

**Michigan State University
College of Osteopathic Medicine
Statewide Campus System**



**Policy Manual for
Graduate Medical Education
Programs**

Introduction

Welcome to Michigan State University College of Osteopathic Medicine's (MSUCOM's) residency program. We are pleased you have selected us for your Graduate Medical Education (GME) program.

This handbook is compiled by Statewide Campus System (SCS) and its Graduate Medical Education Committee (GMEC) as a guide and resource for all Residents and Fellows, Program Directors, and Clinical Chairs/Division Chiefs of SCS. SCS is committed to offering residency and fellowship programs as a part of the College's educational mission, and established mechanisms to ensure that its various residency and fellowship programs comply with the Institutional and Common Program Requirements for Residency Training as promulgated by the Accreditation Council for Graduate Medical Education (ACGME). The Handbook outlines what a Resident/Fellow needs to know about Graduate Medical Education including the ACGME six general competencies (APPENDIX B), resident development, duty hours, and the notification of any adverse accreditation action related to their specific residency and fellowship programs.

These policies and procedures pertain to training requirements in all residency/fellowship programs. They are not intended to replace non-training related policies and procedures of individual participating sites and clinical departments. If areas of conflict develop, such conflicts are to be evaluated by the GMEC for resolution. In addition, the individual residency/fellowship programs have specific program requirements, policies, and procedures.

This Handbook will be updated as necessary with the latest version posted on the SCS GME website <http://scs.msu.edu>. When additions, changes or revisions are made to this Handbook, notice will be sent to the Program Director (PD), Program Coordinator (PC), and Residents/Fellows. Updated policies will become effective upon posting. Residents/Fellows are expected to be familiar with and comply with all policies set forth in this Handbook. The Graduate Medical Education Committee approves all revisions to the Institutional Handbook.

All MSUCOM residency programs are under the sponsorship of the Statewide Campus System Osteopathic Postdoctoral Training Institution (SCS OPTI) The SCS OPTI, as educational sponsor of these programs, is responsible for ensuring compliance ACGME requirements.

Mission Statement

The Michigan State University College of Osteopathic Medicine is committed to excellence in osteopathic education, research, and service through the Statewide Campus System. The college fully prepares osteopathic physicians to respond to public need in a dynamic health care environment.

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I. MSUCOM Statement of Institutional Commitment to Osteopathic Graduate Medical Education

The College pledges its support of medical education as an integral part of its mission. This commitment is evident in structures and processes that involve the COM administration, director of medical education, program directors, faculty, staff, and students. The College supplies a resource base in support of its medical education program(s) that include plans for maintaining and strengthening their quality into the future. These financial and Osteopathic resources are provided to ensure that those involved with medical education have the opportunity to acquire, discover, and apply the knowledge necessary to become competent physicians. This commitment includes learning resources to support instruction in the art and science of medicine and an ongoing evaluation process that demonstrates the College's effectiveness. The College recognizes it has taken on a voluntary responsibility to train physicians for the various communities it serves and to ensure their competence as an ongoing societal commitment and contribution. The SCS Institutional Statement of Commitment to GME is found in Appendix B.

II. ABOUT RESIDENCY/FELLOWSHIP

With the mission to develop medical professionals who are competent, compassionate, team-focused and committed to life-long learning, SCS is committed to providing excellent graduate medical education for future generations of doctors.

SCS sponsors the following residency/fellowship programs that are accredited by the Accreditation Council for Graduate Medical Education except as noted:

Neuromusculoskeletal Medicine (in progress)

Other Major Participating sites for SCS residency and fellowship programs include:

Sparrow Health System, Lansing, Michigan
Metro Health, Grand Rapids, Michigan

III. CONTACTS: OFFICE OF ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION

The ADGME Office is located at East Fee Hall Room A336, 965 Fee Rd, East Lansing, MI 48824

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IV. INSTITUTIONAL PROGRAM LETTERS OF AGREEMENT

To ensure quality and consistency of graduate medical education for SCS Residents/Fellows provided at all participating sites, all SCS resident/fellowship programs sign Program Letters of Agreement (PLA) with each agreement outlining the responsibilities of the Sponsoring Institution SCS and of the participating site toward ensuring the quality of graduate medical education for SCS Residents/Fellows at that site. The program agreements must be fully signed before the rotations begin.

