



Graduate Medical Education Council (GMEC)

Policies, Procedures and Responsibilities Manual

**Wayne State University
Detroit Medical Center
ACGME
Joint Sponsored Programs
ACGME Accreditation # 259501**

Effective Date: October 23, 2006

Mission Statement of the Office of Graduate Medical Education:

Graduate Medical Education, as a service office to the WSU/DMC programs and administrative arm of the Graduate Medical Education Council (GMEC) the 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.

1.0 Purpose

Wayne State University/Detroit Medical Center shall maintain a Graduate Medical Education Council to develop Institutional policies relating to the Graduate Medical Education Programs and monitor ACGME compliance of Residency Programs and adequacy of Institutional support as well as other accredited/non-accredited programs within both institutions.

2.0 Procedure

2.1 The Graduate Medical Education Council (GMEC) will advise and monitor any changes in the policies and procedures of the GME Programs.

2.2 The GMEC will establish policies and procedures related to supervision, selection, evaluation, promotion, dismissal, duty hours, moonlighting of Residents/Fellows, and other pertinent policies/procedures as needed for the trainee.

2.3 The GMEC will establish and maintain appropriate oversight of and liaison with Program Directors and assure that Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of other Institutions participating in the ACGME Accredited and other non-accredited/accredited Programs.

2.3.1 The GMEC will maintain appropriate oversight regarding resident evaluations of the program, faculty, and educational experiences as required through the ACGME Common Program Requirements and other non-accredited/accredited programs. The GMEC will monitor this information through continuous oversight of the program and subsequently the Program Director.

2.3.2 The GMEC requires that the programs provide the Office of Graduate Medical Education and subsequently the GMEC reports by the Program Director on the status of programs in meeting all requirements, improving resident education, and enhancing patient care.

2.4 The GMEC will establish policies and procedures for dealing with grievances brought forward by Residents/Fellows relevant to the conduct of their Graduate Medical Education Programs. The GMEC will ensure that such policies and procedures satisfy the requirements of fair procedures. The GMEC will also ensure that such policies and procedures are applied equally to all Residents/Fellows in Graduate Medical Education Programs.

2.5 The GMEC will review and approve the annual proposal for salary ranges and benefits for all Residents/Fellows.

2.6 The GMEC will review, monitor, and work to improve 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 and other non-accredited/accredited program requirements.

2.7 The GMEC will review and approve any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted.

2.8 The GMEC will review the provision of educational experiences for Residents/Fellows concerning ethical, socioeconomic, medical/legal and cost-containment issues in medical practice, communication skills, HIV and blood born pathogens, research design, statistics, critical review of literature and identification and treatment of substance abuse and physician impairment.

2.9 The GMEC will coordinate and conduct accreditation cycle mid point reviews of all Residency Programs to ensure compliance with Institutional (medical school and hospital) policies, ACGME Institutional, Common and relevant Specialty Resident Review Committee Program Requirements.

2.10 The GMEC will regularly review Institutional and Program specific accreditation letters, internal review citations and monitor action plans for correction of concerns and areas of non-compliance.

2.11 The GMEC will ensure that each Program, that requires the ACGME Six General Competencies and specific common program requirements, provides a curriculum, an evaluation system and tools, and a Resident/Fellow plan for professional growth and life long learning to ensure that Residents/Fellows demonstrate achievement through the six general competencies:

- Patient care
- Medical knowledge
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

and that appropriate outcome measures are utilized to meet ACGME/Other Accreditation requirements.

2.12 The GMEC will review and approve prior to submission to the ACGME ;

2.12.1 Changes in Resident/Fellow compliment;

2.12.2 Major changes in Program structure or length of training

2.12.3 Additions and deletions of participating Institutions used in a Program

2.12.4 Appointments of new Program Directors

2.12.5 Progress reports requested by any Review Committee

2.12.6 Responses to all proposed adverse actions

2.12.7 Requests for increases or any changes in House Officer duty hours

2.12.8 Requests for “inactive status” or to reactivate a Program

2.12.9 Voluntary withdrawals of ACGME accredited Programs

2.12.10 Requests for an appeal of an adverse action; and

2.12.11 Appeal presentations to the ACGME

2.12.12 All applications for ACGME accreditation of new programs and subspecialties

2.13 Membership:

2.13.1 The DIO chairs the Graduate Medical Education Council. The Graduate Medical Education Council, at minimum, consists of Program Directors for the Residents/Fellows Training Programs; the Chief Medical Officer of the Detroit Medical Center or His/Her representative, Executive Vice Dean for the Wayne State University School of Medicine or His/Her Representative; Resident/Fellow voting representation will be four elected Resident Council members with three alternate Residents/Fellows voting members who will vote in the absence of one or more of the four elected residents; Director of GME, Academic Affairs, the Director of GME, Operations, and an Ex Officio member from the Office of Graduate Medical Education to maintain minutes and materials for the GMEC. The Ex Officio member does not have voting rights on the GMEC.

