

MICHIGAN STATE UNIVERSITY
Department of Psychiatry
Residency Education Program

Policy Guidelines
July 1, 2012

The Michigan State University Psychiatry Residency Education Program is accredited by the ACGME and the American Osteopathic Association. The Program will adhere to and follow all ACGME and AOA institutional and program requirements. Accreditation requirements can be found at www.acgme.org and www.aoa-net.org. The Michigan State University Psychiatry Residency Education Program will follow the Graduate Medical Education, Inc. (GMEI) policies and guidelines in addition to the Michigan State University College of Human Medicine Educational Policies. These policies and guidelines may be found at www.gmei.msu.edu Human Resources/GMEI Handbook

I Salaries and benefits

Salaries are determined by the MSU Department of Psychiatry. Benefits are determined by GMEI. Professional liability insurance is provided by MSU for all activities assigned as part of the residency. Residents observe GMEI and Residency established holidays within the limits of on call and other clinical responsibilities.

Food:

Most on-call meals and some lunches are provided by the hospitals when on duty.

Parking:

Parking is provided free of charge at Sparrow hospital. You will be issued a sticker and/or gate cards by the security department.

You will need to purchase parking permits for parking at MSU. PGY I residents are on campus usually only one afternoon a week and may therefore purchase 2 or 4 hour parking passes from the Residency Office. Beginning PGY II residents must register their vehicle at the Department of Public Safety on campus and purchase the parking permit/sticker. **Do not park in patient/visitor lots at the MSU Clinical Center or Fee Hall Client/Visitor lot.**

Clinical Faculty Appointment at Michigan State University:

As a University-based medical resident, you are appointed as a Michigan State University clinical faculty member. Faculty status provides numerous benefits for you and your family, as the vast facilities at MSU are available to you at low or no costs. Your faculty/staff ID card can be used to obtain athletic tickets, lecture or concert series tickets, library privileges, and use of recreational facilities (pools, IM buildings, golf, and tennis). The University Library is available to you on campus, with its science component in the basement. This is a good source of medical literature, and a health services librarian is available.

II Absences, Vacation, Educational Leave

1. Illness:

When a resident is unable to perform usual duties due to significant illness, the resident must inform both their supervising attending physician **and the program office** ASAP.

In any case, if there is more than 3 days of illness or injury the sick resident should be examined by a physician who should make a recommendation regarding duration of sick leave. Sick days **can** be charged to the total vacation and education leave available to the resident.

2. Paid Vacation:

Vacation must be approved by the Residency Director or Associate Residency Director and the clinical service chief. The resident is responsible for submitting vacation requests to the Residency Director at least **eight weeks** prior to time off. **An Absence Form must be filled out 8 weeks prior to any planned departure.** If you fail to do so, your absence request may be rejected without further explanation. Failure to notify the residency office of an absence prior to departure will result in time-off without pay that may affect your training schedule, and may also result in disciplinary action. Absence Forms are available in the residency office and the outpatient clinic office. The resident must first complete the form and obtain signatures from the rotation attending physician, resident covering your patients, outpatient clinic staff and Residency Administrator. Once these signatures are obtained, the form will be submitted to the Program Director for final approval. The original form will be kept in the Residency Office and a copy will go to the GME Administrative files. An e-mail will be sent to the resident's HC e-mail account notifying approval or denial.

PGY I and II residents receive 15 working days vacation and PGY III, IV and V residents receive 20 working days vacation. Vacation time should be distributed proportionally to the time spent on each service. *No more than one week of vacation time may be taken during rotations of one block without having to make up the rotation time missed.* Exceptions to this must be approved by the REC. Residents may not forego vacation time to make up a deficit in training time. **Failure to notify the Residency Office and obtain approval prior to departure will result in time-off without pay that may affect your training schedule, and may also result in disciplinary action.**

3. Paid Holidays:

The Residency Program recognizes the holiday schedule of Michigan State University faculty and staff :

- New Years (two days)
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas (two days) [religious holidays]

A resident preferring an alternative religious holiday should notify the residency office of their preference at the start of the academic year. Since religious holidays fall at various times throughout the year, requesting religious holidays other than the default holidays **requires completion of the residency Absence Form.** These days will be considered the individual resident's religious holidays and are limited to two per academic year. Requesting a religious holiday does not guarantee that you will be able to have that day free from duty. If you are on-call or required to round on any of the national or religious holidays, you will have days added to your vacation time credit.

