

MICHIGAN STATE  
UNIVERSITY

College of  
Human Medicine

# *Graduate Medical Education Policy Manual*

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*Residents and Fellows are bound by the policies in this manual, as well as the policies set forth by their employing institution, and their training program.*

**1.0 Introduction:** The following policies and guidelines have been developed to ensure and enhance the quality of graduate medical education (GME) at Michigan State University College of Human Medicine (MSU/CHM). These policies and guidelines are intended to provide an overall framework for the Graduate Medical Education Programs sponsored by MSU/CHM. The policies have been developed with the intention of meeting accreditation requirements, but more importantly, to improve participants, the administrators of the programs, the participating institutions, and the patients who are served by the programs.

No policy or guideline can be developed to cover every situation. The unique nature of the programs in graduate medical education requires that each program carefully consider the requirements of the discipline and specialty in order to ensure a clinically and academically sound course of study. Therefore, it is recognized that these policies provide a general, broad set of criteria for graduate medical education programs sponsored by MSU/CHM.

Programs with more stringent requirements, such as accreditation program requirements, utilization of unique evaluation forms for the advancement of residents, designation of teaching and non-teaching members of the department, etc., must provide the resident with these standards and/or policies in writing. It is recommended that all residents receive a copy of the Accreditation Council for Graduate Medical Education (ACGME) Program Requirements and the Institutional Requirements for their particular discipline/program.

**1.1 Statement of Institutional Commitment to Graduate Medical Education:** The ACGME requires a written statement of institutional commitment to GME that is supported by the governing authority, the administration, and the teaching staff. See Appendix 1.

**1.2 College Mission:** The mission of MSU-CHM is to educate and develop exemplary physicians, create and disseminate new knowledge, and provide service to the people of the State of Michigan through programs of education, research and outreach that are:

- 1.2.1 Integrated with and responsive to communities and their systems of health care.
- 1.2.2 Focused on meeting the health care needs of patients, families, and communities.
- 1.2.3 Considerate of the dignity, diversity, needs, and values of individual patients.
- 1.2.4 Responsive to the unmet needs of medically under-served populations.
- 1.2.5 Within the general mission of MSU-GME, the College has programs of undergraduate, graduate, and continuing medical education.

**1.3 Graduate Medical Education Mission:** The mission of the CHM in GME is to provide Institutional Sponsorship to high quality programs for GME in those primary and specialty care disciplines relevant to the College's mission. Such GME programs will operate in concert with the teaching hospitals and health systems affiliated with the College. The Graduate Medical Education Committee (GMEC) will fulfill the responsibilities of the Committee as listed in this manual (Pg. 5)

**1.4 Designated Institutional Official (DIO):** The Assistant Dean for Graduate Medical Education will be the Designated Institutional Official (DIO) with the authority and responsibility for the oversight and administration of the Graduate Medical Education Programs sponsored by MSU-CHM; as well as responsibility for ensuring compliance with the ACGME Institution, Common, and specialty/subspecialty-specific Program Requirements.

- 1.5 **Maintaining Accreditation:** If MSU-CHM, or a major participating hospital site, loses its accreditation, MSU-CHM will notify and provide a plan of response to the Institutional Review Committee (IRC) within 30 days of such loss. MSU-CHM, or its major participating sites that are hospitals will maintain accreditation provided by:
- 1.5.1 The Joint Commission; or
  - 1.5.2 An entity granted “deeming authority” for participation in medicare under federal regulations; or
  - 1.5.3 An entity certified as complying with the conditions of participation

## 2.0 The Graduate Medical Education Committee (GMEC)

### 2.1 Purpose

- 2.1.1 The GMEC will oversee the conduct and management of all residency and fellowship programs for which MSU-CHM is the sponsoring institution. To accomplish this mission, the College will sponsor GME programs that meet the health care needs of the people of the State of Michigan. The College will ensure that all residency/fellowship programs for which MSU-CHM is the sponsoring institution are accredited by the ACGME.
- 2.1.2 The GME programs of the College are conducted under the aegis of its Dean and, as delegated, to the Assistant Dean for Graduate Medical Education.
- 2.1.3 The GMEC shall ensure that MSU-CHM sponsored resident/fellow training programs are:
  - 2.1.3.1 Quality graduate educational experiences for resident/fellows
  - 2.1.3.2 Managed in a manner that promotes full compliance with the Institutional and Program Requirement of the ACGME
  - 2.1.3.3 Regularly reviewed in accordance with the ACGME Institutional and Program Requirements

2.2 **Authority:** The GME programs of CHM are conducted under the aegis of its GMEC and Dean (or, as delegated, Assistant Dean for GME), and governed by the authority granted by the Dean. The GMEC may demand a Special Review of a program at any time that the GMEC finds that the Program has failed to comply with requests/actions of the committee, or is in lack of compliance with ACGME Program Requirements.

### 2.3 Organization

- 2.3.1 Membership on the GMEC will include the:
  - 2.3.1.1 Assistant Dean for Graduate Medical Education (or his/her designee)
  - 2.3.1.2 DIO
  - 2.3.1.3 Program Director of each MSU-CHM Institutionally Sponsored Residency/Fellowship Program (or his/her designee)
  - 2.3.1.4 Peer-selected Residents/Fellows
  - 2.3.1.5 Directors of Medical Education for Participating Institutions
  - 2.3.1.6 Quality Improvement/Safety Officer, or designee
  - 2.3.1.7 Chairpersons and others are welcome as non-voting attendees
- 2.3.2 The Assistant Dean for Graduate Medical Education, or his/her designee, shall chair the GMEC, or the Dean of the College of Human Medicine shall name a chair of the GMEC.

- 2.3.3 The Chair of the GMEC will establish the agenda and call meetings of the Committee. Members are to be given at least ten calendar days' notice of special meetings. A quorum for the conduct of business shall be the members present at a properly called meeting. All members shall have a vote on matters brought before the Committee. However, the Chair of any meeting shall cast his/her ballot only when necessary to resolve a tie vote. A member who will be absent for any meeting may designate a proxy to report and vote on the member's behalf.
- 2.3.4 Length of membership on the GMEC shall be coterminous with one's administrative or training position.

## **2.4 Frequency of Committee Meetings**

- 2.4.1 The GMEC will meet quarterly, or more frequently as needed.
- 2.4.2 Each meeting will include attendance of at least one resident/fellow.
- 2.4.3 Minutes of each meeting will be kept and submitted for approval at each meeting. Once approved, minutes will be made available to all members

## **2.5 Responsibilities will include**

- 2.5.1 Oversight of:
  - 2.5.1.1 ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs
  - 2.5.1.2 The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites
  - 2.5.1.3 The quality of educational experiences in each ACGME accredited program that leads to measureable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
  - 2.5.1.4 The ACGME-accredited programs' annual evaluation and improvement activities
  - 2.5.1.5 All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
- 2.5.2 Review and approval of:
  - 2.5.2.1 Institutional GME policies and procedures
  - 2.5.2.2 Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits
  - 2.5.2.3 Applications for ACGME accreditation of new programs
  - 2.5.2.4 Requests for permanent changes on resident/fellow complement
  - 2.5.2.5 Major changes in ACGME-accredited programs' structure or duration of education
  - 2.5.2.6 Additions and deletions of ACGME-accredited programs' participating sites
  - 2.5.2.7 Appointment of new program directors
  - 2.5.2.8 Progress reports requested by a Review Committee
  - 2.5.2.9 Responses to Clinical Learning Environment Review (CLER) reports
  - 2.5.2.10 Requests for exceptions to duty hour requirements
  - 2.5.2.11 Voluntary withdrawal of ACGME program accreditation
  - 2.5.2.12 Requests for appeal of an adverse action by a Review Committee
  - 2.5.2.13 Appeal presentations to an ACGME Appeals Panel

- 2.5.3 Conducting an Annual Institutional Review (AIR)
  - 2.5.3.1 Institutional performance indicators will include:
    - 2.5.3.1.1 Results of the most recent institutional self-study visit
    - 2.5.3.1.2 Results of ACGME surveys of residents/fellows and faculty members
    - 2.5.3.1.3 Notification of ACGME-accredited programs' accreditation statuses and self-study visits
  - 2.5.3.2 The AIR will include monitoring procedures for action plans resulting from the review
  - 2.5.3.3 The DIO will submit a written annual executive summary of the AIR to the Governing Body.
  
