

***GUIDEBOOK
OF THE
FELLOWSHIP PROGRAM
IN
ENDOCRINOLOGY, DIABETES AND METABOLISM**

Abdul Abou-Samra, MD, PhD
Division Chief and Program Director

DIVISION OF ENDOCRINOLOGY
DEPARTMENT OF INTERNAL MEDICINE
WAYNE STATE UNIVERSITY

4 H – University Health Center
4201 St Antoine, Detroit, MI 48201
Tel: 313-745-4008 and Fax: 313-993-0903
<http://endocrinology.med.wayne.edu/index.php>

* The Guidebook is developed after the “Residency Policy and Operation Manual” by Wilhelmine Wiese-Rometsch, M.D., Residency Program Director and Diane Levine, M.D., Vice Chair Education.

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A message from the Program Director



Dear Colleague,

I welcome you to the Wayne State University/Detroit Medical Center fellowship program in Endocrinology, Diabetes and Metabolism.

You have made an important career decision by selecting this program. We are committed to make your experience both educational and pleasant.

This Guidebook provides information about the clinical components of the program. The mission and objectives of this program go beyond the ACGME and ABIM requirement to emphasize the academic nature of the program in term of research activity and scholarly work in its curriculum and training venues and activities. After successful completion of the 2 year program you shall be eligible to take the board certifying examination in Endocrinology, Diabetes and Metabolism.

Selecting a research project is essential during the first year. I specifically encourage you to take advantage of the program activities including its basic science meetings. You shall have ample opportunity to recognize the strength and potential of the different faculty so you may enter the second year knowing who shall be your mentor and what is your research project. During the second year you shall have a lower clinical load and more time for scholarly activity.

After successful completion of the clinical component of the program you will have the unique opportunity, which distinguishes this program from others, to start an academic path into a research intensive 2 year period which shall prepare you to become a successful academic endocrine researcher.

The program faculty and I shall be available to you to address any concern or question you may have. We are looking forward for enjoyable and successful training years.

Sincerely

Abdul Abou-Samra,

Abdul Abou-Samra, MD, PhD
Division Chief and Program Director

A) MISSION & OVERALL EDUCATIONAL GOAL

Our program aspires to providing excellent training in clinical endocrinology, diabetes and metabolic bone diseases; to motivate and inspire innovative clinical and basic research in endocrinology, diabetes and bone biology; and to prepare the trainees to become academic physicians/scientists and future leaders of endocrine research, education and practice.

B) PROGRAM OBJECTIVES:

The specific objectives of the program are to train the fellows to:

1. Understand endocrine biochemistry, hormone actions, hormone interactions, endocrine physiology and pathophysiology of endocrine diseases.
2. Diagnose and manage endocrine diseases including:
 - 2.1. History and physical examination with emphasis on examination of the fundi, thyroid, breasts, penis, testes and female reproductive organs.
 - 2.2. Selection and interpretation of endocrine biochemical tests.
 - 2.3. Selection and interpretation of imaging procedures for the diagnosis of endocrine diseases such as ultra sound (with emphasis on the thyroid glands and ovaries), radionuclide scans (with emphasis on thyroid uptake and scan, sestamibi scan for the parathyroid gland, and bone scan), computerized axial tomography (emphasis on the diagnosis of adrenal masses and other neuroendocrine tumors), magnetic resonance imaging (emphasis on the pituitary and adrenal gland), positron emission tomography and DEXA scanning for measuring bone mineral density.
 - 2.4. Developing skills in common endocrine procedures and dynamic testing with special emphasis on fine needle aspiration of thyroid nodules and interpretation of cytology and pathology.
 - 2.5. Selection and understanding of the most appropriate management of endocrine disorders such as observation only, pharmacotherapy, surgery, treatment with radioisotopes and radiation therapy.
3. Continually improve their organizational, leadership and communication skills including peer interactions, professionalism, confidentiality, avoidance of conflict of interest, and communication with patients, patients' families and other health care providers.
4. Learn how to perform endocrine research (clinical and/or basic) and conduct at least one research project during the fellowship period.
5. Continually seek scholarship, personal development, self-instruction and keeping self up-to-date with existing and emerging endocrine literature while enhancing their general medical knowledge and skills.