4. Paid Educational leave:

Educational leave, a maximum of 5 working days with pay, will be allowed per year when pre-approved by the Program Director, Service Director and Residency Office. Educational leave

is not considered vacation, and is approved for only specific high quality educational and professional opportunities. The residency office must receive a copy of the meeting schedule.

5. Educational Fund:

PGY I residents receive \$600/year and PGY II-V residents receive \$1000/year, which may be used for: books, journals, medical software, professional equipment, USMLE Step III, ABPN or AOBPN exam registration, or other professional and educational costs. These funds may also be used for attendance at educational meetings and conferences, including associated costs for transportation, housing, meals, and registration. It is possible to receive an advance for certain expenses if prior approved. Cash purchases are reimbursable with appropriate receipt.

6. Maternity / Paternity / Family Emergency Leave

Residents may request maternity/paternity/family emergency leave in addition to their normally allotted personal and educational leave. However, cumulative absences that exceed four weeks in a single training year **may** result in extension of that training year.

7. Paid Parental Leave:

Up to six weeks paid leave may be granted for pregnancy, childbirth, adoption, and subsequent newborn care. Vacation time cannot be forfeited to meet training requirements. Parental leave may require extension of the training program to meet program training requirements.

8. Paid Bereavement Leave:

In the unfortunate event of the death of an immediate family member, a resident is eligible for up to three days of paid bereavement leave. The bereavement leave must be requested and taken within two weeks of the death of an immediate family member. This requirement may be waived after review by the Program Director. If a resident wishes to take time off due to the death of an immediate family member, the resident should notify the Residency Program Coordinator. Approval of bereavement leave will occur in the absence of unusual departmental requirements. A resident may, with Program Administrator approval, use accrued paid time off benefits for additional time off as necessary.

Immediate family members are defined as follows:

- Spouse or person occupying the place of a spouse in the household
- Resident's and/or spouse's child
- Resident's and/or spouse's parent
- Resident's and/or spouse's grandparent
- Resident's and/or spouse's brother or sister

A miscarriage will be covered under this policy according to the following criteria:

1. The pregnancy was previously confirmed by a physician, and there is a subsequent and involuntary termination of the pregnancy (as verified by a physician); and
2. Bereavement pay will be granted to the parent(s) only, and will not apply to other family members.

9. Leaves of Absence without Pay:

A leave of absence without pay may be granted with approval of the program director. Since only up to one month of credit may be granted in any one year for vacation time or illness, a leave of absence will generally delay advancement to the next training level and/or completion

of the residency training. Time off without pay is only available with the Program Director's approval after all accrued paid time off benefits have been exhausted.

Residents who are determined to be absent from assigned duty without prior permission may be determined to be absent without pay, and their payroll will be appropriately reduced. Other administrative actions up to and including dismissal will be taken as determined appropriate by the Program Director and/or Residency Education Committee (REC).

SEE GMEI Policy and Procedure Manual for FMLA details.

Educational requirements of the residency must be met irrespective of leaves. Such leaves may result in an extension of the time necessary to complete the residency. The program will make every attempt to meet individual needs created by pregnancy or illness, including arranging part time positions. **Part time training** may be available upon entry into the program or during the program. Arrangements must be made through the Residency Education Director.

III Extramural work

Extramural work is not allowed during the PGY I year and is discouraged during the PGY II year but exceptions will be made on a case by case basis. Such cases will be decided by the Residency Director. In PGY III and IV, extramural work is generally permitted as long as the resident is in good standing. Such work shall be limited to 8 hours per week and shall **not** occur during regular residency assigned responsibilities. The resident must provide his or her own professional liability insurance.