The GMEC External Training Site Subcommittee must approve all rotations at participating sites. The DIO reviews all program letters of agreement when a participating site is added. By this, the DIO ensures that all PLA's for new participating sites contain the four key components as outlined in the ACGME Institutional Requirements of:

- a. Identify faculty who will assume both educational and supervisory responsibilities for Residents/Fellows.
- b. Specify faculty's responsibilities for teaching, supervision, and formal evaluation of residents/Fellows, as specified later in this document.
- c. Specify the duration and content of the educational experience; and,
- d. State the policies and procedures that will govern Resident/Fellow education during the assignment.

Each of these agreements is signed by the Program Director, /DIO, as well as, by the Site Director (SD) and his/her/her DIO/Chair of Medical Staff or his/her designee for the participating site in order to ensure that both parties agree to the content of the agreement. The program director must submit any additions or deletions of participating sites required for all residents of one month full-time equivalent (FTE) or more through the ACGME Accreditation Data System (ADS).

V. Policy on File Contents, Access and Length of Time Kept

MSUCOM/SCS Program Responsibilities

- A. Each MSUCOM/SCS GME sponsored residency/fellowship program shall maintain a file (paper or electronic) concerning each resident/fellow.
- B. The file shall include: name and social security number, resume or curriculum vitae, program application, medical school diploma or Dean's letter (stating anticipated graduation date), a valid copy of the ECGMG certificate if the trainee is an IMG, and a copy of their compensation contract.
- C. Each GME program shall have an access policy, specifically stating which individuals will have file access (this may be by title).
- D. Each GME program shall ensure that the resident/fellow file will contain a record of the trainee's specific rotations including:
 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. (This may be on the program's web site.)

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.
 3. Record of disciplinary actions – note: should include information on delay in promotion and remediation. Information concerning academic probation should also be included.
- E. On 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 to be approved or disapproved by the Program Director.
- F. 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.
- G. If the resident/fellow fails to complete the training program, the entire file will be maintained indefinitely.
- H. One year following the date of a resident's/fellow's graduation/completion of the Program, the following items will be retained indefinitely in the permanent resident file:
1. Demographic information, as required by the Institution,
 2. Transcript information (logs, rotation lists, etc.),
 3. Certificate of Graduation with Program Director signature,
 4. Exit evaluation - this document should summarize all previous evaluations and cover the entire time the resident has been in the Program,
 5. Resident's/fellow's curriculum vitae,
 6. Resident's/fellow's original application and, if appropriate, the ECFMG certificate.

Institutional Responsibilities

- A. 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:
1. Program Director.
 2. Program Administrator (at the delegation of the Program Director).
 3. Assistant Dean for Graduate Medical Education.
 4. Others with file access can be identified by the Program Director.
- B. The GMEC authorizes the Program Director, or the Assistant Dean for Graduate Medical Education, to disclose the file or portions thereof to others whom they deem to have a legitimate need for the information (i.e. MSU General Counsel's Office), and as authorized in writing by the trainee and/or the Program Director.
- C. The GMEC Policy requires that each file's exterior will state: "Confidential Information - Access to this File and its Information is governed by the Policy on Resident Records of the MSUCOM/SCS GMEC". Electronic files will have this statement on the opening page of the electronic file or at a place within the file designated by the Program Director or Program Administrator.

VI. Policy on Patient Care in the Learning and Working Environment

Departments/Program Directors are responsible for oversight and documentation of resident/fellow engagement in improvement processes within patient care and the learning and working environment, specifically the following areas:

- A. Patient Safety – Programs Directors will ensure that residents/fellows:
 - 1. Report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal.
 - 2. Contribute to inter-professional root cause analysis or other similar risk reduction teams.

