
6.2 Use only WSU or DMC email system for WSU/DMC information	6.2a Conducting a personal business from a WSU/DMC email address	W	CA/S	T	
6.3 Report immediately any accident on University, Hospital or affiliated premises involving an on the job injury or property damage		W	CA/S	T	
6.4 Obey and abide by all civil, state, and federal laws and University regulations.	6.4a Commission of any crime on University, Hospital, or affiliated premises such as theft, unauthorized removal of or willful damage to property	T			
	6.4b Unauthorized possession of alcohol, weapons, explosives or being in possession of illegal drugs	T			

STANDARD	Example of a VIOLATION	1 <sup>st</sup> event	2 <sup>nd</sup> event	3 <sup>rd</sup> event	4 <sup>th</sup> event
	6.4c Charging personal long distance phone calls to the University, Hospital or affiliates authorization	T			
	6.4d Gambling on University, Hospital or affiliates' premises	T			
	6.4e Commission of a work related crime while off campus	T			

### ***Program Closure and/or Reduction in Size***

The Detroit Medical Center and WSU School of Medicine are committed to insuring that trainees enrolled in the WSU/DMC Graduate Medical Educations are provided the opportunity to complete their training at a DMC institution.

As stated in the Agreement for Academic Services between The Detroit Medical Center and Wayne State University, should it become necessary to “make any change which will materially affect the location or relocation of residents or the WSU/DMC GME Teaching Program(s) covered by this Agreement, at least nine months advance notice of such change shall be given by the party requesting the change.”

In the event that a catastrophic occurrence results in the closure of a DMC hospital or a major restructuring of the system, as much advance notice as possible will be given to affected residents. If necessary, every attempt will be made to place affected residents at other institutions.

### ***Promotion/Reappointment/Graduation***

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

In addition to specialty specific RRC requirements, programs are encouraged to require passage of USMLE I and II by the end of postgraduate year I and passage of Part III prior to graduation. Exception to requirement of passage of USMLE part III may be made for those International Medical Graduates who are returning to their home country immediately after graduation.

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

Upon completion of the WSU/DMC program, the graduate will be able to practice competently and independently of the training program if all requirements for graduation have been met including integration (where required) of the six ACGME general competencies and appropriate outcome measures. Completion of medical records and clearing of any financial obligations to

the Detroit Medical Center must be included as a prerequisite for graduation from a WSU/DMC training program.

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

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

### ***Recruitment and Selection/Non-Discrimination***

It is the purpose of this WSU/DMC Policy to set forth the respective roles and responsibilities of the Office of Equal Opportunity and the executive officers of the WSU/DMC in the investigation and resolution of complaints filed internally alleging violations of the WSU/DMC's policies against unlawful discrimination and harassment.

Additionally:

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

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

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

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  1. Have a currently valid certificate from the [Educational Commission for Foreign Medical Graduates](#) (ECFMG).
  2. Have successfully completed a [Fifth Pathway program](#) provided by an LCME-accredited medical school.
- Applicants who are not citizens of the United States must apply for an ECFMG-sponsored J-1 visa or have an INS issued employment authorization. More detailed information on the visa requirements and application procedures may be obtained from the Office of International Affairs at 313-577-3422.
- All applicable medical license issues must be fulfilled prior to starting a training program.
- Prospective residents must pass a criminal background check.

## **New Appointment Paperwork Processing Time**

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

### **National Resident Matching Program Appointments**

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

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

### **Non-Match Appointments:**

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

**New & Transfer J-1 trainees** entering **A.C.G.M.E. accredited program**  
Minimum processing time = **10 weeks**

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

Renewal of **work authorization** cards  
Minimum processing time = **12 weeks**

**H-1 appointments - Please note that WSU/DMC does not sponsor H-1 appointments except under the following circumstances:** The applicant already possesses an H-1 visa and is in an accredited program elsewhere OR is enrolling in a WSU/DMC unaccredited program

**New H-1 trainees**  
Minimum processing time = **16 weeks**

**Transfer H-1 trainees**  
Minimum processing time = **12 weeks**

## ***Risk Management***

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

### **Safe Medical Devices Act**

The Safe Medical Devices Act requires that the institution report to the manufacturer and/or to the FDA certain incidents involving the malfunction or failure of medical devices (1) in which a patient sustained serious injury or death, or (2) intervention was required to prevent serious injury or death. If your patient is involved in an incident that might be reportable, immediately isolate the equipment without changing any settings

and contact Engineering, Maintenance or call Risk Management. Graduate Medical Trainees should not return such equipment to the company or attempt to repair it by themselves.