- 2.5.4 Effective oversight of Program accreditation through an Annual Program Review (APR) process:
  - 2.5.4.1 Components of an APR protocol and template will include:
    - 2.5.4.1.1 The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the evaluation
    - 2.5.4.1.2 The most recent accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective Review Committees
    - 2.5.4.1.3 The most recent APR report
    - 2.5.4.1.4 Reports from previous GMEC special Reviews of the program
    - 2.5.4.1.5 Results from internal or external resident/fellow faculty, and patient surveys
    - 2.5.4.1.6 Annual Performance data provided by the ACGME
  - 2.5.4.2 The APR protocol will outline the reporting structure and monitoring procedures after the APR is completed
  
- 2.5.5 Initiating and maintaining a GMEC Special Review process for programs that warrant intervention
  - 2.5.5.1 Minimum components of a GMEC Special Review protocol and template will include:
    - 2.5.5.1.1 Criteria for initiating a GMEC Special Review
    - 2.5.5.1.2 Committee membership from within the Sponsoring Institution (but not from within the department of the ACGME-accredited program under review), that is comprised of:
      - 2.5.5.1.3 At least 1 faculty member
      - 2.5.5.1.4 At least 1 resident/fellow
      - 2.5.5.1.5 Additional internal or external reviewers and administrators, which may include the DIO, as determined by the GMEC
  - 2.5.5.2 Interviews will be conducted with:
    - 2.5.5.2.1 The Program Director
    - 2.5.5.2.2 At least 2 core faculty members
    - 2.5.5.2.3 At least 1 peer-selected resident/fellow from each PGY level in the ACGME-accredited program
    - 2.5.5.2.4 Other individuals as deemed appropriate by the GMEC Special Review committee, depending on the circumstances of the review

- 2.5.5.3 Specific outcome measures reported to the GMEC will include:
  - 2.5.5.3.1 Written recommendations and procedures for follow-up
  - 2.5.5.3.2 A reporting structure
  - 2.5.5.3.3 A timeline
  - 2.5.5.3.4 Monitoring procedures

- 2.5.6 Providing a Resident/Fellow Forum, which allows for residents/fellows from across the ACGME-accredited programs to communicate and exchange information in a free and confidential atmosphere
  - 2.5.6.1 Any resident/fellow is welcome, and invited to raise any concern regarding their learning and working environment
  - 2.5.6.2 After the initial welcoming, the Forum will be conducted without the DIO, Program Directors, faculty members, or other administrators present
  - 2.5.6.3 Any resident/fellow is encouraged to attend the following GMEC meeting to report on appropriate issues from the Forum

**3.0 GME Institutional Agreements with participating Institutions** – Programs sponsored by MSU-CHM involving teaching hospitals or health systems affiliated with the College shall be governed by written affiliation agreements, letters of agreement, and/or bylaws of community corporations of MSU-CHM and each Major Participating Institution. Master Affiliation Agreements will exist with those Participating Institutions where MSU-CHM sponsored residence/fellowship programs take place.

**3.1 Essential elements of the institutional agreements will specify:**

- 3.1.1 Identification of the officials at the Participating Institution or facility who will assume administration, educational, and supervisory responsibility for the resident/fellows
- 3.1.2 The educational goals and objectives to be attained within the Participating Institutions
- 3.1.3 The period of assignment of the residents/fellows to the Participating Institution, the financial arrangements, and details for insurance and benefits
- 3.1.4 The Participating Institution’s responsibilities for teaching, supervision, and formal evaluation of the residents’/fellows’ performances
- 3.1.5 The policies and procedures that govern the residents’/fellows’ education while rotating within the Participating Institution
- 3.1.6 The processes by which budgetary decisions are made, including the roles of Liaison Committees, if appropriate

**3.2 Affiliation agreements or contracts may contain a “termination clause”**

- 3.2.1 Any such statement must recognize the MSU-CHM GMEC policy that residency/fellowship program closure must not affect the residents’/fellows’ ability to complete a residency/fellowship program
- 3.2.2 The Program Director, together with the Director of Medical Education (DME) of the Participating Institution, must arrange for the residents/fellows to transfer to another ACGME accredited program or must conclude the program for the residents/fellows

**4.0 The Learning and Work Environment** – MSU-CHM and its programs will provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner as appropriate. MSU-CHM and its programs are responsible for oversight and documentation of resident/fellow engagement in the following areas:

#### **4.1 Patient Safety**

- 4.1.1 Access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal
- 4.1.2 Opportunities to contribute to root cause analysis or other similar risk-reduction processes

#### **4.2 Quality Improvement**

- 4.2.1 Access to data to improve systems of care, reduce health care disparities, and improve patient outcomes
- 4.2.2 Opportunities to participate in quality improvement initiatives

#### **4.3 Transition of Care**

- 4.3.1 Facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care
- 4.3.2 Ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care

#### **4.4 Supervision**

- 4.4.1 Supervision of residents/fellows consistent with institutional and program-specific policies
- 4.4.2 Mechanisms by which residents/fellows may report inadequate supervision in a protected manner that is free from reprisal

#### **4.5 Duty Hours, Fatigue Management and Mitigation**

- 4.5.1 Resident/fellow duty hours consistent with the Common and Specialty/subspecialty-specific program Requirements across all programs, addressing areas of non-compliance in a timely manner
- 4.5.2 Systems of care and learning and working environments that facilitate fatigue-management and mitigation for residents/fellows
- 4.5.3 An educational program for residents/fellows and core faculty members in fatigue management and mitigation

#### **4.6 Professionalism**

- 4.6.1 Residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits
- 4.6.2 Accurate completion of required documentation by residents/fellows
- 4.6.3 Identification of resident/fellow mistreatment

**5.0 MSU-CHM Responsibilities to Residents/Fellows** – MSU-CHM Graduate Medical Education Programs are designed to prepare the resident/fellow for the next phase of their professional careers, including advanced residencies, practice, or scholarship. In order to achieve this goal, MSU-CHM will fulfill the following responsibilities to residents/fellows through an organized system of education. MSU-CHM ensures that residents/fellows have the opportunity to:

- 5.1 Develop a personal program of learning to foster continued professional growth, with guidance from the teaching staff
- 5.2 Participate in safe, effective, and compassionate patient care, under the supervision of the program director and other faculty members, commensurate with their level of advancement and responsibility
- 5.3 Participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervising other residents and students

- 5.4 Participate, as appropriate, in institutional programs and medical staff activities, and adhere to established practices, procedures, and policies of the Participating Institutions.
- 5.5 Participate on appropriate institutional committees and councils whose actions affect their education and/or patient care

**6.0 Resident/Fellow Recruitment for CHM Programs** – MSU supports all its sponsored residency/fellowship programs in making formal recruitment plans. Such plans may vary from year to year, and include:

- 6.1 Development and use of the web to showcase their programs
- 6.2 In addition to use of the web, all MSU-GME sponsored residency/fellowship programs use the Electronic Residency Application Service (ERAS) application program
- 6.3 Following the submission of an ERAS application, all MSU-GME sponsored residency/fellowship programs use a ranking process to determine whether a given applicant will be interviewed
- 6.4 MSU-GME sponsored residency/fellowship programs use a variety of interview processes. This may range from face-to-face interviews to video or telephone interviews that are sometimes necessary for international applicants
- 6.5 Each MSU-GME sponsored residency/fellowship program has a committee that ranks the residents/fellows after the interview process
- 6.6 Each MSU-GME sponsored residency program is required to use the National Resident Matching Program (NRMP). MSU-CHM sponsored residency programs abide by all the condition of the NRMP Match and SOAP
- 6.7 When applicable, fellowships follow NRMP Match and Guidelines

**7.0 Resident/Fellow Selection and Eligibility**

**7.1 Selection**

- 7.1.1 Applicants with one of the following qualifications are eligible for appointment to one of the MSU-CHM Programs:
  - 7.1.1.1 Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME)
  - 7.1.1.2 Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
  - 7.1.1.3 Graduation from a medical school outside the United States and Canada and meets one of the following qualifications:
    - 7.1.1.3.1 Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment
    - 7.1.1.3.2 Holds a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are in training
    - 7.1.1.3.3 Has graduated from a medical school outside the United States and has completed a Fifth Pathway program provided by an LCME accredited medical school
- 7.1.2 Applicants must demonstrate academic, clinical and interpersonal skill, motivation and integrity, through examination scores, personal interviews and recommendations from previous supervisors or other sources
- 7.1.3 Sex, race, age, religion, color, national origin, non-restricting disabilities, sexual orientation, and/or veteran status, shall have no part in the selection or evaluation of candidates
- 7.1.4 Candidates will be accepted preferentially who have enrolled in the National Residency Matching Program (NRMP) and abided by NRMP rules
- 7.1.5 Non-eligible candidates will not be accepted into MSU Graduate Medical Education Residencies/Fellowships

- 7.1.6 Candidates will have successfully participated in formal clinical training, medical school or residency training, or full-time clinical practice, within the last 24 months (from the date of the application to the program). Note: The College of Human Medicine permits the waiver of this requirement under special circumstances

## 7.2 Requirements to Begin a Training Program

- 7.2.1 Be licensed in Michigan (via an educational limited or permanent unrestricted physician license) and have a Michigan controlled substance license
- 7.2.2 Have current ACLS certification by the beginning of the resident training
- 7.2.3 Have appropriate immigration or citizenship status