C) PROGRAM STAFF

- **Fellows:** The program has a total 6 fellows: 3 in the first year and 3 in the second year.
- **The Chief Fellow** is a 2nd year fellow who assumes this duty by rotation. Each fellow shall assume this duty for 4 months. The Chief Fellow organizes rotation/assignment of fellows and residents to the outpatient and inpatient settings and weekly clinical case presentations, represents fellows at different division and/or department meetings, coordinates and signs on all request for vacations to avoid unnecessary overlapping vacations, arranges coverage during a national meeting, etc.
- **Fellowship Program Director** is the ultimate reference for any issue related to the program and can be contacted anytime in person, by phone or email to address any issue related to the fellowship program.
- **Program Faculty:** The program faculty includes MDs board-certified in endocrinology, diabetes and metabolism and PhD with interest in endocrine research (clinical and basic).
- **Program Executive Committee:** the executive committee helps the Program Director to evaluate the program and develop initiatives to improve it. The committee is formed from the Program Faculty and meets twice monthly.
- **The Fellowship Program Coordinator** keeps records of all documentations of the fellowship program and helps the fellows and the Program Director in all their administrative need.
- **The Endocrine Division Manager** supervises all administrative aspects of the Endocrine Division who provides support to the fellows for their hospital and academic appointment. The Division Manager can be a resource for additional administrative need.
- **Other Staff:** Clinic manager(s), physician assistant(s), nurse practitioner(s) and medical aid(s) provide a variety of services to the fellowship program; they are involved in the evaluation of ethical/professional attitude of the faculty and fellows.

D) WORK ENVIRONMENT – FACILITIES AND RESOURCES

Fellows have office space or cubicles in the Endocrine Division academic office at 4H UHC with a conference room in the same area for lectures and educational activities. The fellow desks are equipped with

computers that can be used for email and internet services, including literature searches. They have full access to the library of the school of medicine for books, journals, and on-line literature searches.

The Endocrine Core Curriculum Lectures occur at the conference room of the Endocrine Division at the University Health Center, 4H-UHC. The teaching site is a large facility of interconnected hospitals and outpatient clinics. These are: Detroit Receiving Hospital, Harper University Hospital, Hutzel Women's Hospital, Rehabilitation Institute of Michigan, University Health Center, and Harper Professional Building.

The teaching hospitals have modern facilities and services, including in-patient, ambulatory care and laboratory resources and these are readily available to all trainees. In addition, complete biochemistry laboratories and hormone assays are available. The Departments of Radiology provide MRI, CT, ultrasound, DEXA and radiological imaging services that can conduct studies for all types of endocrine diseases. There is fully staffed surgical pathology laboratory for the interpretation of surgical and cytological specimens, including immunohistologic studies. Cytological interpretation of thyroid aspirations is available and fellows are able to arrange review these specimens with the Department of Pathology staff. Nuclear Medicine provides all routine radionuclide imaging including radio-iodine thyroid scanning and ablation, adrenal and parathyroid scanning.

E) CURRICULUM & COMPETENCY-BASED GOALS AND OBJECTIVES

The fellowship program in endocrinology, diabetes, and metabolism is designed to provide advanced training to acquire the knowledge, skills, attitudes and experience as defined by the ACGME. The program is designed to prepare the trainees to be excellent clinical endocrinologists, clinician-educators, and endocrine investigators. The program recognizes that some trainees may evolve into specialists whose activities encompass more than one of the above career paths. The teaching environment and educational experiences for trainees, detailed below, will equip them to become strong clinicians, educators, and investigators.

The program provides multiple training venues, which include periodic didactic lectures and interactive group discussions with daily hand-on clinical training in inpatient and outpatient settings.

Fellows will be supervised and continually evaluated by attending physicians assigned to the inpatient and ambulatory settings. Clinical cases are reviewed on a daily basis with the attending physician at both settings in real time. The continuing interaction between trainees and attending physicians is the heart of the educational experience. The fellows contribute to the weekly core curriculum lectures and case presentations as presenters or as active discussants with faculty and guest speakers. Integration of endocrine disorders with other diseases and identification of risk factors for diseases are emphasized in each patient. All patient interactions take into account cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues.

The program provides a progressive learning experience. Trainees are given increasing responsibility as they progress through the program and demonstrate their expanding knowledge base and expertise in diagnosis and management of endocrine disease. They serve as leaders of the endocrine 'team', which is constituted by trainee, internal medicine residents and medical students, always under the supervision of the attending physician. Our program emphasizes a scholarly approach to diagnosis and management. Self-instruction is expected of the trainee along with critical analysis of the patients' problems and appropriate decision analysis regarding further evaluation and/or management.

Building professionalism, ethical behavior and leadership skills are hallmarks of this training program. Our faculty serves both as mentors and role model clinicians for the values of professionalism. These include placing the needs of the patient first, a commitment to scholarship, helping other colleagues, continuous quality improvement and humanistic behavior both in patient interactions and interactions with other health care providers. Issues concerning professional ethics are discussed as they relate to specific interactions with patients. When applicable, these issues will be discussed as part of the evaluation of specific patients. Each fellow will have the opportunity to serve as a Chief Fellow for 4 months, during which he/she develop leadership skills by coordinating the monthly calendar of fellows with attending physicians.