All extramural work must be approved by the Residency Director in advance. The resident must provide information on extramural work to the residency office. Refer to the CHM GME Manual Section XIV Policy on Outside Professional Activities (Moonlighting) for additional policy guideline.

IV Responsibilities and attendance

In accordance to ACGME regulations, continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care. Refer to the CHM GME Manual Section XIII Policy on Hours of Duty for additional policy guidelines and specific duty hours criteria and limits.

Residency Requirements Regarding Passing of National Board Exams: Residents are required to pass the Licensure Board Exams, either USMLE Step I, II, and II CS or COMLEX Part I, II, and II PE before entering the residency program. Residents must take Part/Step III of the National Board Exams by the conclusion of their PGY I year of training. Residents must pass Part/Step III of the National Board Exam by January of their PGY II year of training. Residents may not be promoted to PGY III without passing National Boards Part III.

Residents will meet the clinical responsibilities of the services to which they are assigned. *Resident duty hours, as defined by the ACGME, will not exceed the ACGME standard of 80 hours per week averaged over four weeks.* Residents are responsible for continued development of their academic knowledge of psychiatry, their clinical skills and their continued adherence to ethical standards as stipulated by the American Psychiatric Association.

Each rotation will have written guidelines outlining responsibilities, expectations and patient load for residents. This material will be provided to residents at the beginning of the residency and will be kept on file in the Residency Education Office.

Attendance at all seminars **is** required. Residents are expected to meet the objectives of the seminars. When there are no Core seminars, residents are to be at their regular assignments. When illness or other extenuating circumstances prevent attendance at Core seminars, the Residency Office is to be notified in accordance to absence policies stated above. In the case of other seminars, residents are to notify seminar leaders when unable to attend or when on vacation. It is understood that seminars may be missed because of vacations. The resident is responsible for material covered during missed seminars.

Seminar attendance for all residency educational events (Tuesday seminars, Thursday seminars, Journal Club, Grand Rounds and Monday Morning Outpatient) shall be 70% or higher per year for a resident to successfully graduate from the MSU Psychiatry Residency Program. Attendance shall be averaged on a 6- month basis and residents will be informed of their attendance status at their semiannual review. Residents who fail to meet this requirement will be asked to complete seminars that they have missed before advancing in the program or graduating"

All residents at the PGY-1 level will receive one hour of off-site supervision and an hour of supervision while on clinical rotations. PGY-II through V residents will receive two hours of off-site supervision in addition to one hour of supervision on clinical rotations.. Attendance at supervision is required. When vacations or illness prevent supervision, the resident is responsible for notifying the supervisor.

All residents will participate in evaluations of clinical skills as mandated by the ABPN. These evaluations will be done twice a year. After the PGY I year, residents must pass this exam in order to move to the next year of training. Residents will also take the Psychiatry Resident In Training Exam yearly.

Service and other supervisors will complete evaluation forms of resident performance. Residents will complete evaluations of seminars, services and supervisors. All evaluation forms must be submitted by the specified deadlines.

Faculty are responsible for discharging seminar and supervisory assignments. These responsibilities include the preparation and distribution of objectives, reading lists and reading material for all seminars. Responsibilities include the timely completion of evaluation forms and other requested material distributed by the residency program.

V Compliance

Universal Precautions and Bloodborne Pathogens: All residents are required to maintain current training certification through the MSU Health Team's online training programs in universal precautions and bloodborne pathogens. The training program is maintained by the MSU Office of Radiation, Chemical, and Biological Safety. All residents must obtain a passing score on the quiz at the completion of the online tutorial. Residents are notified when annual refresher recertification is required, and residents must respond promptly to notices for retraining. All portions of training, both the online modules and the worksite orientation and checklist, must be completed as assigned annually.

At all times residents should use the risk reduction strategies and materials available both in the clinic and in the hospitals. If at any time any person, no matter their specific role, detects a resident or other provider engaging in practices that do not meet safety standards, that person must bring their concerns immediately to the clinic supervisor, the nurse manager, the supervising attending, or the Program Director. At minimum, remediation of safe practices will be required.