*(If issues arise concerning a licensing or ACLS certification delay, or immigration status, the Residency Program Director and the DME will make the decisions about whether, and under which conditions, the resident may begin training.)*

## 8.0 Employment Contracts

- 8.1 MSU-CHM GMEC specifies that applicants for GME Programs must be informed, electronically or in writing, of the terms and conditions of employment and benefits at the time of the interview, including all the areas listed in Item 8.3 below.
- 8.2 MSU-CHM will provide residents/fellows with a written agreement or contract outlining the terms and conditions of their appointment to an educational program, and will monitor the implementation of these terms and conditions by the program directors.
- 8.3 Residents/fellows in MSU-CHM sponsored residency/fellowship programs will be provided with a standard contract that includes the following: *(If a resident/fellow contract does not include each item, then the GMEC requires that it be included in the Policies of the Program, in a Program Handbook, or the Master Affiliation Agreement)*
  - 8.3.1 Resident/fellow responsibilities
  - 8.3.2 Duration of appointment
  - 8.3.3 Financial support
  - 8.3.4 Conditions for reappointment and promotion
  - 8.3.5 Grievance procedures and due process that minimizes conflict of interest in the adjudication of issues related to evaluations or disciplinary action
  - 8.3.6 Professional liability insurance, including a summary of pertinent information regarding coverage
  - 8.3.7 Hospital and health insurance benefits for resident/fellow and their family
  - 8.3.8 Disability insurance for resident/fellow
  - 8.3.9 Vacation, parental, sick, and/or other leave/s for resident/fellow, compliant with applicable laws
  - 8.3.10 Timely notice of the effect of leave/s on the ability of residents/fellows to satisfy requirements for program completion
  - 8.3.11 Access to information related to eligibility for specialty board examinations
  - 8.3.12 Policies and procedures regarding resident/fellow duty hours and moonlighting in the learning and working environment
  - 8.3.13 Information on confidential counseling, and medical, and mental health services
  - 8.3.14 Residents/fellows are not required to sign a non-compete guarantee or restrictive covenant

## 9.0 Promotions and Evaluations

- 9.1 MSU-CHM, as the Institutional Sponsor for ACGME accredited programs, requires programs to provide residents/fellows with standards for promotion to each successive level of the residency/fellowship program. Residents/fellows must meet standards for promotion. Promotion is not automatic, and appointments are for one year. Residents/fellows who are not going to be promoted have full access to the CHM Hearing and Grievance process.
- 9.2 MSU-CHM, as the Institutional Sponsor for ACGME accredited programs, requires that all residents/fellows be evaluated at predetermined intervals (not less than twice a year) and at the end of each rotation. In addition, program directors must provide bi-annual assessments to residents/fellows.

## 10.0 Non-Renewal of Contracts

- 10.1 In instances where a resident's/fellow's agreement is not going to be renewed, the resident/fellow will receive a written notice of intent not to renew his/her agreement no later than four months prior to the end of the resident's/fellow's current agreement. However, if the primary reason/s for the non-renewal occurs within the four months prior to the end of the agreement, the resident/fellow will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow.
- 10.2 MSU-CHM sponsored residents/fellows are permitted to use the GME Policy on Resident Dismissal if their contracts are not renewed, they are suspended, not promoted, or dismissed. This includes the right to a meeting with the Training and Evaluation Committee (TEC), and a hearing.

## 11.0 Dismissal Procedures

- 11.1 **Reasons may include:**
- 11.1.1 Unsatisfactory academic or clinical performance
  - 11.1.2 Failure to appear for duty when scheduled, without notification to the Program
  - 11.1.3 Failure to comply with the rules and regulations of the Program, the College, the University, or the Hospitals, in which training takes place.
  - 11.1.4 Revocation, suspension, or restriction of license to practice medicine
  - 11.1.5 Theft
  - 11.1.6 Unprofessional behavior
  - 11.1.7 Insubordination
  - 11.1.8 Use of professional authority to exploit others
  - 11.1.9 Conduct that is detrimental to patient care
  - 11.1.10 Falsification of information in patient charts, or other documents of the residency/fellowship program
- 11.2 **Process**
- 11.2.1 The Program Director who is considering dismissing a resident/fellow shall consult with the chairperson of the academic department and Chair of the GMEC
  - 11.2.2 The resident/fellow will be notified in writing that the program is considering dismissal. The reasons dismissal is being considered must be included
  - 11.2.3 Within 5 calendar days of notification, the resident/fellow will have opportunity to meet with the Program Director and members of the TEC to present oral and written support for his/her position, in response to the reasons for the action set forth by the Program Director
  - 11.2.4 If, after the meeting (or, if after the opportunity to meet is declined), the Program Director determines that dismissal is still recommended, the Program Director will notify the resident/fellow of their dismissal, in writing,

and inform the resident/fellow of their right to request a hearing. This notification is to be within 3 calendar days of TEC meeting

**11.3 Hearing – Prior to Dismissal**

11.3.1 A resident/fellow has a right to a hearing prior to dismissal. The resident/fellow may request (in writing) the hearing. Such written request must be made to the Chair of the GMEC within 15 calendar days from the date of receipt of the document informing the resident/fellow of the intention of the Program Director to dismiss, and his/her right to a hearing. Residents/fellows must be provided with the name and address of the Chair of the GMEC. The Chair of the GMEC shall impanel a hearing panel.

11.3.1.1 The members of the hearing panel shall consist of 5 members including:

11.3.1.1.1 Two physician faculty members from the involved clinical department

11.3.1.1.2 One faculty member from the GMEC from a clinical department not involved in the action

11.3.1.1.3 One resident/fellow from the involved program or its related specialty program

11.3.1.1.4 One resident/fellow from another MSU-CHM sponsored residency/fellowship program

11.3.1.1.2 The hearing panel shall select a member who will chair the meeting/s and draft a report of the findings

11.3.1.1.3 The resident/fellow will have the right to challenge any member of the hearing panel for bias. The resident/fellow must notify the Chair of the GMEC in writing, within 5 calendar days of receiving notification of the hearing. The Chair of the GMEC, or designee, will decide the validity of a challenge, and that decision shall be final

11.3.2 The hearing panel shall attempt to maintain a collegial atmosphere. The hearing is not a court of law, and court rules or the rules of evidence are not binding. The resident/fellow or the Program Director may choose to invite an advisor to be present during the hearings. The presence of an attorney or other advisor is permitted; however, during the hearing itself, only the panel, the Program Director, and the resident/fellow may speak. The resident/fellow may bring others who support his/her position and question others brought by the Program Director, if any.

11.3.3 At the close of the hearing, the panel will overturn or uphold the decision of the Program Director to dismiss the resident/fellow. The panel's decision will be final, and will be reported in writing to the resident/fellow, the Chair of the GMEC, the Program Director, and the chairperson of the academic department, within 15 calendar days. The Director of the GMEI will also be notified, when appropriate.

**11.4 Final Payroll Date for Residents/Fellows who Resign or are Dismissed**

When a resident/fellow resigns or is dismissed, the resident/fellow will be paid through the effective date of the dismissal or resignation (effective date being defined as the date of the letter of resignation, or the date of the College Appeal Hearing at which the intent of the Program Director to dismiss was upheld.) Benefits will be paid as stated in the resident/fellow contract.

## 12.0 **Grievance Procedures**

- 12.1 A resident/fellow in a MSU-CHM sponsored program initiating a grievance is required to use the MSU-CHM grievance process. (Complaints regarding dismissal are handled through the Dismissal Procedures of this manual.)
- 12.2 Good faith efforts shall be made to resolve problems through informal means between parties. The Program Director should be included as part of this informal process.
- 12.3 In the event that the matter cannot be resolved at the level of the program director, the resident/fellow may file a written grievance and seek relief with the chairperson of the affected academic department, and request a review of the issue. A grievance must be initiated within ninety calendar days of the action that is being grieved.
  - 12.3.1 The chairperson shall attempt to mediate a resolution to the complaint
  - 12.3.2 The chairperson will put his/her proposed resolution in writing to the resident/fellow with copies to the Program Director and the Chair of the GMEC
  - 12.3.3 It shall be assumed that the resident/fellow accepts the chairperson's resolution of the complaint if the chairperson is not informed to the contrary within 15 calendar days of communicating a resolution to the concerned parties
- 12.4 In the event that the resolution instituted by the chairperson of the affected academic department is not acceptable to the resident/fellow, he/she may request, in writing, a formal hearing of the grievance. The resident/fellow must state the basis for the grievance, and the request must be received by the chairperson no later than 15 calendar days after the date the resident/fellow is informed by the chairperson of his/her suggested resolution.
- 12.5 The chairperson and the Chair of the GMEC shall impanel a grievance hearing committee within 15 calendar days of receipt of the hearing request.
- 12.6 The members of the hearing panel shall consist of 5 members, including:
  - 12.6.1 Two physician faculty members from the involved clinical department
  - 12.6.2 One faculty GMEC member from a clinical department not involved in the action
  - 12.6.3 One senior resident/fellow from the involved program
  - 12.6.4 One senior resident/fellow from another MSU-CHM sponsored residency/fellowship program
- 12.7 The hearing panel shall select a panel chair. S/he will chair the meeting/s and draft the report of findings and the recommendation of the panel.
- 12.8 The hearing panel shall first meet to hear the resident's/fellow's complaint within 15 calendar days of being impaneled.
- 12.9 The resident/fellow and the individual grieved against (respondent) will have the right to challenge any member of the hearing panel for bias. The challenge must be in writing, to the Chair of the GMEC, within 5 calendar days of receiving the hearing notification. The Chair of the GMEC will decide the validity of a challenge. This decision shall be final.
- 12.10 The hearing panel shall endeavor to establish a collegial atmosphere in the hearing. The resident/fellow or the respondent may choose to invite an advisor to be present during the hearing. Either the resident/fellow or the respondent may