The program curriculum covers all aspects of endocrine diseases and its complications. One of the main characteristics of this program is the richness in its patient population where all categories of endocrine diseases are encountered. The following table lists the curriculum objectives along the ACGME competencies to illustrate how the curriculum objectives can be reached through the different training venues offered by the program. It is not possible to divide the training years in specific topics since the hand-on training concept makes it imperative to use every opportunity of disease entity encountered for training. The program utilizes the first year for a more intensive training in common endocrine disorders through supervised patient contact, both at the inpatient and outpatient setting, and the second year for other clinical experiences, such as reproductive endocrinology and pediatric endocrinology, and for clinical research projects and board review courses.

The **COMPETENCY-BASED GOALS AND OBJECTIVES, TRAINING VENUES AND ASSESSMENT TOOLS** are listed in a table in the next page.

Competency	<u>Objectives</u>	Training Venues Knowledge / Skills Integration / Application	Assessment Tools
<p>Patient Care deals with provision of care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health with emphasis on evaluation and management of the disorders relevant to the endocrine and metabolic system</p>	<p>Gather accurate, essential information from all sources, including medical interviews, physical exam, medical records, and diagnostic and therapeutic procedures.</p> <p>Year 1: Demonstrate ability to perform a complete history, physical exam, and patient work-up appropriate for the sub-specialty. These include laboratory/diagnostic studies, data assessment, differential diagnosis, and formulation of management plans under supervision of the attending faculty</p> <p>Familiarize with common endocrine-metabolic tests, procedures, and their interpretations.</p> <p>Develop rational evidence –based management strategies. Look up references in the peer reviewed literature and other sources of the sub-specialty medical diagnosis and therapy</p> <p>Learn to communicate (verbal and/or written) as a consultant with referring physicians.</p> <p>Year-2:</p> <p>Show continued improvement in the sub-specialty medical knowledge base, intellectual skills, supervising skills, and teaching skills under supervision of the attending faculty.</p> <p>Demonstrate maturation of clinical judgment and expansion of medical knowledge of the sub-specialty.</p> <p>Demonstrate appropriate skills in providing consultations and progress as a sub-specialty consultant.</p> <p>Perform dynamic endocrine tests and fine needle aspiration biopsy of thyroid nodules for cytological examination.</p> <p>Make informed recommendations about preventive, diagnostic, and therapeutic options with input and guidance of the attending faculty.</p>	<p>Direct out patient clinical evaluation and care under supervising endocrine faculty. Inpatient consultations with endocrine attending rounds. Case discussion sessions Endocrine Grand rounds Medical Grand rounds CPC Journal Club</p>	<p>Monthly evaluation by attending faculty during inpatient consultation services Bi-yearly outpatient clinic evaluation Semi-annual evaluation by the Program Director. Procedure log book 360-degree survey</p>

Competency	<u>Objectives</u>	Training Venues Knowledge / Skills Integration / Application	Assessment Tools
<p><i>Medical Knowledge</i> about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social- behavioral) sciences and the application of this knowledge to patient care as a sub-specialist in endocrinology, diabetes and metabolism.</p>	<p>Apply an investigatory and analytical approach to acquiring knowledge Year -1: Demonstrate fundamental knowledge as it pertains to formulating diagnostic and treatment plans for common endocrine and metabolic disorders Year -2: Expand fund of knowledge in the sub-specialty field. Comprehend the basic science and pathophysiologic basis of endocrine and metabolic disorders, including the rationale for the specific diagnostic and therapeutic interventions. Learn to teach patients, students, and residents.</p> <p>Access and critically evaluate current medical information and scientific evidence pertinent to the subspecialty</p> <p>Apply knowledge to clinical problem solving, clinical decision making and critical thinking</p>	<p>Direct patient care Attending consultation rounds Endocrine Grand Rounds Preparation and presentations of chosen topics by the fellow at Endo Grand Rounds Case discussion sessions Journal club Core conference series Other seminars</p>	<ol style="list-style-type: none"> 1. Outpatient case-based evaluation and assessment by the supervising faculty. 2. Monthly attending evaluation during inpatient consult rotations 3. Bi-yearly outpatient attending evaluation 4. Weekly discussion and evaluation sessions with a designated faculty member. This includes using MKSAP and ESAP test exercises 5. Presentations at Journal Club
<p><i>Interpersonal and Communication Skills</i> result in effective information exchange and teaming with patients, their families, and other health professionals</p>	<ol style="list-style-type: none"> 1. Communicate effectively with patients and families 2. Under attending faculty guidance, learn to communicate effectively consultation reports with members of the health care team at all levels and ensure timely and comprehensive care of patients 3. Present medical information concisely and clearly both verbally and in writing 4. Teach colleagues effectively <p>The above objectives and skills develop and mature as the trainee progresses from Year 1 to Year 2</p>	<ol style="list-style-type: none"> 1. Direct patient care in the outpatient endocrine-metabolic clinics 2. Attending rounds during inpatient consultations 3. Multidisciplinary care team interactions (e.g. Diabetes Care Team) 4. Endocrine seminars presentations 5. Case discussion sessions 6. Journal club presentations 7. Consultation and progress report preparation under attending faculty supervision 	<ol style="list-style-type: none"> 1. Evaluations by the attending faculty during outpatient clinic functions 2. Monthly evaluations during inpatient consultation rotations 3. Semi-annual review 4. 360 degree survey