## ***Smoking***

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

## ***Supervision of Postgraduate Trainees***

The GMEC

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of trainees at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide trainees with continuous supervision and consultation.
3. Faculty and trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## ***Uniforms***

Uniforms are provided through individual departments. Please see your coordinator and/or director for information.



## Section V – DMC Hospital Policies and Procedures

### ***Advance Directive***

An Advance Directive, as used in this policy, is a written document in which a person specifies what type of medical treatment he or she wants or does not want, in the event that the person loses the ability to make decisions. An Advance Directive may include a patient's designation of another person to affect medical care decisions regarding the patient in the event that the patient becomes unable to do so.

All capable adult patients, upon their inpatient admission, will be informed of the DMC's policy of accepting and utilizing Advance Directives. The information regarding Advance Directives will be reasonably communicated in a clearly understood manner. Patients will be asked if they have Advance Directives which they wish to be followed during the course of their inpatient stay if they (the patient) become incapable of making decisions during his/her stay.

1. Patients have the right to self-determine the level and type of treatment which they undergo as patients at the DMC's hospital and Outpatient Ambulatory facilities. Consistent with applicable laws, the DMC's standards of practice, and with related administrative policies, the patient's expression of treatment choices or limitations shall be honored.
2. At the time of admission into the DMC Ambulatory/Outpatient system, each patient should be made aware of the availability of Advanced Directives and encouraged to seek additional information and determine whether or not to enter into, and submit, properly executed Advance Directive to their Ambulatory/Outpatient physician.
3. At the time of an inpatient admission or as soon thereafter as may be practicable in individual circumstances, inpatient admittees shall be asked if they have prepared an Advance Directive to be included in their medical records. Copies of all Advance Directives presented by inpatients shall be included in the patient's medical chart so that appropriate personnel may review it, and otherwise have access to it's requirements. The essence of the patient's directive will be determined and documented in the progress notes if a copy is not available.
4. Physicians and other caregivers shall consult the Advance Directive for guidance regarding treatment decisions, provided that the patient is medically determined to be then unable to participate in treatment decisions.
5. The only Advance Directive which is currently recognized as being singularly legally binding is a properly executed Durable Power of Attorney for Healthcare. However, a Living Will is not prohibited by law and does provide evidence of the patient's treatment preferences.
6. A person who has agreed to act as the Patient Advocate by a written document signed by the patient and which meets the statutory requirement for a Durable Power of Attorney shall be entitled to make healthcare decisions on behalf of the patient who granted this authority. The powers of a Patient Advocate become valid when the attending physician, together with at least one other physician (or licensed psychologist), declares that the patient is incapable or otherwise unable to understand and personally participate in the course of treatment. Review of this determination should occur from time to time, upon changes in the patient's condition. Immediately upon the patient's resumption of capability the patient, and not the advocate, shall be the sole person permitted to grant and withhold consents and to otherwise direct the course of treatment.

7. A properly designated Patient Advocate shall have the authority to make treatment decisions calculated solely to forego life-sustaining treatment only if the express grant of that authority is incorporated into the patient's Durable Power of Authority; and, with the concurrence of the attending physician in the reasonableness and ethical appropriateness of the undertaking of such directions.
8. The Hospital Ethics Committee may be consulted to advise about issues associated with a patient's advance directive.
9. No Advance Directive shall displace the necessity for physicians and others to adhere to the dictates of related administrative policies, and, as well, to the general policies, practices, and protocols of the DMC facility at which the patient is being treated to the same extent as would be required in absence of such Directive.
10. The DMC shall undertake activities to assure that members of the general public as well as DMC hospital's patients are aware of the Advance Directive options available to them under Michigan Law.
  - A. Adults who presents themselves for inpatient admission will be offered written information concerning their right to adopt advance directives.
  - B. Hospital staff personnel, including social workers, nurses and the Patient Relations and Spiritual Care staff are available for consults with patients who request additional educational information regarding Advance Directives.
  - C. Additional educational activities shall be implemented from time to time by such means as may be deemed effective, so as to insure that patients and citizens of our community are made aware of their ability to execute an Advance Directive and to fully exercise their rights as a patient at the Detroit Medical Center.