Needle Stick or High Risk Exposure Policy: Any person potentially exposed to a blood borne pathogen (through cut/puncture injury, open wound exposure, mucus membrane exposure, prolonged skin contact, or any other exposure of concern to the affected person) should first attempt to wash/flush the area for 15 minutes (with soap and water for skin contact, water or normal saline for mucous membrane exposure), then immediately report the incident to your supervisor if available, **go to the nearest urgent care center for evaluation and treatment. On arrival clearly state that you are an MSU resident and you have had a bloodborne pathogen exposure:**

Sparrow

At Sparrow, call the nursing supervisor on call. He/She will bring information/instructions to you. If the nursing supervisor is not available, go to Sparrow ER.

Olin Urgent Care Clinic (business hours only; report to Sparrow ER after hours)

At the urgent care facility you will have medical evaluation and laboratory follow up. If at any time you have concerns or questions, promptly notify your supervising attending, your chief resident, the program office, or all of the above. The program and the resources of the occupational health centers at each training center are designed to serve your health needs.

YOU MUST NOTIFY GMEI Central office and the psychiatry residency office immediately after treatment at (517)432-4421.

Updated information regarding HIV occupational exposure guidelines can be accessed through www.dcd.gov/hiv/treatment.htm or <http://aidsinfo.nih.gov>

HIPAA Compliance:

You will be required to complete an on-line training session on the Health Insurance Portability and Accountability Act (HIPAA) and the associated HIPAA privacy rules. You must complete full MSU HIPAA compliance training, and may also be required to complete separate HIPAA training procedures at other training sites.

Vaccinations:

Hepatitis B vaccination is required. Initial vaccination may be given at the time of your physical examination and is the responsibility of the resident to keep track of and complete the vaccination series. Present vaccination documentation to the residency office, where it will be kept in your file. If you had hepatitis B vaccination prior to entering the residency, you must provide written proof. Those wishing to decline this vaccine will need to sign a waiver.

BLS/ACLS Certification:

Certification in BCLS and ACLS is required to begin the residency. The residency office must have a copy of your current certification cards.

Medical Licenses:

All residents are required to maintain a current Michigan Physician License and Michigan Board of Pharmacy license. Your initial license will be an educational limited license. You may apply for a permanent Michigan license after passing Step III of the USMLE/COMLEX and following satisfactory completion of two years of residency training (allopathic), or 1 year (osteopathic). You cannot be involved in patient care without a valid medical license.

Federal DEA License: Residents should apply for their own personal DEA license in their PGY III.

The address to use for licensing during training is:

MSU & Affiliated Hospitals
Psychiatry Residency Program
A-233 East Fee Hall
East Lansing MI 48824

VI Professionalism

1. Contact Information:

You must keep program records current by notifying the office in writing by completing the Address/Information form of any change in address or phone number.

2. Email:

An MSU Health Team e-mail account is provided to all residents. All residents are expected to check their e-mail regularly, as important and sometimes vital information is communicated in this manner. You are responsible for the information in e-mail messages sent from the residency office. **Not being able to check your e-mail is not an acceptable excuse for failure to respond to instructions in e-mail communications from the residency office staff.** Resident clinics are set up to allow residents to check their e-mail as needed, and the Health Team e-mail is accessible over the Internet from remote sites. We can also help you set up a University e-mail account on your home computer or learn to access it from remote sites if desired. Please contact the residency office for assistance.

3. Appearances:

Professional appearance is important at all times. Residents are expected to dress in a professional way at all times when seeing patients. The hospitals also have picture ID badges that you must wear at the hospitals.

4. Pager Policy/Availability:

It is the resident's responsibility to insure that he/she can be reached during on-duty hours and on-call. If you leave your pager at home, immediately notify your clinic and the residency office. If lost or damaged, there is a \$75 replacement fee.