Competency	<u>Objectives</u>	Training Venues Knowledge/ Skills Integration / Application	Assessment Tools
<p><i>Professionalism</i> manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p>	<p>1. Behave professionally towards patients, families, colleagues, and all members of the health care team 2. Demonstrate that the needs and interests of the patient and society supercede self-interest 3. Advocate for patients and demonstrate sensitivity and respect to the needs of special patient populations 4. Behave respectfully towards all members of health care and allied health with respect</p> <ul style="list-style-type: none"> - Demonstrate adherence to high ethical and moral standards 	<p>1. Integration and application of professionalism through all patient care activities 2. Emphasis of professionalism at all levels (in clinics, consultation rounds, and during scheduled educational seminars 3. Awareness and feedbacks at all levels on cultural and socioeconomic diversity, and their role in health care 4. Identifying barriers to professionalism and taking appropriate corrective steps</p>	<p>1. Monthly evaluation by attending faculty during inpatient consultation services 2. Semi-annual evaluations of outpatient clinic activities 3. 360-degree survey</p>
<p><i>Practice-Based Learning and Improvement</i> involve investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, which leads to further improvements in patient care</p>	<p>1. Identify and acknowledge gaps in personal knowledge, skills, and attitudes as it pertains to the care of the patient 2. Develop and implement strategies for filling gaps in knowledge and skills 3. Demonstrate abilities to critically appraise the literature and apply to patient care. 4. Facilitate the learning of residents, students, other health care professionals and patients 5. Demonstrate effective use of information technology to access medical information 6. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and their diagnostic and therapeutic effectiveness.</p>	<p>1. Direct patient care 2. Attending consultation rounds 3. Journal club 4. Preparation of case-based presentation by the fellow at Endocrine Grand Rounds, supported by in-depth literature review. 4. Selection of research project and chart reviews</p>	<p>1. Review of fellow's case presentations at endocrine seminar series 2. 360 degree survey 3. Journal club session evaluations 4. Case studies poster and oral presentations at local and national meetings 5. Presentation of chart review-based research findings</p>

Competency	<u>Objectives</u>	Training Venues Knowledge/ Skills Integration/Applica tion	Assessment Tools
<p>Systems-Based Practice demonstrated by awareness of and responsiveness to the larger context and complex systems for health care and the ability to effectively call on system resources to provide care that is of optimal value</p>	<p>1. Demonstrate ability to understand and utilize multidisciplinary resources necessary to care optimally for all patients in general and for patients with endocrine-metabolic disorders in particular</p> <p>2. Collaborate with other members of health care team to assure comprehensive patient care.</p> <p>3. Use evidence-based, cost-conscious strategies in the care of the patient.</p>	<p>1. Direct patient care 2. Case studies 3. Endocrine seminars 4. Journal club topics with relevance to cost and cost effectiveness discussions 5. Close interaction with health care team (e.g. Diabetes Care Team) 6. Interaction with P&T Committee members on formulary and cost issues relevant to endocrine-metabolic practice. 7. Assist patients in accessing patient assistance entities and programs.</p>	<p>1. Attending faculty evaluations 2. 360-degree survey 3. Evaluations/discussions of issues relevant to system-based practice during: -outpatient and inpatient care activities - scheduled educational seminars (Endo Grand Rounds, case discussion sessions, journal club, etc.)</p>

F. TRAINING VENUES / PROGRAM ACTIVITIES:

1. General

Our Training Program in Endocrinology, Diabetes and Metabolism is at the Wayne State University/Detroit Medical Center (WSU/DMC). This is a single-campus large urban medical school and medical center located near downtown Detroit. WSU/DMC serves a predominantly urban African-American population and also draws additional diverse patient population from the surrounding areas.

Patient education, counseling and end-of-life care will be taught by example when appropriate in specific interactions with patient and their families. Other issues that concern palliative care for terminally ill patients are discussed as appropriate.