choose to have an attorney as an advisor. However, during the course of the hearing, only members of the hearing panel, the resident/fellow, and the respondent have the right to address the panel members, the respondent, the resident/fellow, or other persons brought before the panel. An advisor shall not present the resident's/fellow's nor the respondent's case.

- 12.11 The report and recommendation of the grievance hearing panel shall be submitted to the Chair of the GMEC and the Dean of the College of Human Medicine, within 5 calendar days of the hearing.
- 12.12 The Dean will inform the resident/fellow, the respondent, the Chair of the GMEC, and the chairperson of the academic department, of his/her disposition on the hearing panel's recommendation within 15 calendar days of the last hearing.

**13.0 Supervision, and Teaching of Medical Students** – Medical school graduates are accepted into MSU-CHM residencies recognizing the need for additional training under supervision prior to accepting the responsibilities of an independent medical practice. Based on this premise, the following policies apply:

- 13.1 **Residents/fellows are not eligible for Medical Staff privileges** at the Participating Institutions
- 13.2 **Residents/fellows are only to assume responsibilities for patient care as delegated** by an attending physician of the Medical Staff at the Participating Institutions (or other designated training site, i.e. outpatient clinic)
- 13.3 **Resident/fellows are to be supervised in providing medical care** by an attending physician of the Medical Staff of each Participating Institution
  - 13.3.1 Each resident/fellow will take action as necessary to remain knowledgeable of the clinical status of all patients assigned to him/her, and discuss any significant changes in clinical status with the attending as soon as possible
  - 13.3.2 In life-threatening emergencies (e.g. code situations), residents/fellows may initiate or modify major diagnostic and therapeutic actions consistent with their level of ability and training
  - 13.3.3 In case of an emergency, the resident/fellow may ask another health care provider to immediately contact the attending physician while the resident/fellow initiates emergency interventions, but must inform the attending as soon as possible and receive additional instruction as indicated
  - 13.3.4 Prior to performing an invasive procedure on a patient, residents/fellows must have approval of the attending physician, and follow the attending physician's directions regarding supervision, consistent with residency/fellowship policies
- 13.4 **Attending Physicians are responsible for:**
  - 13.4.1 Supervising the patient care activities of residents/fellows, or arranging supervision by a qualified physician, and communicating the supervision requirements and arrangements to the resident/fellow. Supervision policies for each sponsored program will be determined by the program
  - 13.4.2 Delegating responsibilities to residents/fellows consistent with their level of ability and training
  - 13.4.3 Responding promptly to resident/fellow questions or requests
  - 13.4.4 Teaching resident/fellows the necessary medical knowledge, skills, attitudes, and decision-making abilities relevant to patient care
  - 13.4.5 Documenting resident/fellow supervision
  - 13.4.6 Supervision of residents/fellows

- 13.5 **The Program Director must ensure, direct, and document adequate supervision** of residents/fellows at all times. Residents/fellows must be provided with rapid reliable systems for communicating with supervising faculty.
- 13.5.1 Faculty schedules must be structured to provide residents/fellows with continuous supervision and consultation.
- 13.5.2 Faculty and residents/fellows must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.
- 13.6 **Monitoring**  
Any alleged infractions of the supervision policy should be reported to the resident's/fellow's Program Director or his/her designee. The residency/fellowship program Director or his/her designee should resolve the issue. If not resolved, the problem should be brought to the attention of each program's TEC.
- 13.7 **Teaching of Medical Students**
- 13.7.1 Resident/Fellow Responsibilities in Medical Student Instruction
- 13.7.1.1 All resident/fellows in MSU-CHM sponsored residencies/fellowship programs are expected to provide guidance, instruction, and evaluation for medical students and any other medical personnel or its students who may be in training on the service
- 13.7.1.2 Residents/fellows may be delegated responsibility for medical student supervision by an attending physician
- 13.7.1.3 Residents/fellows may be delegated the responsibility by an attending to review, correct, and countersign the medical records presented to them by medical students
- 13.7.1.4 Residents/fellows are educated in the skills of teaching medical students through annual "PEERS Day" workshops
- 13.7.2 Faculty Responsibilities in Medical Student Instruction
- 13.7.2.1 The CHM, through its faculty governance process, will outline responsibilities for teaching and supervision of medical students
- 13.7.2.2 The attending physician is ultimately responsible for the supervision of a medical student, however, a resident may be delegated such responsibility by a faculty member
- 13.7.2.3 Attending physicians should endeavor to remain aware of the activities and performance of any medical student/s assigned to them for supervision
- 13.7.3 Medical Student Responsibilities
- 13.7.3.1 To participate in clinical learning experiences, medical students from CHM must be enrolled in the specific clerkship related to the clinical activity
- 13.7.3.2 Medical students are expected to be appropriately dressed, and have an appropriate name identification badge displayed
- 13.7.3.3 Medical students are expected to properly identify themselves to the patients, by name and level of training
- 13.7.3.4 Medical students must communicate with the attending physician, or supervising resident, prior to initiating any procedure or implementing any changes in the treatment plans
- 13.7.3.5 Medical students may enter information into the medical record, i.e., history and physical, discharge summary, and progress notes. However, any such entries must be countersigned by a

physician. Each hospital sets its own policies about what a student may enter into the medical record

- 14.0 Duty Hours** – Duty hours are defined as all clinical and academic activities related to the residency/fellowship 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.
- 14.1 Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.
  - 14.2 Residents/fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a 4 week period, inclusive of call. One day is defined as one continuous 24 hour period free from all clinical, education, and administrative activities. Home call cannot be counted as a day off.
  - 14.3 Adequate time for rest and personal activities must be provided. This should consist of a 10-hour, and must consist of an 8-hour, time period provided between all daily duty periods and after in-house call. Intermediate level residents must have at least 14 hours free of duty after 24 hours of in-house call.
    - 14.3.1 On-Call Activities – The objective of on-call activities is to provide residents/fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents/fellows are required to be immediately available in the assigned institution
    - 14.3.2 For PGY2 and above, in-house call must occur no more frequently than every third night, averaged over a 4-week period
    - 14.3.3 Continuous on-site duty, including in-house call, must not exceed 16 hours for PGY1, or 24 consecutive hours for PGY2 and above. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements
    - 14.3.4 No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24-hours of continuous duty
    - 14.3.5 Under unusual circumstances, residents may remain to provide continued care to a single patient. Justification and documentation must be submitted to the Program Director
    - 14.3.6 At-home call (pager call) is defined as call taken from outside the assigned institution, and is not considered a day off
    - 14.3.7 The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow. Residents/fellows 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
    - 14.3.8 Residents/fellows must not be scheduled for more than 6 consecutive nights of night float
    - 14.3.9 When residents/fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit, but this does not initiate a new “off-duty period”

- 14.4 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.