### ***DMC Hospitals:***

Children's Hospital of Michigan – an international leader in pediatric neurology and neurosurgery, cardiology, oncology, diagnostic services including Positron Emission Tomography and MRI. Southeast Michigan's only pediatric Level One Trauma Center. Experts in pediatric critical care, rehabilitation and neonatal and perinatal medicine who care for thousands of children every year.

Detroit Receiving Hospital – Michigan's first Level One Trauma Center. Areas of expertise include a burn center, hyperbaric medicine, emergency psychiatry, medical and surgical emergencies, and traumatic brain surgery. Detroit Receiving trains nearly 60 percent of Michigan's emergency department physicians.

Harper Hospital – known for its specialty services such as bariatric (gastric bypass surgery) cardiology, vascular procedures, neurosurgery, neurology and kidney and pancreas transplants. As the hospital with the first mechanical heart, Harper has always been a leader in state-of-the-art technology. Today, Harper continues that trend with Michigan's only iMRI machine, non-invasive cardiac procedures, and new advances in stroke prevention and neuromuscular diseases like Parkinson's and multiple sclerosis.

Huron Valley-Sinai Hospital – Oakland County's newest hospital and among the top hospitals in the area and nation in patient satisfaction. The hospital features the Harris Birthing Center with

all private birthing suites, a regional specialty center, the Charach Cancer Center, a part of the Barbara Ann Karmanos Cancer Institute, the Krieger Center for Senior Adults, state-of-the-art surgical suites; cardiac services, complete inpatient and outpatient diagnostic care as well as an emergency department ranked among the highest in the United States for patient satisfaction.

Hutzel Women's Hospital – nationally recognized for cutting-edge research in high-risk obstetrics, infertility, reproductive genetics, gynecology and neonatology. Hutzel has been ranked as the number one hospital in research grants in the United States, for its OB/GYN physicians who are affiliated with Wayne State University School of Medicine.

Karmanos Cancer Institute/The Cancer Hospital – the only center in Michigan that specializes in cancer. The Hospital and Institute provides a highly effective, multi-disciplinary approach to patient care in which teams of physicians from diverse specialties and caregivers discuss and present the best treatment options for patients.

Kresge Eye Institute – internationally known for its contributions to ophthalmology and considered a leading center for the preservation of sight, implant surgery, cornea transplantation, retina disease and treatment of vision problems.

Michigan Orthopaedic Specialty Hospital – located in Madison Heights, is the only regional hospital focused exclusively on orthopaedic services. This specialty hospital provides patients access to comprehensive orthopaedic services and our expert team of physicians and caregivers recognized as among the best in the United States for orthopaedic care.

Rehabilitation Institute of Michigan – one of the nation's largest hospitals dedicated to rehabilitation medicine and research. The institute serves as a center of excellence for the treatment of persons with spinal cord and brain injuries.

Sinai-Grace Hospital – located in northwest Detroit, is a full-service community hospital, offering expertise in emergency medicine, obstetrics/gynecology, gerontology and bariatric surgery. Sinai Grace's orthopaedic surgery program features total joint replacement surgery, including revolutionary a minimally-invasive knee replacement procedure. Sinai-Grace operates 21 ambulatory sites and surgery centers, including the Oakland Virtual Medical Center.

## ***Affirmative Action***

The Detroit Medical Center provides and promotes equal employment opportunity to all persons, without regard to race, color, sex, age, religion, national origin, weight, height, marital status, disability, status as a Vietnam-era or special disabled veteran or sexual preference. Within the provisions of applicable laws, equal employment opportunity will be provided in all employment practices as well as all other terms and conditions of employment. Employees of the Detroit Medical Center are prohibited from engaging in any employment practices that are prohibited by law and are contrary to the intent of this policy.

The definitions and procedures enumerated previously shall apply unless such procedure is specified in a contract to which a covered operating unit is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract and such terms will take precedence over this policy.