5. Medical Records Policy for Clinic/Hospital:

Residents may be suspended without pay if patient logs or evaluations are delinquent for 8 weeks. Upon notification from a medical record department that a resident has been placed on the "**warning**" list for delinquent records, the residency office will notify the resident that all delinquent records must be completed within the next 48 hours. Upon notification from a medical record department that a resident has been placed on the "**suspended**: list for delinquent records, the Program Administrator will notify the resident that they must immediately telephone the medical records and clear the records within the next two days. The resident must then notify the Program Administrator via e-mail or telephone when cleared by the medical records department. If the resident has not been cleared by the medical

records department within 2 days of being notified (unless post-call), the Program Administrator will inform the resident that they are suspended without pay from the residency program until all delinquent records are complete and cleared by the medical records department. Residents are exempt from the delinquent records policy if during the time a record becomes delinquent the resident is on an excused absence.

VII Liability

If you become aware of a situation in which a patient has been or feels to have been injured or not adequately cared for, report this immediately to your attending physician. No student or resident should give solicited statements or testimony to anyone (attorneys, insurance companies, the press, TV, radio). Report requests for such statements to your attending and the Program Director, who will arrange appropriate legal counsel.

The following reflect prior legal opinion regarding resident testimony in legal proceedings:

- Any doctor of medicine may testify at legal proceedings. Licensure is not a prerequisite.
- A resident can serve as an expert witness if it can be established that he/she has special knowledge or expertise.
- A resident may testify as to his/her own acts and observations. If the attending is also legally involved, he/she can and should witness the resident's testimony as well as review transcripts prior to his/her own testimony.
- All patients are legally the responsibility of the attending physician, but can concurrently be the legal responsibility of a resident physician.
- The key factor in determining negligence is the degree to which the attending controls the resident's work: if that work is "controlled" the attending is responsible for the resident's negligence; if not, the responsibility is shared (unfortunately there is no explication of control).

Our member institutions provide professional liability insurance for program residents. To comply with the liability policy, any "away" elective must have prior program approval. The Program Director must sign an official form for this purpose at least two months prior to the onset of the elective. Failure to meet this requirement will mean that the resident will not be insured for that period of time.

Residents must contact the Program Director when a risk is perceived or legal counsel is felt to be needed for activities performed in the scope of resident activities. The Program Director (or Director of Medical Education) will arrange appropriate follow up.

VIII Psychiatric Treatment for Department of Psychiatry Employees:

In general, Department of Psychiatry faculty and residents should not provide treatment for employees of the Department of Psychiatry or their close family members.

Rationale for this policy: Providing psychiatric care to individuals or close relatives of individuals with whom we work creates potential conflicts and issues that are difficult to keep separate from the work relationship. Such care can be suboptimal and in the interest of providing the best care possible is problematic.

Exceptions to this policy: We recognize that there may at times be exceptional circumstances that make an exception to this policy reasonable. Any such potential situation must be reviewed with and approved by the clinic director before treatment is initiated.

IX Impairment

In the event of impairment due to health related matters, the Residency Education Committee (REC) will attempt to help the resident obtain appropriate care. The REC may request medical information and evaluation to guide it making recommendations about the resident's ability to continue in the program. Refer to the GME Manual Section XVI Resident Impairment for additional policy guidelines.

X Selectives

Selective rotations generally occur during the PGY IV year. The Residency Director will meet with PGY III residents to discuss selectives during the winter term. Residents must submit a description of the selective including broad objectives, supervision, special readings or experiences and any other relevant material about the experience to the Residency Education Director for approval. This description of the selective must be signed by the faculty member who will be supervising the experience. For selectives outside of the MSU system, similar documentation must be provided. All selectives must be approved in advance by the Residency Director.

XI Chief Resident

The Chief Resident/s shall ordinarily serve from January - December of the PGY III/IV/V Year. The Chief Resident/s will assist the Director in the administration of the program and serve on the REC. The residents will elect the Chief Resident/s who will be presented to the REC for approval. If a Chief resident were not to be elected as Chief, then one will be appointed a representative to the REC.