- B. Quality Improvement – Programs Directors will ensure that residents/fellows.
 - 1. Use data to improve systems of care, reduce health care disparities, and improve patient outcomes.
 - 2. Participate in inter-professional quality improvement initiatives.

- C. Transition of care – Program Directors will:
 - 1. Facilitate professional development for faculty members and residents/fellows regarding effective transitions of care.
 - 2. Ensure that participating sites engage residents/fellows to standardized transitions of care consistent with the setting and type of patient care.

- D. Supervision – Program Directors will ensure that:
 - 1. Supervision of residents/fellows is consistent with institutional and program-specific policies.
 - 2. Mechanisms exist by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal.

- E. Duty hours, fatigue management and mitigation – Program Directors will provide:
 - 1. Resident/fellow duty hours consistent with the Common and specialty/subspecialty-specific requirements across all programs, addressing areas of non-compliance in a timely manner.
 - 2. Systems of care and a learning and working environment that facilitate fatigue management and mitigation for faculty members and residents/fellows.
 - 3. An educational program for core faculty members and residents/fellows in fatigue management and mitigation.

- F. Professionalism – Program Directors will provide systems to educate and monitor:
 - 1. Residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits.
 - 2. Accurate and honest reporting of duty hours information by residents/fellows.
 - 3. Identification of resident/fellow mistreatment.

VII. MSU College of Osteopathic Medicine Position on Responsibilities to Residents

MSUCOM/SCS graduate medical education programs are designed to prepare the resident for the next phase of their professional careers, including advanced residencies, practice, or scholarship. In order to achieve this goal, MSUCOM/SCS will fulfill the following responsibilities to residents through an organized system of education. MSUCOM/SCS ensures that residents have the opportunity to:

- A. Develop a personal program of learning to foster continued professional growth, with guidance from the teaching staff.
- B. 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.
- C. Participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervising other residents and students.
- D. Participate, as appropriate, in institutional programs and medical staff activities, and adhere to established practices, procedures, and policies of the Participating Institutions.
- E. Participate on appropriate institutional committees and councils whose actions affect their education and/or patient care.
- F. Confidentially review their programs, program director, and faculty, in order to provide the Sponsoring Institution feedback at least annually.

VIII. Resident/Fellow Employment Contracts

- A. The MSUCOM/SCS 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 interview, including all the areas listed in Item D, below.

- B. MSUCOM/SCS 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.

- C. 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 a resident/fellow's 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.

- D. Residents/fellows in MSUCOM/SCS 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).
 - 1. Resident/fellow responsibilities.
 - 2. Duration of appointment.
 - 3. Financial support.
 - 4. Conditions for reappointment and promotion.
 - 5. Grievance procedures and due process that minimizes conflict of interest in the adjudication of issues related to evaluations or disciplinary actions
 - 6. Professional liability insurance, including a summary of pertinent information regarding coverage.
 - 7. Hospital and health insurance benefits for resident/fellows and their families.
 - 8. Disability insurance for residents/fellows.
 - 9. Vacation, parental, sick, and/or other leave(s) for residents/fellows, compliant with applicable laws.
 - 10. Timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion-
 - 11. Access to information related to eligibility for specialty board examinations
 - 12. Policies and procedures regarding resident/fellow duty hours and moonlighting in the learning and working environment.
 - 13. Information on confidential counseling, and medical, and mental health services.
 - 14. Residents/fellows are not required to sign a non-compete guarantee or restrictive covenant.

E. Maintenance of Resident Employment Contract

It is the Policy of MSUCOM that SCS sponsored residency programs will maintain originals, copies of signed documents, or pdf files of Resident Employment Contracts indefinitely.

IX. Policy on Non-Renewal of Resident/Fellow Contracts

MSUCOM/SCS sponsored residents/fellows are permitted to use the GME Policy on Resident Dismissal/Grievance if their contracts are not renewed. This includes the right to a meeting with the Training and Evaluation Committee (TEC), and a hearing.

X. Policy on Resident/Fellow Selection Process

An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program that will be in effect at the time of his or her eventual appointment. This will include Information about financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.