## ***Anatomical Gifts***

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

## ***Animal Subjects in Research***

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

## ***Anonymous Hotline***

1. The Detroit Medical Center will establish and maintain a telephone hotline that employees may use to report problems and concerns either anonymously or in confidence.
2. Employees who report problems and concerns via the hotline in good faith will be protected from any form of retaliation or retribution. (See DMC Tier I Administrative Policy Manual, Non-retaliation/Non-retribution Policy, Policy No. CG-01 1.)
3. All those who are employed in the hotline operation are expected to act with utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner.
4. The Corporate Audit & Compliance Department is responsible for the daily operation of the employee hotline.
5. If the efforts above do not resolve the issue, contact the ACGME Complaint Officer to discuss submitting a formal complaint; ACGME Complaint Officer - 312-755-5041.

## ***Autopsies***

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

## ***Biological Safety***

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

## ***Blood and Body Fluid Exposure (needle stick exposure)***

If you have sustained a sharps injury or a mucous membrane exposure from a patient who is known to be or may be HIV positive, please read the following:

There is a small chance of HIV transmission after a needlestick/sharps injury/or mucous membrane exposure from an HIV-infected person. Antiretrovirals (medications used to fight HIV infection) may be used to try to decrease your chance of becoming HIV positive. Currently, the effectiveness of antiretrovirals is not completely known. However, studies done by the Centers for Disease Control suggest strongly that the antiretroviral ZIDOVUDINE (also known as AZT) may decrease your chance of becoming HIV positive by 79% over those who do not take antiretroviral medications. The chance of becoming HIV positive from a deep needlestick may be as high as 0.3% (1 in 350), versus the chance of becoming HIV positive from a mucous membrane splash, which is about 0.09%.

ZIDOVUDINE (Retrovir, ZDV, AZT) has potential toxicity/side effects, most commonly tiredness, nausea, and diarrhea. Other less frequently reported side effects include: headache, weight loss, dizziness, agitation, insomnia, abdominal pain, heartburn, poor appetite, vomiting, muscle

aches, lowering of the blood counts, and seizures. Some, but not all, of these problems may be resolved by decreasing the dosage or discounting the Zidovudine. Even less frequent and probably unrelated problems which have been reported by persons taking Zidovudine include: cough, nosebleeds, sore throat, sinusitis, acne, itching, hives, urinary frequency, flushing, aching joints, muscle spasms, lazy eye, hearing loss, light sensitivity, body odor, fevers, chills, lip swelling, and chest pain. ZIDOVUDINE may have other short and long-term side effects, which are unknown at this time. The suggested dose for your treatment is 300 mg by mouth every 12 hours for 28 days.

Additionally, the antiretroviral drug 3TC (Epivir, lamivudine) has been shown to enhance the susceptibility of the HIV virus of Zidovudine. For this reason, 3TC is also being offered to you at a dose of 150 mg by mouth every twelve hours for 28 days. There are no studies that demonstrate the effectiveness of 3TC in preventing people from becoming HIV positive after bloodborne exposures. However, because Zidovudine is not 100% protective, additional drugs are being offered. Not all the side effects of 3TC may be known at this time. The more common side effects include nausea, vomiting, diarrhea, malaise, fever, poor appetite, abdominal pain, tingling in the hands and feet, dizziness, insomnia, and depression. Less common side effects are rash, hair loss, sensitivity of the eyes to light, low blood counts, and vasculitis. You may experience some, all, or none of these side effects. The long-term effects of 3TC in otherwise healthy people are unknown. The effects on genetic mutations, birth defects, and the ability to bear/conceive children are also unknown.

The third drug, NELFINAVIR (Veracept), is also being offered to you to prevent you from becoming HIV positive. Like 3TC, there have been no studies documenting the effectiveness of Nelfinavir in preventing people from becoming HIV positive after exposure. Because Nelfinavir is a new drug, not all the side effects may be known at this time. The more common side effects include nausea, vomiting, and diarrhea. Other side effects include raised blood sugar levels, lowering of blood counts, elevated liver tests, and fatigue. You may experience some, all, or none of these side effects. In addition, you may experience side effects that have not previously been reported.