Quality assessment, quality improvement, risk management and cost effectiveness are discussed in all clinical and laboratory settings throughout this program. Ethics and professionalism are considered in all patient interactions, in grand rounds and committee meetings.

2. Ambulatory Care (Outpatient Clinics)

Since most endocrine care is delivered in an ambulatory setting, the ambulatory experience is emphasized through the entire duration of the program.

Educational Purpose: To learn about a variety of diseases of endocrinology and metabolism, through consultation and provision of continuing care.

Teaching Methods: Ambulatory care is both consultative and continuing. For each interaction, the trainee spends sufficient time with the patient to carry out an appropriate history and physical examination and then to interact with and be directly supervised by the endocrine faculty assigned to that ambulatory activity. The learning experience surrounding a patient interaction evolves from review of history, physical examination and laboratory results with the faculty, taking direction from the faculty and employing references or other learning materials that can be used for self-instruction and subsequent review with the faculty.

The **continuity clinic** is an important aspect of the training. This is a general endocrinology clinic. The fellow presents the case to an attending who also sees the patient; the attending confirms or modifies the management plan. Since the same fellow provides the initial consultation and all subsequent follow up on the same patient the continuity clinic is an important experience to develop a complete understanding of the disease process and response to intervention.

The other outpatient experiences include general endocrinology, thyroid, diabetes and bone and mineral metabolism clinics. The experience acquired here has a different flavor, the fellows are exposed to different attending with different approaches and skills; and therefore, these clinics provide the fellows with diverse experience and skills in all the competencies of the fellowship program.

The **Pediatric Endocrinology** and **Reproductive Endocrinology** outpatient experiences are provided through skilled faculty at the department of Pediatrics of the Children Hospital of Michigan and the division of Reproductive Endocrinology of the department of Obstetrics and Gynecology.

Procedures and Services: Dynamic endocrine studies and fine needle aspiration biopsy of the thyroid will be taught and performed by the trainees in the ambulatory setting. Appropriate laboratory testing, including imaging, will be ordered and results reviewed as part of the doctor/patient/attending interaction. Cytological and pathological matter will be reviewed and analyzed as needed with the appropriate specialists.

3. Inpatient Consultation and Care

Educational Purpose: To learn about a variety of diseases of endocrinology and metabolism as they occur in the hospitalized patient.

Teaching Methods: Hospital care is both consultative and continuing. For each interaction, the trainee will spend sufficient time with the patient to carry out an appropriate history and physical examination and then to interact with and be directly supervised by the endocrine faculty assigned to that activity. The learning experience surrounding a patient interaction evolves from review of the history, physical examination and laboratory results with the faculty, taking direction from the faculty and using references or other learning materials that can be used for self-instruction and subsequent review with the faculty. Consultation is frequently requested to determine the impact of endocrine disease on coexisting illnesses that necessitated hospitalization. The trainee will also learn, under supervision, how to interact not only with the patient and family, but also with other physicians caring for the patient. The trainee is encouraged to formulate a differential diagnosis, plan for further evaluation and management, which are reviewed with faculty assigned to teaching rounds. Learning is a continuing interactive process with faculty, review of pertinent literature and further discussion as new data emerge or changes in the patient's condition occur as a consequence of recommended treatment. The fellows develop the experience to give expert opinion on the day to day management of the patient.

Experience in the inpatient setting also includes preparation of appropriate patients with endocrine disease for surgery as well as postoperative management, radiation therapy and/or treatment with iodine-I-131. Interaction with professionals from the relevant department is reviewed and evaluated. In-patients who have surgery or biopsy, pathology and cytology are reviewed with appropriate specialist in those departments.

Practice Setting: The in-patient consultation-based teaching is conducted at the following hospitals, which are interconnected and form part of a large single-campus complex:

- Detroit Receiving Hospital
- Harper University Hospital
- Hutzel Women's Hospital
- Rehabilitation Institute of Michigan

The consult team typically consists of an attending endocrinologist, a fellow and 1-2 residents. When available, a medical student who may be taking an elective in endocrinology will also be part of the team. The consult team typically sees 10-15 new consults per week and provides follow-up evaluation and management of the problem(s) for which the consultation was requested. This is done under close interaction with the patients' primary physicians on the wards.

Disease Mix and Patient Characteristics: On request, trainees provide consultation to the Internal Medicine service and other departments such as surgery, vascular surgery, obstetrics and gynecology, psychiatry, ophthalmology, neurosurgery, orthopedic surgery, rehabilitation medicine, etc. Patients will have a variety of diseases that impact on the endocrine system, diseases, or manifestations of primary endocrine diseases such as diabetes mellitus, thyroid or parathyroid disease that warrant hospitalization. Patients will be adults of all ages, including the geriatric age group and both sexes. Sex and age of patients will parallel their distribution among the

variety of endocrine diseases that occurs in hospitalized patients. The severity of illness will be much greater than in the ambulatory setting.