**15.0 Outside Professional Activities (Moonlighting)**

- 15.1 PGY1 residents are not permitted to moonlight  
All moonlighting (external and internal) must be counted toward the 80-hour weekly limit on duty hours
- 15.2 Each MSU-CHM sponsored residency/fellowship program must have a policy on moonlighting and each resident/fellow and faculty member participating in the program must be provided with this policy. A written (or electronically) permission from the Program Director must be made part of the resident's/fellow's file. Residents/fellows must not be required to engage in moonlighting. Program directors may prohibit residents/fellows from moonlighting if, at any time, moonlighting impairs resident/fellow educational performance, or for any of the following reasons:
- 15.2.1 Resident/fellow is not satisfactorily progressing in his/her program
  - 15.2.2 Resident/fellow has not attended a satisfactory percentage of mandatory conferences
  - 15.2.3 Resident/fellow is delinquent in his/her medical records
  - 15.2.4 Resident/fellow has not completed a satisfactory percentage of required evaluations
  - 15.2.5 Resident/fellow is non-compliant with residency/fellowship program policies
  - 15.2.6 Other issues which, in the judgment of the Program Director, provide a reasonable basis on which to deny the resident's/fellow's moonlighting permission
- 15.3 Resident/fellow performance will be monitored by the Program Director for the effect of moonlighting activities upon performance, and adverse effects may lead to the withdrawal of permission to moonlight
- 15.4 Some Institutions where MSU-CHM residents/fellows are based also have moonlighting policies. It is the resident's/fellow's responsibility to familiarize him/herself with such policies, and to comply with them. If there is a conflict between MSU-CHM policy and the policy of the Institution, the more restrictive policy applies. Note: Such policies often preclude PGY1 residents from engaging in any outside professional activities
- 15.5 Residents/fellows who engage in outside professional activities (moonlighting) are not covered by MSU, Hospital, or Program professional liability insurance
- 15.6 Residents/fellows must possess a valid Michigan Educational Limited License to Practice Medicine, and must engage in outside professional activities only at the institution/s designated by that license

**16.0 Harassment**

- 16.1 Sexual and all forms of harassment in the College of Human Medicine, Michigan State University are considered intolerable behaviors. It is a violation of federal law, a violation of trust, and a violation of moral standards. Sexual harassment as a behavior is defined in the MSU Policy on Sexual Harassment, office of the President, April, 1999. The Office of the General Counsel (MSU) has

also issued Guidelines for Investigating Sexual Harassment Complaints. This Policy, and the procedures, are available in the Office of the Associate Dean, and the University website. The MSU Faculty Handbook also contains the University's Anti-Discrimination Policy.

- 16.2 Any resident/fellow who feels that s/he has been subjected to harassment should immediately advise the Program Director so that the matter may be investigated and action taken. If the alleged offender is the Program Director, the resident/fellow shall advise the chairperson of the relevant academic department at MSU, so that the matter may be investigated. As a general principle, the resident/fellow should inform the next highest administrator above the alleged abuse.

## 17.0 Resident/Fellow Impairment

- 17.1 **Problem Identification** – MSU-CHM residents/fellows may be required to submit to drug/alcohol or clinical screening tests. If a resident/fellow shall, by virtue of his/her laboratory tests, behavior, deportment, or performance, raise concern that s/he is suffering from an emotional disorder including, but not limited to, substance abuse s/he may, at the discretion of the Program Director of his/her program, be required to undergo clinical or drug/alcohol screening. Such examinations may be required periodically. Behaviors which might indicate the necessity for evaluation would include, but are not limited to, the following:

17.1.1 Dereliction of normal duties

17.1.2 Inability to respond while on call and/or persistent tardiness

17.1.3 Disorganized thinking or memory impairment

17.1.4 Unprofessional or otherwise inappropriate behavior with peers, patients and their families, teaching faculty, or nursing staff

17.1.5 Demonstration of a mood disorder such as depression or anxiety of such severity that it places the patients under his/her care at risk

- 17.2 **Dealing with impairment** – If clinical evaluation and/or substance abuse screening determines that a disorder is present, options are available. Depending upon severity of the resident's/fellow's impairment, and at the sole discretion of his/her Program Director (in consultation with the Department Chairperson), the following actions will be taken:

17.2.1 The resident/fellow will be monitored by the Michigan Health Professional Recovery Program (HPRP) and will participate in group or individual therapy, or other (AA or NA) activities, as recommended by the HPRP. Participation in the HPRP is confidential. If a licensee is referred to the program, has a qualifying diagnosis, and complies with HPRP requirements, his/her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.

17.2.2 The resident/fellow may be permitted to continue to function with modification in his/her service load and/or supervision as deemed appropriate by his/her Program Director.

17.2.3 The resident/fellow may be suspended or placed on sick leave.

17.2.4 The resident/fellow maybe placed on a formal leave of absence.

17.2.5 Malfeasance, dereliction of duty, or lack of compliance with treatment recommendation, could lead to dismissal from the program.

- 17.3 **Due Process** – Resident/fellows are entitled to due process as set forth in their contracts with respect to this policy.

- 17.4 **Other**

- 17.4.1 Because of the impact on public health and safety, impaired health care practice is against the Public Health Code. Under Section 333.16222 of the Public Health Code, licensed health professionals are required to make good faith reports of ANY suspected violations of the Code to the Michigan Department of Consumer and Industry Services.
- 17.4.2 A resident/fellow with a documented substance abuse problem may be listed in the “National Practitioner Database” per the NPD rules.

**18.0 Disaster/Interruption of Residency/Fellowship Training** – National disasters have the potential to severely disrupt timely completion of residency/fellowship training. For this reason, the Graduate Medical Education office will implement the following policy in the event of a declared disaster or other emergency that causes an interruption in resident/fellow training.

18.1 The declaration of a natural disaster or other emergency that causes interruption in house officer training under the purview of the CHM Lansing GME office will be made by the Dean of the College of Human Medicine or designee.

18.2 Upon such declaration, the CHM Lansing office will work closely with GME offices at Sparrow Health System and McLaren Greater Lansing to assure continuity of resident/fellow experience within the greater Lansing community, where possible.

18.3 The CHM Lansing GME office will also work closely with the CHM Grand Rapids GME office and other GME offices within the MSU Community Campus network to provide training experience to house officers with as minimal disruption as possible.

18.4 The CHM Lansing GME office will work with participating health care institutions to support all officer salaries and benefits in the event of such a declaration, within the constraints of external funding sources.

18.5 The CHM Lansing GME office will work closely with the ACGME and other accrediting bodies to ensure that minimal interruption occurs in house officer training experiences and that house officers are transferred (if necessary) to new sites, either on a temporary or permanent basis.

18.6 In the event of such a declaration, the CHM Lansing GME office will assess, in consultation with appropriate accrediting bodies, whether certain programs may need temporary or permanent withdrawal in order to assure a quality training experience.

**19.0 Program Closure/Reductions** – The following policy provides a procedure for notifying residents/fellows of the Sponsoring Institution and/or a residency/fellowship program closure, a residency/fellowship program position reduction, or the Sponsoring Institution and/or residency/fellowship accreditation status

19.1 MSU-CHM will promptly notify the residents/fellows in the event of a closure of the Sponsoring Institution or a residency/fellowship program. MSU-CHM-GME will promptly notify the residents/fellows of any position reductions or accreditation changes. MSU-CHM-GME or residency/fellowship program will also promptly notify the residents/fellows when actions are taken by the Accreditation Council for Graduate Medical Education and/or Residency Review Committees (ACGME/RRCs).

- 19.2 If the ACGME/RRC withdraws accreditation of the Sponsoring Institution or a residency/fellowship program, or if a decision is made voluntarily to close a residency/fellowship program, residents/fellows will be notified in writing by the MSU-CHM President and CEO and/or Director of Medical Education and/or the Program Director of the impacted residency/fellowship.
- 19.3 MSU-CHM-GME must make reasonable efforts to allow residents/fellows who are already in the program to complete their education. If this is not possible, MSU-CHM-GME will assist displaced residents/fellows in identifying programs in which they may continue their education.
- 19.4 MSU-CHM-GME may, with agreement from its financial partners, elect to continue salary and benefits according to the Resident/Fellow Agreement.

## **20.0 Records – Contents, Access, and Length of Time Kept**

### **20.1 Program Responsibilities**

- 20.1.1 Each MSU-CHM-GME sponsored residency/fellowship program shall maintain a file (paper or electronic) concerning each resident/fellow. The file shall include:
- 20.1.1.1 Name and social security number
  - 20.1.1.2 Resume or curriculum vitae
  - 20.1.1.3 Program application
  - 20.1.1.4 A valid copy of the ECGME certificate if the trainee is an IMG
  - 20.1.1.5 A copy of their compensation contract
  - 20.1.1.6 Medical school diploma or Dean’s Letter (stating anticipated graduation date)
- 20.1.2 Each GME program shall ensure that the resident/fellow file will contain a record of the trainee’s specific rotations including:
- 20.1.2.1 The name of the rotation and the primary physician supervisor, its location, whether there is patient care involved, and an overview of rotation objectives (which may be on the program’s website).
  - 20.1.2.2 Written evaluations (either paper or electronic) from faculty and others (e.g., other health professionals or patients) that the Program may identify as trainee evaluators. Periodic summative evaluations must also be part of the resident file.
  - 20.1.2.3 Record of disciplinary actions (including information on delay in promotion and remediation. Information concerning academic probation should also be included.
- 20.1.3 Upon reasonable request, the trainee shall have access to his/her file under the direct supervision of a designated staff member of the Program or Office of the Associate Dean. The trainee may request copies of the file or its contents. Such request is to be approved or disapproved by the Program Director.
- 20.1.4 Upon completion of a training program, the entire file will be maintained for one year past the date of the resident’s/fellow’s graduation/completion of the Program. The following items will be retained indefinitely in the permanent resident/fellow file:
- 20.1.4.1 Demographic information, as required by the Institution
  - 20.1.4.2 Transcript information logs, rotation lists, etc.
  - 20.1.4.3 Certificate of graduation with Program Director signature
  - 20.1.4.4 Resident’s/fellow’s curriculum vitae