Chief residents are responsible for developing the resident call schedule each month and making changes as necessary. They will organize a resident retreat at least yearly. They will meet with the program director weekly and the department chair at least monthly.

XII. Resident Dismissal Procedures (GME XVII)

A. Resident Dismissal

MSU/CHM, as the Institutional Sponsor for ACGME Accredited Programs, has a policy for Resident 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 Assistant Dean for Graduate Medical Education. The process for dismissal shall be:

1. The resident will be notified in writing that the program is considering dismissal. The reasons dismissal is being considered must be included.
2. Upon notification, the resident 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 resident will then be offered a hearing prior to dismissal.

C. Resident Hearing Prior to Dismissal

1. A resident has a right to a hearing prior to dismissal. The resident may request, in writing, the hearing. Such a 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 of the intention of the program director to dismiss, and his/her right to a hearing. Residents 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 from the involved program or its related specialty program, and one resident or fellow from another MSU/CHM 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 will have the right to challenge any member of the hearing panel for bias. The panel, excluding any challenged member, shall confer and decide the validity of a challenge. The panel's finding 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 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 may speak. The resident 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. The panel's decision will be reported in writing to the resident, the Assistant Dean for Graduate Medical Education, the program director, and the chairperson of the academic department, within fifteen calendar days.

XVIII. Policy on Final Payroll Date for Residents who Resign or are Dismissed

It is the policy of MSU GME that when a resident resigns or is dismissed, the resident 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). Additionally, all MSU GME residents will be paid for their allotted/accrued vacation. Other benefits, i.e., maternity, will be paid as stated in the resident contract.

XIII. Resident Grievance Procedures (GME XIX)

- A. A resident in a MSU/CHM sponsored program initiating a grievance is required to use the MSU/CHM grievance process.
- 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 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 90 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 with copies to the program director and the Assistant Dean for GME.
 - 3. It shall be assumed that the resident 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, s/he may request, in writing, a formal hearing of the grievance. The resident 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 is informed by the chairperson of his/her suggested resolution.
- E. The chairperson and the Assistant Dean for GME shall impanel a grievance hearing committee within fifteen calendar days of the receipt of the grievance letter.
- 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 from the involved program and one senior resident from another MSU/CHM sponsored residency 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 complaint within fifteen calendar days of being impaneled.
- I. The resident 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. The panel shall confer and decide the validity of a challenge. The panel's finding shall be final.

- J. The hearing panel shall endeavor to establish a collegial atmosphere in the hearing. The resident or the respondent may choose to invite an advisor to be present during the hearing. Either the resident 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, and the respondent have the right to address the panel members, the respondent, the resident, or other persons brought before the panel. An advisor shall not present the resident's nor the respondent's case.
- K. The report and recommendation of the grievance hearing panel shall be submitted to the Dean of the College of Human Medicine.
- L. The Dean will inform the resident, the respondent, 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.

XIV Non-renewal of Agreements of Appointment

A resident will be provided with a written notice of intent not to renew his/her agreement of appointment no later than four months prior to the end of the resident's current agreement of appointment. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement of appointment, the Program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement of appointment. Residents must be allowed to implement the institution's grievance procedures when they have received a written notice of intent not to renew their agreements of appointment.

XV Residency Closure/Reduction

If the Residency Program intends to reduce the size of the program or close the residency program, the Program must inform the residents as soon as possible. In the event of such a reduction or closure, the Program must allow residents already in the program to complete their education or be assisted by the Program in enrolling in an ACGME-accredited program in which they can continue their education.

XVI Resident File Content and Access

The Residency Education Program will maintain a training file on each resident. Training files are considered confidential, will contain evaluations, review summaries, correspondence and record of disciplinary actions. Access to resident files is limited to the Program Director, Associate Program Director, Residency Administrator, Associate Dean for Graduate Medical Education in COM, or the Designated Institutional Official for MSU/CHM. Refer to GME Manual Section IV Policy on Resident File Content and Access for additional policy guidelines.