Procedures and Services: Trainees will coordinate the evaluation and management of the endocrine aspects of the patient's illness. After interaction with the endocrine-attending physician, the trainee will order appropriate laboratory tests, biopsies, imaging and infusion studies, as dictated by the patient's problem. Data will be reviewed and treatment recommended.

4. Procedures

Through outpatient and inpatient training, as well as through procedure-focused training, the fellows develop a comprehensive understanding of indications, contraindications, limitations, techniques, complications and interpretation of procedures that are required of diagnosis and management of patients with disorders of endocrinology and metabolism. This understanding includes informing the patient about the above aspects of specific procedures and obtaining informed consent. Procedures will be taught and then supervised by faculty in various patient care settings, described above. Trainees will maintain logbooks that list each procedure and copies will be maintained in the program director's files. Each entry includes name of patients, identifying numbers, clinical problem, procedure, indication of complications, results of test. The program director will determine, on the basis of faculty input and analysis of logbook entries, when the trainee has achieved proficiency in a specific procedure. For fine needle aspiration biopsy of the thyroid, a minimum of 5 successful aspirations must be performed by the fellow before a trainee can be considered to be proficient or requires further training and experience.

All procedures are carried out in accord with universal precautions and protection of healthcare workers, as defined by Occupational Safety and Health Administration (OSHA).

5. Research and Scholarly Activity

Trainees in this program are expected to carry out research and participate in other scholarly activity. During the first year, trainees are expected to learn about the research interest of the faculty members, by attending Research Seminars, Journal Clubs, or by direct interaction initiated by the faculty, trainee or program director. In general, trainees should reach an agreement to carry out research with a specific faculty member before the end of the first year of the program. This allows the trainee to learn the literature concerning the research area and begin, by repeated interaction with the faculty mentor, to formulate an experimental design. The Trainees shall present their completed research project in one of the research conferences organized by the program at least 1 month before their projected graduation from the program such as in May.

Trainees are encouraged to write up and publish interesting cases that they encounter during their training. Finally, faculty is encouraged to ask trainees to participate in writing of invited Chapters or Reviews, with appropriate authorship designation.

6. Weekly Core Curriculum Lecture (Endocrinology Grand Rounds) and Case Presentations.

- *Educational Purpose:* To discuss a variety of disease of endocrinology and metabolism in greater depth than at the bedside of the ambulatory care setting. Correlation with endocrine biochemistry, physiology and pathophysiology is expected.
- *Teaching Method:* Case discussion or lectures by a faculty, an invited guest and/or trainee.
- *Disease Mix:* All endocrine diseases are discussed. Those low frequency disorders that might not be encountered by trainee during the program are discussed.
- *Procedures and Services:* Appropriate use of biochemical testing, imaging and biopsy as well as review of above studies, cytology and pathology may be the subject of the conference.
- *Evaluation:* Trainees who give conferences will be evaluated by attending physicians. Their performance in this venue is part of their overall evaluation by attending physicians and the program director. See section on evaluation, below.
- *Frequency:* weekly.

7. Endocrine Case Discussion small group sessions

- *Educational Purpose:* to develop critical thinking and practical approach toward complex endocrine disorders in a small group session.
- *Teaching Method:* Trainees in a group of 3 meet with a faculty to discuss cases they encountered or cases from the literature. They discuss the etiology, the pathophysiology, the approach toward diagnosis and the management options. They review relevant literature together.

- *Disease Mix:* include all types of endocrine diseases mixed with other multiple medical problems.
- *Procedures and Services:* Not relevant
- *Evaluation:* The faculty evaluate trainee preparedness and interaction. In turn, trainees evaluate the effectiveness of the faculty.
- *Frequency:* these sessions are 1-2 hours and held weekly

8. Medical Grand Rounds

- *Educational Purpose:* to update knowledge and skills about general medical knowledge including aspects of ethics and professionalism.
- *Teaching Method:* lectures delivered to all residents, fellows and faculty of the department. Lectures are video taped and can be recalled for a more in depth review.
- *Disease Mix:* include all internal medicine subspecialties.
- *Procedures and Services:* Not relevant
- *Evaluation:* The attendees evaluated the speaker.
- *Frequency:* weekly

9. Diabetes Focus Group

- *Educational Purpose:* to learn and develop skills regarding diabetes education, diet instruction, use of glucose measuring/monitoring devices and insulin delivery methods.
- *Teaching Method:* small lectures and hand-on training organized by dietitians, diabetes educators, and diabetologists.
- *Disease Mix:* diabetes.
- *Procedures and Services:* measurement of CBGs, use of continuous glucose monitoring, use of insulin pump
- *Evaluation:* The attendees evaluate the session.
- *Frequency:* weekly