Eligible applicants are selected on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. SCS sponsored Residency/Fellowship Programs do not discriminate based on legally protected classifications or activity.

SCS and all of its ACGME-accredited programs participate in the National Resident Matching Program (NRMP) and agree to the Terms and Conditions of the NRMP. Matched applicant positions are contingent on a satisfactory drug screen, background investigation and successful passage of COMLEX 1 and 2 (2PE) or USMLE Step1 and Step 2 (CK and CS).

Applicants considered outside the NRMP must have successfully passed COMLEX 1 and 2 (2PE) or USLME Step 1 and Step 2 (CK and CS) and will not be accepted as a resident/fellow until satisfactorily completing the background investigation and drug screen process.

Requirements to begin Training Program*

In order to begin the residency program, the applicant must:

1. Be licensed in Michigan (via an educational limited or permanent unrestricted physician license) and have a Michigan controlled substance license.
2. Have current ACLS certification by the beginning of the residency training.
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.

XI. Policy on Resident/Fellow Appointment

Applicants shall possess one of the following qualifications to be eligible for appointment to SCS sponsored residencies:

1. Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduate of a medical school outside the United States and Canada who meets one of the following qualifications: 1) has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or 2) has a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which he/she trains.
4. Graduate of a medical school outside the United States who has completed a Fifth Pathway* program provided by an LCME-accredited medical school.
5. Fellowship eligibility also requires successful completion of appropriate ACGME-approved residency training.

XII. Policy on Appointment and Reappointment

House staff and advanced subspecialty house staff (fellowship) appointments are assigned at a postgraduate year (PGY) level commensurate with the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) guidelines. House staff appointments are recommended by the Program Director and are subject to review and acceptance by the Associate Dean for Graduate Medical Education. All appointments are one year in length and are renewable annually on the recommendation of the Program Director and with the concurrence of the Associate Dean for Graduate Medical Education. Failure to reappoint may be grieved by the house staff as per Section III of this document.

XIII. Policy on Resident/Fellow Promotion and Evaluation

A. Resident/Fellow Promotion

MSUCOM/SCS, 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 COM Hearing and Grievance process.

B. Resident/fellow Evaluation

MSUCOM/SCS, 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.

XIV. Policy on Supervision and Teaching of Residents & Medical Students

Medical school graduates are accepted into MSUCOM/SCS residencies/fellowships 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:

- A. Residents/fellows are not eligible for Medical Staff privileges at the Participating Institutions.
- B. 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).
- C. Residents/fellows are to be supervised in providing medical care by an attending physician of the Medical Staff of each Participating Institution.
 - 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.
 - 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.
 - 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.
 - 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 policy.
- D. Attending Physicians are responsible for:
 - 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.
 - 2. Delegating responsibilities to residents/fellows consistent with their level of ability and training.
 - 3. Responding promptly to resident/fellow questions or requests.
 - 4. Teaching residents/fellows the necessary medical knowledge, skills, attitudes, and decision-making abilities relevant to patient care.
 - 5. Documenting resident/fellow supervision.

6. Supervision of residents/fellows.

- E. 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.
1. Faculty schedules must be structured to provide residents/fellows with continuous supervision and consultation.
 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.

E. 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.

F. Teaching of Medical Students

1. Resident/Fellow Responsibilities in Medical Student Instruction
 - a. All residents/fellows in MSUCOM/SCS sponsored residency/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.
 - b. Residents/fellows may be delegated responsibility for medical student supervision by an attending physician.
 - c. Residents/fellows may be delegated the responsibility by an attending to review, correct, and countersign the medical records presented to them by medical students.
 - d. Residents/fellows are educated in the skills of teaching medical students through annual "PEERS Day" workshops.
2. Faculty Responsibilities in Medical Student Instruction
 - a. The COM, through its faculty governance process, will outline responsibilities for teaching and supervision of medical students.
 - b. 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.
 - c. Attending physicians should endeavor to remain aware of the activities and performance of any medical student(s) assigned to them for supervision.
3. Medical Student Responsibilities

- a. To participate in clinical learning experiences, medical students from COM must be enrolled in the specific clerkship related to the clinical activity.
- b. Medical students are expected to be appropriately dressed, and have an appropriate name identification card displayed.
- c. Medical students are expected to properly identify themselves to the patients, by name and level of training.
- d. Medical students must communicate with the attending physician, or supervising resident, prior to initiating any procedure or implementing any changes in the treatment plans.
- e. 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.