The long-term effects of Nelfinavir are unknown. The effects on genetic mutations, birth defects, and the ability to bear/conceive children are unknown. The dosage for Nelfinavir is 1250 mg (5 tablets) by mouth every 12 hours for 28 days.

There is no guarantee that antiretroviral prophylaxis will prevent HIV infection, and follow-up testing is recommended at six weeks, three months, six months, and 12 months. It will also be necessary to have blood drawn every two weeks for a total of six weeks if you choose to take antiretrovirals, to monitor for toxicity. Should HIV infection occur, transmission to others is a possibility. For this reason, practicing abstinence, "safer sex", must be employed, and you must not donate blood, tissue, semen, or organs during the time you are being followed for this exposure. The effectiveness of antiretroviral prophylaxis may decrease as the time increases from exposure to starting medications.

You are advised to avoid becoming pregnant or fathering a child while you are taking antiretroviral prophylaxis. You should also know that Nelfinavir may decrease the effectiveness of oral contraceptives (birth control pills), and they should not be relied on to prevent pregnancy while you are taking Nelfinavir. If you are, or think you may be pregnant, please refer to the pregnant employee information form.

Should you experience any side effects you feel may be related to the medications, you should contact Occupational Health Services immediately. If necessary, you may also contact Dr. Lundstrom at (313) 745-5111, beeper #4052.

You should not take any prescription or over-the-counter medications while on antiretroviral prophylaxis unless you check with Occupational Health Services first.

### ***Computer Usage***

- 1) All users of the WSU or DMC computer system must behave in an ethical, legal, and morally responsible fashion while using the system. Individuals are responsible for their behavior and actions when accessing the system and the internet.
- 2) Use of the systems, and in particular patient information, internet service, and E-mail, is provided for the support and improvement of the Detroit Medical Center's business objectives. Access is a privilege, given or withheld by WSU/DMC sponsoring institution, as it determines.
- 3) All use of WSU or DMC computers, the internet, and E-mail, is subject to observation and monitoring by the Detroit Medical Center to verify that the use of services is in accordance with DMC policy. There shall be no privacy from the DMC in any individual's use of any WSU or DMC system, computer, E-mail message, or related device.
- 4) The sponsoring institution reserves the right to collect, monitor, examine, copy, store, transmit, print, and use any and all information entering, leaving, residing in, or processed by any and all information systems and components used in the corporate setting, for any and all purposes that the DMC so selects or determines, at its sole discretion.

### ***Electronic Communication***

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

### ***Ethics***

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

### ***Human Subjects in Research***

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

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

### ***Nepotism***

Nepotism, as defined by this policy, shall not be permitted in the Detroit Medical Center. An employee shall not permanently work under the supervision (direct or indirect) of a relative.

Related employees will not be allowed to work permanently in the same department unless they can be assigned to different supervisors, work areas or shifts.

### ***Patient's Rights and Responsibilities***

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

### ***Pharmaceutical and Nutritional Vendors***

The relationship and contact between vendors and The Detroit Medical Center must demonstrate the highest professional and ethical standards. Because there is room to misinterpret the relationship of charitable contributions with the business relationship between the vendor and The Detroit Medical Center, it is essential that charitable solicitations be conducted in the most professional and ethical manner so that even any appearance of impropriety is avoided.

### ***Pharmacy***

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

### ***Quality Assurance***

The DMC is committed to continuous improvement, prevention of pollution and compliance with relevant environmental and quality regulations and other requirements. To support this commitment, the DMC has appointed Tammy Lundstrom, MD as Senior Vice President for Corporate Quality, that includes quality safety and environment.

### ***Safety***

All DMCUL employees and trainees shall complete the Net Learning modules and quizzes provided by the DMC on the intranet. If the employee does not have access to the intranet, the employee is to review the appropriate documents and take a written quiz. All DMCUL technical employees and trainees shall review the document and take the quiz on "Chemical Safety Measures, Spills and Disposal. All DMCUL technical employees and trainees are to review the documents and take the quiz on "Compressed Gas Cylinders" and "The OSHA Formaldehyde Standard" if applicable. All DMCUL employees and trainees that package regulated medical waste or sign the regulated medical waste manifests are to be trained in the DOT regulated medical waste regulations. All DMCUL employees and trainees are to view the VHS film "Fight or Flight". The completion of the above safety programs is required for compliance with regulatory or accrediting agencies.