10. Fellow Journal Club

- *Educational Purpose:* To expose trainees, on a continuing basis, to critical reading of the emerging endocrine literature. Participation in Journal Club also provides instruction in clinical epidemiology, biostatistics and in clinical decision theory.
- *Teaching Methods:* Trainees will be expected to present analyses of assigned papers in the current literature or of papers of their own selection. Their presentation will include analysis of experimental groups and design, methodology of measurements and of statistical analysis. Others, including faculty, will interact with the trainee.
- *Disease Mix:* Literature relating to all endocrine diseases will be discussed during the training program.
- *Procedures and Services:* As research concerning endocrine procedures or services is published, those papers may come under discussion in Journal Club.
- *Evaluation:* Trainee's performance in this venue will be part of their evaluation by the faculty. In turn, trainees will evaluate faculty as facilitators of the Journal Club and as participants.
- Journal Clubs are scheduled at monthly intervals.

11. Fellow Research Conferences

- *Educational Purposes:* To acquaint trainees with the status of current research carried out by the faculty, other trainees, members of other Divisions within the Department of Medicine, or other Departments in the institution. Trainees will participate in the critique of the presentation and be exposed to the interactive discussions of the participants. *Trainees will learn and develop skills in design and analysis of research protocols and become exposed to basic and clinical research.*
- *Teaching Method:* Interactive discussion of presented research among experts on topics of basic and clinical science of endocrinology and metabolism, including experimental design, methodology, statistical analysis and interpretation of data. In addition, those fellows actively participating in either basic or clinical research will present their research project to the division at least annually.
- *Disease Mix:* Research may be presented that relates to any and all endocrine disease.
- Research Conferences are scheduled at monthly intervals within the Division of Endocrinology and Metabolism.

12. Endocrine Laboratory Research Conferences (electives)

- *Educational Purpose:* to become exposed to basic science endocrine research and understand the different methodologies used in vitro and in whole animal research.
- *Teaching Method:* data are presented and discussed by post-doctoral fellows and basic science faculty. Fellows participate in the critique and discussion.
- *Disease Mix:* N/A.
- *Procedures and Services:* N/A
- *Evaluation:* The attendees evaluate their experiences in their semiannual meeting with the Program Director.
- *Frequency:* weekly.

13. Attendance of National Endocrine Conferences

- *Educational Purpose:* to become updated about breakthrough, discoveries, new development, and novel therapeutics; to motivate fellows to pursue an academic investigative career in endocrinology; and to have a venue to publish their observation and research project.
- *Teaching Method:* Fellows will have the chance to attend the annual meeting of the Endocrine Society plus a second national conference of their choice. The lectures and workshops are organized by the societies: Endocrine Society, Association of Clinical Endocrinologists, American Diabetes Association, American Society for Bone and Mineral Research, American Thyroid Association, etc.
- *Disease Mix:* covers all endocrine glands and hormones
- *Procedures and Services:* N/A
- *Evaluation:* The attendees evaluate their experiences and discuss what is learned in one of the Core Curriculum Conferences following the national meeting.
- *Frequency:* yearly.
- *Policy:*
 - 1- Fellows are expected to attend the Annual Endocrine Society Meeting. They are encouraged to submit abstracts. The Endocrine Society Meeting has a wide range of activities and programs that include clinical practice, clinical research and basic science. There are both initial reports as well as plenary sessions giving updates and summary. The Program shall organize an annual reunion at the Endocrine Meeting for faculty and fellows attending the meeting.
 - 2- Fellows are encouraged to attend a second national meeting of their choice in addition to the Endocrine Society meeting. They are encouraged to develop interest in any one single aspect of endocrinology, and seek an in-depth knowledge by attending specialized national conferences such as for diabetes, bone and mineral research, thyroid, and neuroendocrine (ADA, ASBMR, ATA, Pituitary, Neuroendocrinology and Neuroscience).
 - 3- The 2nd year fellows may attend ONE board review course / clinical skill-building workshop organized by the Endocrine Society (Clinical Endocrinology Update), AACE (Endocrine University), Harvard Medical School, Yale, etc. Any one fellow may select the program of his/her choice. The Program Director shall be consulted. The titles of lectures / speakers should be kept on file.
 - 4- The Chief Fellow shall make sure that, at time of National Conferences, at least one fellow with few residents are available on site to take care of patients. In case that all fellows want to go then those with accepted abstracts will be given first priority, and if the issue is not decided among the fellows, then the Program Director shall make the decision.
 - 5- Funding for attendance of national conferences shall come from the educational allocation and travel grants. Fellows are encouraged to submit travel award requests to attend the meeting of their interest. In case of shortage of funds fellows may attend the Endocrine Society meeting only.