XV. Policy on Hours of Duty

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.

- A. Duty hours must be limited to 80-hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- B. Residents/fellows must be provided with one day in seven 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. Home call can not be counted as a day off.
- C. Adequate time for rest and personal activities must be provided. This should consist of a ten-hour, and must consist of an eight 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.
 1. On-Call Activities - The objective of on-call activities is to provide residents 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 are required to be immediately available in the assigned institution.
 2. For PGY2 and above, in-house call must occur no more frequently than every third night, averaged over a four-week period.
 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 four 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.
4. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24-hours of continuous duty.
 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.
 6. At-home call (pager call) is defined as call taken from outside the assigned institution, and is not considered a day off.
 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 one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 8. Residents/fellows must not be scheduled for more than six consecutive nights of night float.
 9. When residents/fellows are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, but this does not initiate a new "off-duty period".
- D. 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.

XVI. Policy on Outside Professional Activities (Moonlighting)

Because residency/fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.

- A. PGY1 residents are not permitted to moonlight.
- B. ALL moonlighting (external and internal) must be counted toward the 80-hour weekly limit on duty hours.
- C. Each MSUCOM/SCS 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 electronic) 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:
 1. Resident/fellow is not satisfactorily progressing in his/her program.

2. Resident/fellow has not attended a satisfactory percentage of mandatory conferences.
 3. Resident/fellow is delinquent in his/her medical records.
 4. Resident/fellow has not completed a satisfactory percentage of required evaluations.
 5. Resident/fellow is non-compliant with Residency/Fellowship Program policies.
 6. Other issues that, in the judgment of the program director, provide a reasonable basis on which to deny the resident/fellow moonlighting permission.
- D. 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.
- E. Some Institutions where MSUCOM/SCS 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 MSUCOM/SCS policy and the policy of the Institution, the more restrictive policy applies. Note: Such policies often preclude PGYI residents from engaging in any outside professional activities.
- F. Residents/fellows who engage in outside professional activities (moonlighting) are not covered by MSU, Hospital, or Program professional liability insurance.
- G. 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.

XVII. Policy on Harassment

Sexual and all forms of harassment in the College of Osteopathic 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.

Any resident/fellow who feels that s/he has been subjected to ~~sexual~~ harassment should immediately advise the program director so that the matter can 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 can be investigated. As a general principle, the resident/fellow should inform the next highest administrator above the alleged ~~sexual~~ abuse.

XVIII. Policy on Resident/Fellow Impairment

- A. Problem Identification – MSUCOM/SCS 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:

1. Dereliction of normal duties.
2. Inability to respond while on call and/or persistent tardiness.
3. Disorganized thinking or memory impairment.
4. Unprofessional or otherwise inappropriate behavior with peers, patients and their families, teaching faculty, or nursing staff.
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.

- B. Dealing with Impairment

If clinical evaluation and/or substance abuse screening determines that a disorder is present, options are available. Depending upon the 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:

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. *Note: Participation in the HPRP is confidential. If a licensee is referred to the program, has a qualifying diagnosis, and complies with HPRP requirements, his or 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.*
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.
3. The resident/fellow may be suspended or placed on sick leave.
4. The resident/fellow may be placed on a formal leave of absence.
5. Malfeasance, dereliction of duty, or lack of compliance with treatment recommendations, could lead to dismissal from the program.

- C. Due Process

Residents/fellows are entitled to due process as set forth in their contracts with respect to this policy.

D. Other

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.
2. A resident/fellow with a documented substance abuse problem may be listed in the "National Practitioner Database" per the NPD rules.