- 20.1.4.5 Resident's/fellow's original application and, if appropriate, the ECFMG certificate
- 20.1.4.6 Exit evaluation – this document should summarize all previous evaluations and cover the entire time the resident/fellow has been in the Program

20.2 **Institutional Responsibilities**

- 20.2.1 The GMEC requires confidentiality of the resident's/fellow's file, that the file be maintained in a secure location, and the file will be available only to the following:
  - 20.2.1.1 Program Director
  - 20.2.1.2 Assistant Dean for GME
  - 20.2.1.3 Program Administrator, at the delegation of the Program Director
  - 20.2.1.4 Others with file access can be identified by the Program Director

21.0 **Social Media** – With the rapid expansion of social media usage in the general population, individuals have increasingly used such tools as a means of communication. While social media can be an efficient and enjoyable way of disseminating personal information in a rapid manner, residents/fellows must be aware of confidentiality issues that are inherent in such tools.

- 21.1 Residents are urged to use extreme caution when using social media, due to risk of transmission of personally protected information. Specifically, residents/fellows are not allowed to:
  - 21.1.1 Communicate specific patient information, including diagnosis, management, photographs or other personally identifiable information via Facebook, My Space, or any other similar social media outlets
  - 21.1.2 Communicate specific patient information, including diagnosis, management, photographs or other personally identifiable information via Twitter or any non-encrypted text messaging service
  - 21.1.3 Post specific patient information, including diagnosis management, photographs or other personally identifiable information on any publically available website unless specific written permission has been obtained for such posting for education, research or other academic purposes. In this case, the posting must be in such a form that personally identifiable information is removed from the posting before it is made public.
  - 21.1.4 Obtain and share photographs which could contain personally identifiable information in any venue where such materials may be seen by the general public, including storage and sharing of such materials on personal cellular phones.
- 21.2 Violations of the above policy will be referred to the Training and Evaluation Committee of the involved resident/fellow, with report communicated to the Graduate Medical Education office. In accordance with confidentiality policies of the MSU College of Human Medicine and its partner hospitals, residents/fellows risk probation and potential dismissal for violations.

## **College of Human Medicine Institutional Commitment to Graduate Medical Education**

Prepared by the GMEC, September 1998  
Re-Signed and Agreed to, July 2001  
Re-Affirmed, June 2003  
Revised and Re-signed, January 2005  
Revised and Re-signed, July 2009  
Revised and Re-signed, July 2010  
Re-Affirmed, January 2012

As a part of its mission to educate and develop exemplary physicians, the College of Human Medicine recognizes the need for and benefits of graduate medical education. The College is committed to the sponsorship of graduate medical education programs believing that such programs enhance medical student education, further our mission in the provision of quality care, respond to the needs of our communities and ensures the training of future generations of health care professionals. The presence of quality GME programs enables the recruitment and retention of high quality individuals interested in furthering and improving health care delivery. Graduate Medical Education programs play an integral part of the ability of the College of Human Medicine to meet and further its purposes consistent with the philosophy, mission and goals of the Institution.

The mission of the College of Human Medicine in Graduate Medical Education is to provide Institutional Sponsorship to (or to be affiliated with) high quality programs of Graduate Medical Education in those primary and specialty care disciplines relevant to the College's mission. Such Graduate Medical Education Programs will be accomplished in concert with Major Participating Institutions and other health care organizations and educational institutions in the communities affiliated with the College.

To accomplish this mission:

- The College sponsors graduate medical education programs that meet the health care needs of the people of the State of Michigan.
- The College ensures that all residency programs for which MSU/CHM is the Sponsoring Institution meet or exceed the Institutional and Program Requirements promulgated by the Accreditation Council for Graduate Medical Education (ACGME) and its individual Residency Review Committees.
- The College strives to support programs that are national models of excellence capable of providing future leaders in medical education, research and patient care.
- The College's programs facilitate residents' professional, ethical and personal development.
- The College maintains a Graduate Medical Education Committee which will oversee the conduct and management of all programs for which MSU/CHM is Sponsoring Institution.
- The Graduate Medical Education programs of the College are conducted under the leadership of its Dean or as delegated to the Designated Institutional Official who will also serve as Assistant Dean for Graduate Medical Education.
- The College supports programs which assure the safe and appropriate care of patients and the progression of resident physician responsibility consistent with each physician's clinical experience, knowledge and skill.
- The College provides a scholarly environment for the programs for which it serves as the Institutional Sponsor. Faculty engage in scholarly activity including research, and will make available to resident physicians opportunities to participate in and learn from the scholarship of the medical community.

- The College provides committed and competent professionals to the teaching faculty of its Institutionally Sponsored GME programs. Members of the teaching faculty are appointed and selected for their professional abilities and commitment to teaching, medical education, patient care, and the scientific and humanistic bases of medicine.
- The College commits to providing the necessary educational, financial, and human resources to support GME in partnership with its major participating institutions.

The College of Human Medicine is committed to excellence in the Graduate Medical Education Programs with which the College sponsors or is affiliated. As members of the College of Human Medicine’s governing body, administration, and GME leadership, we sign below as verification of our commitment to the values expressed above.

\_\_\_\_\_  
 Chair, College Advisory Council  
 College of Human Medicine  
 Governing Authority

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean, College of Human Medicine

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Assistant Dean for  
 Graduate Medical Education  
 Institutional Official for GME

\_\_\_\_\_  
 Date

*(Signatures are on file in the GME office)*

**MICHIGAN STATE  
UNIVERSITY HEALTHTEAM  
POLICIES AND  
PROCEDURES**

<b>SUBJECT:</b>	<b>STANDARDS OF CONDUCT AND CONFLICTS OF INTEREST FOR PRIMARY AND SPECIALTY HEALTH CARE</b>	<b>NO:</b> <b>CMP 22</b>
<b>SCOPE:</b>	<b>MSU HEALTHTEAM</b>	<b>Page 1 of 3</b>
<b>AUTHOR:</b>	Health Colleges Conflict of Interest Planning Task Force	<b>INITIAL REVIEW REQUIRED BY:</b>
<b>FINAL APPROVAL: MSU HealthTeam Governing Board</b>		
<b>EFFECTIVE DATE:</b>	<b>July 1, 2010</b>	<b>REVIEW DATE:</b>
<b>KEYWORDS:</b>		

<b>POLICY</b>
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**I. PURPOSE**

The purpose of this Policy is to prohibit conflicts of interest in situations involving the provision of primary and specialty health care and to establish standards of conduct for employees who provide health care services.

**II. APPLICABILITY**

This policy applies to all employees who are involved in providing health care services through the MSU HealthTeam. All other individuals who are involved in providing health care services through the MSU HealthTeam, such as medical students, nursing students, and medical residents, are also expected to comply with this policy.

Definitions

- A. Conflict of Interest: A conflict of interest exists when an individual's<sup>1</sup> financial interests or other opportunities for tangible personal benefit may compromise, or reasonably appear to compromise, the independence of judgment with which the individual performs his/her responsibilities at the University.
- B. Industry: A term referring to pharmaceutical, biomedical, including medical device manufacturers, and health care companies.
- C. Product: A term referring to industry health care products, including FDA approved drugs and medical devices, as well as unapproved products intended to promote the health and well being of humans.
- D. Gift: Any gratuity, favor, discount, entertainment, hospitality, loan, product, or other item having a monetary value of more than a de minimus amount. The term includes a gift of services, transportation, lodging, or meals, whether provided in kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred. The term "gift" does not include any of the following:

- a. Standard informational materials related to a product, such as a brochure or reprinted peer-reviewed publications.
  - b. Training or information furnished to the University for the sole purpose of healthcare education, if such training contributes to the educational or professional development of students or licensed professionals.
  - c. Scientific materials provided to the University under a material transfer agreement.
  - d. Payment of reasonable honoraria and reimbursement of expenses consistent with University travel policies for presentation and discussion of academic information developed at MSU under personal control of the presenter.
- E. Employee: Any individual who has an appointment with the MSU Health Team, including faculty, staff, and student employees.

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<sup>1</sup> An individual's financial interests or other opportunities for tangible benefit must be judged not only by his/her personal holdings, but also on an aggregate basis with members of his/her immediate family (spouse, domestic partner, dependent children, and other dependents that reside with the faculty member) and any legal entity that one or more of them owns or controls.