### ***Scrubs***

1. All personnel will manage scrub attire consistent with this policy, infection control standards, and regulatory and safety requirements.
2. Departments approved for hospital issued seafoam green scrub attire include Operating Room Services, Labor and Delivery, NICU, Hemodialysis units, Central Sterile Processing, Angiography and Cardiac Catheterization and other site designated areas.

3. If clothing becomes soiled with blood and/or body fluids while providing care, hospital issue scrub attire may be provided to other patient care providers for the remainder of their workday.

## PROVISIONS

### Departments Approved for Hospital Issue Scrubs

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

## ***Severe Weather***

In the event of severe weather conditions, "Code Gray" will be handled according to the definitions and provisions listed in the DMC policy.

## ***Smoking Policy***

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

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

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

## ***Worker's Compensation***

All workers compensation claims are managed and processed according to the State of Michigan Workers With Disabilities Compensation Act of 1982.



## **Section VI – WSU and Community Information**

### ***Diversity***

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

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

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

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

### ***International Office***

Welcome to the Office of International Students and Scholars at Wayne State University. We hope that you have a rewarding experience during your studies at Wayne State University. The Department of Homeland Security requires all new students to check in with the institution you plan to attend. You will need to fulfill this requirement by completing the On-line New Student Data Form. Once you complete the Online Check-In process and purchase your WSU Health Insurance your registration holds will be released. Please follow the instructions at: [http://www.wsuoiss.wayne.edu/sections/for\\_students/student\\_resources/new\\_international\\_student\\_check\\_in\\_procedure](http://www.wsuoiss.wayne.edu/sections/for_students/student_resources/new_international_student_check_in_procedure)

### ***Libraries***

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

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

The Wayne State Library System is committed

- to being a national leader in the transition of library collections from print to electronic resources;
- to offering excellent client services;

- to training librarians (including school media specialists) in the information age; and
- to supporting academic research through the UGE 1000 Office.
- to developing and supporting student awareness of traditions, goals and structures of universities and their research libraries.

Shiffman Medical Library  
 4325 Brush St.  
 Detroit, MI USA 48201-2103  
 (313) 577-1094  
<http://www.lib.wayne.edu/shiffman/>

## ***Laboratories***

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

## ***Michigan Medical Board***

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

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

## ***Michigan State Medical Society***

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

## ***Publications***

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

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

## ***University School of Medicine Events***

### **Year I Orientation**

Orientation for the incoming Year I class is a week of activities and programs that introduce the entering students to the policies, curricular requirements, services, student organizations, extra-curricular programs, administration, faculty, staff and students of the medical school.

### **Family Day**

Family Day is the culminating activity of the Year I Orientation program. The families of the entering class tour the School; participate in the school's Welcoming Ceremony and meet members of the administration, faculty and staff.

### **Honors Convocation**

The Honors Convocation acknowledges those students and faculty who have excelled in their academic studies, teaching and/or research.

### **Ethnic Week**

Activities and programs celebrate the ethnic and cultural diversity of our students, faculty and staff.

### **Violence Awareness Week**

Special presentation and displays focus on the effect of interpersonal violence on the well being of individuals and society in general.

### **Women's Health Week**

The gender specific health needs of women and girls are the focus of lectures and special programs.

### **Primary Care Week**

Programs scheduled for this week promote the career opportunities and patient care needs in the medical specialties of Family Medicine, Pediatrics and Internal Medicine.

### **Match Day**

Match Day is an honored tradition at U.S. medical schools. It is the day when graduating seniors learn the outcomes of the National Residency Matching Program ranking notifying them of where they will be doing their post-graduate training.

### **Senior/Faculty Dinner Dance**

The faculty and medical alumni host a reception, dinner and dance honoring the senior class and welcoming the class into the school's alumni association.

### **All Michigan Residency Recruitment Day**

Residency programs from across the State of Michigan visit the medical campus and present to Year II and Year III students information regarding post-graduate training and career opportunities available throughout the state.

## **Commencement**

The annual ceremony at which the M.D. degree is conferred upon those students who have met all academic requirements of the degree. Special honors and awards are presented at Commencement.

## **Section VII – Program Specific Policies:**