XIX. Resident Dismissal Procedures

A. Resident/Fellow Dismissal

MSUCOM/SCS, as the Institutional Sponsor for ACGME Accredited Programs, has a policy for resident/fellow dismissal. It may include, but is not limited to, the following:

1. Unsatisfactory academic or clinical performance.
2. Failure to appear for duty when scheduled, without notification to the program.
3. Failure to comply with the rules and regulations of the Program, the College, the University, or the Hospitals, in which training takes place.
4. Revocation, suspension, or restriction of license to practice medicine.
5. Theft.
6. Unprofessional behavior.
7. Insubordination.
8. Use of professional authority to exploit others.
9. Conduct that is detrimental to patient care.
10. Falsification of information in patient charts or other documents of the residency program.

B. Process

The program director who is considering dismissing a resident shall consult with the chairperson of the academic department and Chair of the GMEC. The process for dismissal shall be:

1. The resident/fellow will be notified in writing that the program is considering dismissal. The reasons dismissal is being considered must be included.
2. Within 5 calendar days of notification, the resident/fellow will have an 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.
3. 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 the education committee meeting.

C. Resident/Fellow Hearing Prior to Dismissal

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 fifteen 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.
 - a. The members of the hearing panel shall consist of five members including: two physician faculty members from the involved clinical department, one faculty member from the GMEC from a clinical department not involved in the action, one resident/fellow from the involved program or its related specialty program, and one resident/fellow from another MSUCOM/SCS sponsored residency program.
 - b. The hearing panel shall select a member who will chair the meeting(s) and draft the report of findings.
 - c. 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.
2. The hearing panel shall attempt to maintain a collegial atmosphere. The hearing is not a court of law, and court rules and 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.
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 fifteen calendar days.

XX. Policy on Final Payroll Date for Residents/Fellows who Resign or are Dismissed

It is the policy of MSU GME that 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.

XXI. Resident/Fellow Grievance Procedures

- A. A resident/fellow in a MSUCOM/SCS sponsored program initiating a grievance is required to use the MSUCOM/SCS grievance process. (Complaints regarding dismissal are handled through the Dismissal Procedures of this manual – Section XIX.)
- B. Good faith efforts shall be made to resolve problems through informal means between the parties. The program director should be included as part of this informal process.
- C. 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 fifteen calendar days of the action that is being grieved.
 - 1. The chairperson shall attempt to mediate a resolution to the complaint.
 - 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.
 - 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 fifteen calendar days of communicating a resolution to the concerned parties.
- D. In the event that the resolution instituted by the chairperson of the affected academic department is not acceptable to the resident/fellow, s/he 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 fifteen calendar days after the date the resident/fellow is informed by the chairperson of his/her suggested resolution.
- E. The chairperson and the Chair of the GMEC shall impanel a grievance hearing committee within fifteen calendar days of receipt of the hearing request.
- F. The members of the hearing panel shall consist of five members including: two physician faculty members from the involved clinical department, one

faculty member from the GMEC from a clinical department not involved in the action, one senior resident/fellow from the involved program and one senior resident/fellow from another MSUCOM/SCS sponsored residency/fellowship program.

- G. The hearing panel shall select a panel chair, who will chair the meeting(s) and draft the report of findings and the recommendation of the panel.
- H. The panel shall first meet to hear the resident's/fellow's complaint within fifteen calendar days of being impaneled.
- I. 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.
- J. 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.
- K. 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 Osteopathic Medicine, within 5 calendar days of the hearing.
- L. 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 fifteen calendar days of the last hearing.

XXII. Policy on Disaster/Interruption of Residency/Fellowship Training

Natural disasters have the potential to severely disrupt timely completion of residency 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.

- A. The declaration of a natural disaster or other emergency that causes interruption in house officer training under the purview of the SCS GME office will be made by the Dean of the College of Osteopathic Medicine or designee.
- B. Upon such declaration, the SCS GME 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.

- C. The SCS GME office will also work closely with the **Grand Rapids** GME office and other GME offices within the MSU Community Campus network to provide training experiences to house officers with as minimal disruption as possible.
- D. The SCS GME office will work with participating health care institutions to support all house officer salaries and benefits in the event of such a declaration, within the constraints of external funding sources.
- E. The SCS 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.
- F. In the event of such a declaration, the SCS 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.