### **III. INSTITUTIONAL POLICY REGARDING PROVISION OF PRIMARY AND SPECIALTY HEALTH CARE**

- A. Acceptance of food or gifts from drug, medical device, and health care product sales representatives for distribution in offices or clinics is prohibited.
- B. Visits by drug, medical device, and health care product sales representatives are prohibited, except to persons or places designated by individual clinics or departments.
- C. Industry promotional materials (pens, penlights, paper, prescription pads, etc.) may not be displayed for promotional purposes in any clinic or office space which patients routinely occupy.
- D. Drug, medical device, and health care product samples may only be distributed under written guidelines developed by the MSU HealthTeam.
- E. Products in which an employee has a financial or other ownership interest may only be prescribed, recommended, dispensed, and/or sold if they are for purposes approved by the Food and Drug Administration or other authorized university committee.

### **IV. STANDARDS OF CONDUCT**

- A. Referral of patients for services or to facilities in which an employee has a financial or other ownership interest may not be made unless there is an approved conflict of interest management plan in place that permits such referrals. In assessing whether to endorse a conflict of interest management plan, the relevant

Department Chair and Dean will consider whether a unique patient benefit would result from the relationship, what quality assurance mechanisms would be used to monitor and evaluate the appropriateness of referrals, and whether such a relationship might conflict with fraud and abuse laws.

- B. Industry promotional materials (pens, penlights, paper, prescription pads, etc) may not be used or displayed for promotional purposes while meeting or interacting with patients or medical/nursing students.
- C. Acceptance of gifts from industry representatives is prohibited.
- D. Outside work for pay, Industry-controlled presentations, and ghostwritten publications as it relates to clinical practice will follow University policy.

## **V. POLICY VIOLATIONS**

Violations of this policy may result in disciplinary action.

## Policy on Conflicts of Interest for the College of Human Medicine

### Scope of Policy

The following policy applies to all faculty with a CHM appointment, paid or unpaid, for whom the College of Human Medicine is the lead college, all CHM students and all residents affiliated with CHM.

This policy is intended to complement existing University and MSU HealthTeam conflict of interest policies, such as the Faculty Conflict of Interest Policy. If there is a conflict between those policies and this policy, the more stringent standard applies.

### I. Conflicts of Interest in Clinical Care and Operations

A conflict of interest exists when a faculty member's financial interests or other opportunities for tangible personal benefit may compromise, or reasonably appear to compromise, the independence of judgment with which the faculty member performs his/her responsibilities at the University.

A conflict of interest in the clinical setting occurs whenever the physician or clinic has entered into a relationship that might reasonably be thought to threaten the capacity to make good judgments concerning a primary obligation of the health professions, such as the duty to protect the welfare and rights of patients. A conflict of interest can exist even if the physician's actual performance of their obligations has been exemplary. The conflict of interest still raises an ethical question that must be addressed because of the risk it creates to the physician's exercise of their best clinical or ethical judgment. The question is whether that risk is ethically warranted by some greater good that the relationship makes possible. When the risk is not outweighed by a greater good, then the relationship is not ethically permissible, and the conflict of interest must either be eliminated altogether or managed to reduce the risk to a level warranted by the benefits of the relationship. The conflicting interest need not be pecuniary; and its effect on the physician's judgment may be indirect, rather than the result of a conscious or deliberate calculation on the physician's part. Well-meaning physicians who would never deliberately act contrary to their obligations may nevertheless be involved in ethically troubling conflicts of interest.

1. Individual CHM faculty clinicians' interactions with industry (pharmaceutical and device manufacturers).
  - 1.1. CHM faculty may not use or display industry promotional materials (pens, penlights, paper or prescription pads, etc.) when seeing patients, except when such materials are essential for provision of patient care or education.

- 1.1.1. For members of the MSU HealthTeam, such materials are further described in Health Team Policy CMP-22.
  - 1.2. Faculty may not accept personal gifts of any nature from industry vendors or representatives, regardless of value.
  - 1.3. CHM faculty may meet with industry representatives at their clinic or office to discuss industry products, but must keep such visits to a minimum and conduct them in a way that does not interfere with the provision of patient care.
    - 1.3.1. Members of the MSU HealthTeam who wish to meet with industry representatives must follow the rules or procedures established by the clinic, under HealthTeam Policy CMP-22.
    - 1.3.2. Each clinical department will develop a procedure to maintain a log of visits by industry representatives to departmental clinics or other care areas under the control of the department. The log will record the date, the name of the faculty member visited, the representative, the company represented and the product or product class discussed.
    - 1.3.3. Once a year, a report of visits to department faculty will be compiled by faculty name and reviewed by the department chair, who will forward a copy to the CHM Conflict of Interest Committee.
2. Members of the MSU HealthTeam must accept and dispense samples only in accordance with HealthTeam Policy CP-4 (Sample Drugs).
3. Display of industry promotional materials.
  - 3.1. Clinics under the control of CHM faculty shall not:
    - 3.1.1. Display or distribute industry promotional materials of any kind.
    - 3.1.2. Accept food or gifts supplied by industry representatives or vendors.
4. Direct sale of health-related goods or services.
  - 4.1. CHM faculty may sell health-related goods or services directly to patients only in accordance with an approved conflict of interest management plan. The unit chair and the CHM Conflict of Interest Committee will not recommend approval of a conflict of interest management plan unless it explains:
    - 4.1.1. The unique patient benefit that direct sale makes possible.
    - 4.1.2. The quality assurance mechanisms that will be used to monitor and evaluate the appropriateness of recommendations for the goods or services being sold.
    - 4.1.3. This policy does not apply to usual and customary medical services.
5. Ownership or financial interests in ancillary services or facilities.
  - 5.1. CHM faculty may have ownership or other financial interests in services or facilities to which their patients are referred only in accordance with an approved conflict of interest management plan. The unit chair and the CHM Conflict of Interest

Committee will not recommend approval of a conflict of interest management plan unless it explains:

- 5.1.1. The unique patient benefit that the relationship makes possible.
- 5.1.2. The quality assurance mechanisms that will be used to monitor and evaluate the appropriateness of referrals.
- 5.1.3. The mechanisms that will be used to ensure compliance with fraud and abuse laws.

5.2. CHM faculty will report each year their ownership or financial interests in services or facilities to which their patients are referred.

- 5.2.1. These reports will be referred to the unit chair, who will forward them to the CHM Conflict of Interest Committee. The individual report from the chair will be forwarded to the Dean and the CHM Conflict of Interest Committee.

## II. Conflicts of Interest in Research and Scholarship

Private industry supports useful basic and clinical research conducted by CHM faculty, and the expertise of CHM faculty is an invaluable resource for the optimal development, testing and evaluation of both new and established therapies created by industry. Nevertheless, there is evidence that some of these relationships can corrupt the scientific judgment or academic integrity of faculty. Where this risk arises, steps should be taken to minimize or eliminate it.

### 1. Faculty reporting of financial interests in externally funded research

1.1. In consultation with the University Faculty Conflict of Interest Information Officer, the College will develop a procedure by which CHM faculty will report each year:

- 1.1.1. Any financial interests of the faculty member or of his/her immediate family, of any amount, in externally funded research, whether clinical or nonclinical in nature.
- 1.1.2. The terms of any contract under which the funding is being provided which may affect the design, conduct, interpretation or publication of the sponsored research.
- 1.1.3. These reports will be referred to the unit chair, who will forward them to the CHM Conflict of Interest Committee.

### 2. Reporting of gifts or grants from private industry or individuals.

2.1. In consultation with the University Faculty Conflict of Interest Information Officer, the College will develop a procedure by which the College, each of its units, and each faculty member will report:

- 2.1.1. The source and the amount of each gift or grant.

2.1.2. The terms of any agreement under which the gift or grant is accepted which may affect the direction, design, conduct, interpretation or publication of research and scholarship conducted within the College or unit.

2.1.3. These reports will be referred to the unit chair, who will forward them to the CHM Conflict of Interest Committee.

### 3. Faculty reporting of consulting and speakers' bureau relationships.

3.1. In consultation with the University Faculty Conflict of Interest Information Officer, the College will develop a process for faculty to report any consulting or speakers' bureau relationships with private industry, which will include:

3.1.1. The source(s) and the amount(s) of money received by faculty in each calendar year.

3.1.2. The terms and conditions of each consulting or speaker's bureau relationship.

3.1.3. These reports will be referred to the unit chair, who will forward them to the CHM Conflict of Interest Committee.

### 4. Ghostwritten publications.

4.1. It is dishonest to accept authorship credit for a publication that has been substantially written by someone else. This is so even when the faculty member agrees with the views expressed.

4.2. Allegations that ghostwritten material has been submitted will be referred to the Dean. The Dean may seek advice from the CHM Conflict of Interest Committee regarding the existence of a conflict of interest.