2.14 GMEC Subcommittees:

2.14.1 Membership to all Sub-Committees:

The Chair of the Sub-Committees is selected by the Chair of the GMEC. Additional members are selected from WSU/DMC Jointly Sponsored Accredited Programs, both junior and senior faculty as well as program directors. These sub-committees provide an opportunity for a wide range of activities for participating in GME to assist with GMEC oversight, while taking care not to dilute in any way the overall responsibility of the GMEC itself. While most members of the sub-committee are also GMEC members, this is not an absolute requirement. It is especially important that a minimum of 1-2 Residents/Fellows serve on each of these sub-committees. These committees act only in an advisory capacity to the GMEC, and make recommendations for specific actions at monthly GMEC meetings.

2.14.2 Performance Improvement Groups (A & B):

Duties:

Coordinate and implement the internal residency review process for all training programs; present reports and recommendations to GMEC; monitor implementation of recommendations made by the GMEC and/or the specific Residency Review Committee of the ACGME; work closely with the residency program directors, program coordinators, and residents/fellows to ensure overall compliance with the six ACGME general competencies; design and implement an appropriate institutional GME curriculum and/or outcomes assessment program to support the six competencies; develop and implement an annual educational survey of all programs, residents, and fellows; work closely with WSU/DMC Resident Council to ensure that resident concerns and issues are addressed in a timely manner; make recommendations regarding work environment and/or other

resident/fellow issues to the GMEC; assist DIO with ensuring adequate communication resources for all GMEC activities (i.e., computers, technical support, libraries, etc).

2.14.3 Policy and Procedures Committee;

Duties:

Review existing institutional and program graduate medical education policies and procedures; revise existing policy as required; develop additional policies and procedures as necessary; ensure that all training programs comply with GMEC policies serve as resource to GMEC, training programs, program directors, program coordinators, and others on policy-related issues.

2.14.4 Operations and Technology Committee:

Duties:

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 ACGME Institutional Review Committee requirements or issues that apply to all training programs.

2.15 GMEC Attendance/Responsibilities:

Faculty members and Residents/Fellows are expected to attend GMEC meetings as assigned. GMEC members must attend at least 75% of scheduled meetings yearly. Excused absences are not counted in the attendance record for this standard; a member should send a replacement if unable to attend. Clinical Department Chairs assure that faculty and Residents/Fellows are free from departmental duties to fully anticipate in GMEC activities. Annually, activity/attendance reports are sent to GMEC members and their respective Department Chairpersons to document level of service.

2.16 Organization/Meeting Times:

A GMEC Retreat is conducted for all members of the GME community to include GMEC members and all program coordinators to orient and educate attendees on issues pertinent to the educational requirements of the ACGME, CMS, and other accreditation/governmental standards. The GMEC meets a minimum of eight times per academic year. Minutes are distributed in electronic format to all members of the GMEC and to the Department Chairpersons.

2.17 Reports

The DIO provides an annual report on all activities of GME to the Dean, the Organized Medical Staff and the governing bodies of the joint sponsored institutions, and of the major participating Institutions. The minutes of the GMEC are presented to the Executive Committee of the Organized Medical staff of the DMC Medical Center twice yearly.

2.18 Review of Specific Policies;

While this is not our exhaustive list of policies, these will be reviewed annually to ensure oversight.

2.18.1 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 Dean's Council, the Dean's counsel 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 Program ("Dean's Council") shall appoint a Committee of not less than three members of the Dean's Council. The Chair of the Dean's Council 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 Dean's Council. 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 Dean's Council 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 Dean's Council 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 Dean's Council. 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.

2.18.2 Duty Hours and Moonlighting:

The GMEC will adopt, monitor and enforce appropriate Duty Hours and Moonlighting experiences of the Resident within WSU/DMC program by:

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 will review and monitor 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 will review and approve any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted.

The GMEC, while retaining its ultimate responsibilities, will delegate oversight of Duty Hours and Supervision to the Operations and Technology Committee with direction from the DIO. The Operations and Technology Committee is responsible for:

Educating GMEC and other interested parties regarding sources of funding for graduate medical education; reviewing existing use of GME Funds; actively participating in the institutional budget process; making recommendations to GMEC regarding use of GME Funds; reviewing requests for affiliation with other training programs/institutions; monitor agreements with affiliated training programs/institutions; considering GME sizing issues; assisting with monitoring resident duty hours, moonlighting, supervision and/or other IRC requirements or issues that apply to all training programs.

Additionally, the GMEC will require programs to meet the following:

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.

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 ICGME for consideration. The trainee section will then present the proposal along with their recommendations to the full ICGME for approval/denial. If approved, the exception request will then be forwarded on to the appropriate Residency Review Committee (RRC). Exceptions approved by ICGME 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 ICGME for consideration, investigation, and action. The trainee section of the ICGME will then present the concerns and proposed action to the full ICGME 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 DMC Vice President, GME.

The GMEC will review and monitor 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 will review and approve any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted. The GMEC monitors both Duty Hours and Moonlighting through:

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.

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.

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.

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

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

2.18.3 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 they 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.

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.

2.18.4 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.

2.18.5 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.

2.18.6 Promotion/Re-Appointment/Graduation:

2.18.7 Supervision of Postgraduate Trainees

The GMEC will monitor and ensure appropriate supervision at all times as required by ACGME, State, and Federal regulation. To this end, the GMEC will ensure that:

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.