XXIII. Closure/Reduction Policy

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.

- A. MSUCOM/SCS/GME will promptly notify the residents/fellows in the event of a closure of the Sponsoring Institution or a residency/fellowship program. MSUCOM/SCS/GME will promptly notify the residents/fellows of any position reductions or accreditation changes. MSUCOM/SCS/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).
- B. 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 MSUCOM/SCS President and CEO and/or Director of Medical Education and/or the Program Director of the impacted residency/fellowship.
- C. MSUCOM/SCS/GME must make reasonable efforts to allow residents/fellows who are already in the program to complete their education. If this is not possible, MSUCOM/SCS/GME will assist displaced residents/fellows in identifying programs in which they may continue their education.
- D. MSUCOM/SCS/GME may, with agreement from its financial partners, elect to continue salary and benefits according to the Resident/Fellow Agreement.

XXIV. Policy on Conflicts of Interest for the College of Osteopathic Medicine

Scope of Policy

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

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 COM faculty clinicians' interactions with industry (pharmaceutical and device manufacturers).
 - 1.1. COM 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. COM 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 COM 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 COM 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. COM 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 COM 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. COM 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 COM 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. COM 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 COM Conflict of Interest Committee. The individual report from the chair will be forwarded to the Dean and the COM Conflict of Interest Committee.

II. Conflicts of Interest in Research and Scholarship

Private industry supports useful basic and clinical research conducted by COM faculty, and the expertise of COM 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 COM 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 COM 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 COM 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 COM 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 COM 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 Osteopathic 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 COM.

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 COM 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 COM 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 COM 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, COM 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 COM 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 COM students shall receive training regarding potential conflicts of interest in relationships with industry, and this policy.
2. All COM 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 COM faculty concerning conflicts of interest and this policy.

V. COM 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 COM 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 COM Conflict of Interest Committee will also provide advice and recommendations to the Dean regarding conflict situations that arise solely out of this policy.

The COM 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 Osteopathic 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 COM 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 COM 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.

XXV. Policy on Social Media

Introduction

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

Policy

Residents are urged to use extreme caution when using social media due to risk of transmission of personally protected information. Specifically, residents are not allowed to:

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.
2. Communicate specific patient information, including diagnosis, management, photographs or other personally identifiable information via Twitter or any non-encrypted text messaging service.
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 educational, 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.
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.

Violations of the above policy will be referred to the Training and Evaluation Committee of the involved resident, with report communicated to the Graduate Medical Education office. In accordance with confidentiality policies of the MSU College of Osteopathic Medicine and its partner hospitals, residents risk probation and potential dismissal for violations.

APPENDIX A
MICHIGAN STATE UNIVERSITY
HEALTHTEAM
POLICIES AND PROCEDURES

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

POLICY

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's¹ 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 Osteopaths.
- 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.

¹ 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.

APPENDIX B

ACGME BOARD OF DIRECTORS RESOLUTION ADOPTED 2/17/2012

AT ITS MEETING OF FEBRUARY 7, 2012, THE ACGME BOARD OF DIRECTORS UNANIMOUSLY ADOPTED THE FOLLOWING RESOLUTION:

WHEREAS, THE ACGME BOARD OF DIRECTORS EXPECTS THE HIGHEST DEGREE OF PROFESSIONAL BEHAVIOR TO BE MODELED BY RESIDENCY PROGRAM DIRECTORS AND FACULTY, AND;

WHEREAS, THE ACGME BOARD OF DIRECTORS HAS ENDORSED STANDARDS OF RESIDENT PROFESSIONALISM IN THE CORE COMPETENCIES FOR MORE THAN 10 YEARS, AND THEREFORE;

WHEREAS, THE ACGME BOARD OF DIRECTORS REAFFIRMS ITS EXPECTATION THAT DESIGNATED INSTITUTIONAL OFFICIALS, PROGRAM DIRECTORS, FACULTY, AND RESIDENTS MUST DEMONSTRATE THE CORE ELEMENTS OF PROFESSIONAL BEHAVIOR IN ALL ASPECTS OF THEIR CLINICAL AND EDUCATIONAL ACTIVITIES;

RESOLVED, THAT IT DIRECTS THE ACGME TO REVIEW ITS STANDARDS, AND RECOMMENDS ANY MODIFICATIONS OF THESE STANDARDS AND THEIR ENFORCEMENT REQUIRED TO ASSURE THAT THESE EXPECTATIONS ARE MET.