4.3. Allegations of misconduct in research or creative activities must be referred to the University's Office of Research Integrity pursuant to the University's Procedures Concerning Allegations of Misconduct in Research and Creative Activities.

## III. Conflicts of Interest in Teaching and Training

According to MSU's policy on Faculty Rights and Responsibilities, faculty in the College of Human Medicine have important rights with regard to course design and instruction. These include:

1. The right, as teachers, to discuss in the classroom any material which has a significant relationship to the subject matter as defined in the approved course description;

2. The right to determine course content, methods, grading and classroom procedures in the courses they teach.

These rights are, however, limited by responsibilities to students, which include the obligation to ensure that the content of their education and training fairly conveys the best

evidence available; that their capacity to make well-informed and balanced professional judgments is not impaired by the content or format of their training, and that they are fairly supervised and evaluated. To insure that these obligations are met, the College establishes the following expectations. These expectations apply to both undergraduate and graduate medical education programs conducted by CHM.

1. Accepting gratuities or inducements for teaching and training.
  - 1.1. Faculty members may not accept gifts of more than nominal value from individual students or relatives of students.
2. Relationships between applicants and CHM faculty or staff.
  - 2.1. Faculty and staff may not accept gifts of any value from applicants for admission or family members of applicants.
  - 2.2. Faculty and staff may not evaluate applicants for admission who are related by blood, marriage, adoption, domestic partnership or other personal relationship in which objectivity might be impaired.
3. Using students to perform services in faculty research projects, in an entity in which the faculty member has a financial interest.
  - 3.1. Students may not be required to participate in a faculty member's funded research endeavor as a formal part of a course or training program when the student's services are being provided for an entity in which the faculty member has a financial interest.
    - 3.1.1. Requests for exceptions to this policy will only be granted in accordance with an approved conflict of interest management plan. The unit chair and CHM Conflict of Interest Committee cannot recommend approval of a conflict of interest management plan unless it explains:
      - 3.1.1.1. The unique educational or training goals that will be served, and
      - 3.1.1.2. The measures to be taken to insure the integrity of student evaluation.
4. Amorous relationships.
  - 4.1. In accordance with University policy, faculty, graduate assistants, residents or others with teaching responsibilities shall not assume or maintain educational responsibility for a student with whom the faculty member, graduate teaching assistant or other employee has been, or is currently engaged in, amorous or sexual relations, regardless of the consensual nature of such relationships.
5. Personal relationships between faculty and students.
  - 5.1. Faculty members may not participate, either formally or informally, in the evaluation of a student who is related by blood, marriage, adoption, domestic partnership or other personal relationship in which objectivity might be impaired.

- 5.2. Assignments of students to a class or training experience where they will be supervised, directly or indirectly, by a faculty member to whom they are personally related should be avoided. Where this situation cannot be avoided, another faculty member within the unit or department must be appointed as the evaluator for the student, as approved by the unit chair.
6. Assigning texts or learning materials, the purchase of which provides significant financial gain for the faculty member.
    - 6.1. In accordance with University policy, faculty members are not prohibited from requiring texts or other materials that result in financial gain for the faculty member. In all such cases, however,
      - 6.1.1. Both the appropriate disciplinary department and the CHM Curriculum Committee shall determine that the text or other required material is an appropriate choice for the course.
      - 6.1.2. Enrolled students will be informed of the departmental and Curriculum Committee determination, and of the estimated amount of revenue returning to the faculty member.
      - 6.1.3. In the case of materials developed using departmental or College funds, all such revenues will be returned to the department or College.
  7. Relationships between students and industry.
    - 7.1. Gifts to students from industry.
      - 7.1.1. Evidence suggests that even small gifts that come from pharmaceutical or medical device companies, or that advertise commercial products, may adversely influence the clinical judgments of both physicians and future physicians. For this reason, CHM regards it as unprofessional conduct for students to accept or display gifts of any kind or value (including such things as pens, penlights, tokens, meals, travel, textbooks, reference books) from industry representatives, except as permitted below.
      - 7.1.2. Students may not accept cash or gifts in return for attending an industry-sponsored lecture or educational event.
      - 7.1.3. At its discretion, the College, department or training program may accept textbooks or other educational materials on behalf of students.
    - 7.2. Industry support of scholarship or educational funds for students.
      - 7.2.1. Any industry support of students must be specifically for the purpose of education and must comply with the following provisions:
        - 7.2.1.1. Students to receive such support will be selected by the College, department, or community administration and not by industry.
        - 7.2.1.2. Funds will be provided to CHM for disbursement, and not directly to the student.
        - 7.2.1.3. The department or community administration has determined that the support provided will advance the student's medical education.

7.2.1.4. There is no expectation that the student provide something in return for industry support (i.e. no quid pro quo).

7.3. Student attendance at industry-funded courses or educational activities.

7.3.1. Students or residents will not be required to attend industry-funded or directed courses or other educational activities unless these are in compliance with Standard 5 of the ACCME Standards for Commercial Support, whether or not CME is being offered.

8. Disclosure of faculty relationships with industry.

8.1 Faculty with supervisory responsibilities for students, residents or other trainees must disclose any potential conflict of interest regarding their teaching responsibilities that might arise from industry relationships.

IV. Training Regarding Conflicts of Interest

1. All CHM students shall receive training regarding potential conflicts of interest in relationships with industry, and this policy.
2. All CHM students will complete a required curriculum on evidence-based medical practice that trains them in the effective use of independent and reliable sources of information and recommendations regarding diagnosis and treatment.
3. The College will develop and implement a training program for all CHM faculty concerning conflicts of interest and this policy.

V. CHM Conflict of Interest Committee

The University's Faculty Conflict of Interest Policy sets forth the process for reporting and managing faculty conflicts of interest. Pursuant to that process, each faculty member is responsible for disclosing his/her own conflicts of interest. When a faculty member self-reports a possible conflict of interest pursuant to that process, the faculty member's unit administrator must review the disclosure with the relevant dean. If the unit administrator and the dean agree that no conflict of interest exists, they shall inform the faculty member and the Vice President for Research and Graduate Studies (VPRGS) of that determination in writing. If a conflict of interest is identified, the unit administrator shall develop a written plan for the resolution or management of the conflict of interest in consultation with the faculty member, the FCOIIO, and, if appropriate, representatives from the central administration. The plan must be submitted to the dean for approval, then to the University's Conflict Review Committee, and finally to the VPRGS, who may accept the plan or decide to implement another plan for the management or resolution of the conflict.

The College has established the CHM Conflict of Interest Committee to provide advice and recommendations to the unit administrator and Dean regarding the determination of whether a conflict of interest exists and, if a conflict is identified, the written plan for

resolution or management of that conflict of interest. The CHM Conflict of Interest Committee will also provide advice and recommendations to the Dean regarding conflict situations that arise solely out of this policy.

The CHM Conflict of Interest Committee will be composed of five (5) faculty of the College, three (3) from the clinical faculty and two (2) from the nonclinical faculty, to be elected by the voting faculty of the College of Human Medicine. The Dean or dean's designee will be an ex officio member.

#### Committee Responsibilities

1. The Committee will receive reports as directed in this policy, and will consider questions or concerns brought to its attention by any CHM faculty, student or staff.
2. The Committee will provide advice to department chairs and the Dean in order to assist those individuals in reaching a determination about whether a conflict of interest exists.
3. In situations where a faculty conflict of interest is identified, the Committee will provide advice and recommendations to the relevant department chair and Dean regarding an appropriate plan for the resolution or management of the conflict of interest.
4. For matters that fall outside the scope of the Faculty Conflict of Interest Policy, but within the CHM Conflict of Interest Policy, the Committee will review reports to determine whether any violation of College policy has occurred and make recommendations for action to the Dean when violations or other significant concerns are identified. The Committee's recommendations are advisory; only the Dean holds the authority to act on Committee recommendations. Recommendations may include, but are not limited to:
  - 4.1. Elimination or prohibition of a relationship that creates a conflict of interest.
  - 4.2. Changes in the terms of a relationship that reduce the conflict of interest to an acceptable level.
  - 4.3. Public or other forms of disclosure of the terms of a relationship.
  - 4.4. Informal discussions with relevant parties, which may include unit chairs or directors.
  - 4.5. Revisions to the College's Conflict of Interest Policy, which will require approval by the faculty of the College.
5. The Committee will reach its conclusions and recommendations by majority vote of its regular members.
6. The Committee will keep minutes of its deliberations and will publish an annual report highlighting issues of concern that were reported to it and the actions that were taken, with due regard for the privacy of individual faculty.

7. The Committee will meet at least once each semester, or more often as necessary to carry out its responsibilities.
8. Irresolvable disagreements by faculty concerning the Dean's enforcement of the Committee's recommendations will be referred to the University Conflict Review Committee for review and guidance.

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