ACGME COMPETENCIES

The residency/fellowship program must integrate the following ACGME competencies into the curriculum:

Patient Care

Residents/Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge

Residents/Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-based Learning and Improvement

Residents/Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents/Fellows are expected to develop skills and habits to be able to meet the following goals:

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- (2) set learning and improvement goals;
- (3) identify and perform appropriate learning activities;
- (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- (5) incorporate formative evaluation feedback into daily practice;

Approved by GMEC 5/6/15

- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- (7) use information technology to optimize learning; and,
- (8) participate in the education of patients, families, students, residents and other health professionals.

Interpersonal and Communication Skills

Residents/Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Residents/Fellows are expected to:

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- (2) communicate effectively with physicians, other health professionals, and health related agencies;
- (3) work effectively as a member or leader of a health care team or other professional group;
- (4) act in a consultative role to other physicians and health professionals; and,
- (5) maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism

Residents/Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- (1) compassion, integrity, and respect for others;
- (2) responsiveness to patient needs that supersedes self-interest;
- (3) respect for patient privacy and autonomy;
- (4) accountability to patients, society and the profession; and,
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-based Practice

Residents/Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- (2) coordinate patient care within the health care system relevant to their clinical specialty;
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population- based care as appropriate;

- (4) advocate for quality patient care and optimal patient care systems;
- (5) work in interprofessional teams to enhance patient safety and improve patient care quality;
and,
- (6) participate in identifying system errors and implementing potential systems solutions.

****ACGME Common Program Requirements Effective July 1, 2013***

APPENDIX C

ACGME Duty Hours and the Working Environment

- VI.G. Resident Duty Hours
- VI.G.1. Maximum Hours of Work per Week Duty hours must be limited to 80 hours per week, averaged over a four- week period, inclusive of all in-house call activities and all moonlighting. (Core)
- VI.G.1.a) Duty Hour Exceptions
- A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. (Detail)
- VI.G.1.a).(1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. (Detail)
- VI.G.1.a). (2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO. (Detail)
- VI.G.2. Moonlighting
- VI.G.2.a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core)
- VI.G.2.b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)
- VI.G.2.c) PGY-1 residents are not permitted to moonlight. (Core)
- VI.G.3. Mandatory Time Free of Duty
- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
- VI.G.4. Maximum Duty Period Length
- VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration. (Core)
- VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. (Core)
- VI.G.4.b). (1) Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. (Detail)

- VI.G.4.b). (2) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. (Core)
- VI.G.4.b). (3) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (Core)
- VI.G.4.b). (4) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. (Detail)
- VI.G.4.b). (4). (a) Under those circumstances, the resident must:
 - VI.G.4.b). (4). (a).(i) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and, (Detail)
 - VI.G.4.b). (4). (a). (ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.(Detail)
 - VI.G.4.b). (4). (b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty. (Detail)
- VI.G.5. Minimum Time Off between Scheduled Duty Periods
 - VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. (Core)
 - VI.G.5.b) Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. (Core)
 - VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised Common Program Requirements NAS 20 practice of medicine and care for patients over irregular or extended periods. (Outcome)
 - VI.G.5.c). (1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. (Detail)
 - VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. (Detail)

VI.G.6. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. (Core) [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

VI.G.7. Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). (Core)

VI.G.8. At-Home Call

VI.G.8.a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. (Core)

VI.G.8.a). (1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)

VI.G.8.b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period". (Detail)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

****ACGME Common Program Requirements NAS Effective July 1, 2015***