14. Endocrine Board Review Intensive Courses

- *Educational Purpose:* to crystallize knowledge, skills and experience learned at the program when compared to others delivered by national experts.
- *Teaching Method:* 2nd year fellows will have the chance to attend one Endocrine Review Intensive Course of their selection such as those organized by the Endocrine Society, American Association of Clinical Endocrinologists, Harvard Medical School, or any other similar program with approval of the Program Director.
- *Disease Mix:* covers all endocrine glands and hormones
- *Procedures and Services:* Skills and certification in DEXA interpretation and US-guided FNA
- *Evaluation:* The attendees evaluate their experiences with the Program Director.
- *Frequency:* yearly.

15. Program Improvement Committee

- o *Educational Purpose:* to engage the fellows in the design of their educational need by proposing and improving the educational curriculum delivered through the various endocrine forums.
- o *Teaching Method:* Fellows, Program Director and Program Coordinator discuss 1) educational needs and propose titles and speakers for the core curriculum conferences; 2) way to improve the fellowship program; 3) concerns, comments or suggestions raised by fellows, faculty or administrators.
- o *Disease Mix:* covers all endocrine glands and hormones
- o *Procedures and Services:* N/A
- o *Evaluation:* N/A.

Each of the program activities and training venues plays an important role in addressing the 5 objectives of the program as outlined in page 4. The following table matches the different program activities to the 5 objectives defined for the fellowship listed earlier (Page 4).

Program Activities	Objectives		2					3	4	5
	1	2.1	2.2	2.3	2.4	2.5				
Inpatient Endo Consults		X	X	X	X	X	X			
Outpatient Clinics and Procedures		X	X	X	X	X	X			
Weekly Case Presentations	X	X	X	X	X	X		X	X	
Core Curriculum Conferences	X	X	X	X	X	X	X	X	X	
Medical Grand Rounds	X							X	X	
Diabetes Focus Group		X	X	X	X					
Case Discussion / Endo Questions	X	X	X	X	X	X	X		X	
Journal Club	X	X	X	X	X	X	X	X	X	
Research Seminar	X						X	X	X	
Research Project	X						X	X	X	
National Endocrine Conferences	X	X	X	X	X	X	X	X	X	
Endo Board Review Course	X	X	X	X	X	X			X	
Chief Fellow Duties							X			
Fellowship Curriculum Committee							X			

G. PROGRAM CALENDAR:

The different program activities and training venues runs smoothly along the 2 years of clinical fellowship. It is expected that fellow attends the mandatory activities to be able to graduate from the program and become eligible to take the board exam in Endocrinology, Diabetes and Metabolism. The fellow shall develop his/her own calendar, which shall include, in addition to the inpatient and outpatient clinical rotations assigned by the Chief Fellow, all mandated activities and the elective of his/her interest. The following table summarizes the different program activities detailed above.

Program Didactic Calendar:

	Year1	Year2	Comments
Inpatient Endo Consults	4		Months during 2 y organized by the Chief Fellow
Outpatient Continuity Clinics	1		1 session per week for 2 years
Other Endocrine Clinics: General Endocrine, Diabetes, Thyroid, Bone and Mineral	5	2	4 or 2 sessions per week, rotation organized by the Chief Fellow. Clinic load of 1 st year fellow is reduced to 2 when rounding
Reproductive Endo Clinic		16	sessions per year – by rotation (1/wk X 4 month)
Pediatric Endo Clinic		16	sessions per year – by rotation (1/wk X 4 month)
Thyroid Biopsy		16	sessions per year – by rotation (1/wk X 4 month)
Case Presentations	Weekly		Case presentations with review of literature –by rotation (9 cases per year for each fellow)
Core Curriculum Seminars (Endocrine Grand Rounds)	Weekly		Attendance is required. Each fellow contributes an average of 3 core curriculum lectures per year.
Medical Grand Rounds	Weekly		Fellows are required to attend these rounds.
Diabetes Focus Group	Monthly		with diabetes educator and dieticians
Case Discussion	√		1 h weekly session with Dr. Linea Rydstedt
Endocrine Questions		√	1 h weekly session with Dr. Linea Rydstedt
Journal Clubs	Monthly		Journal club presentation by rotation.
Research Seminar	Monthly		Clinical or basic research presented by a faculty
Basic endocrine research	Elective		Fellows are encouraged to attend the weekly basic science endocrine research lab meetings
Other Conferences/Lectures	Elective		Fellows are encouraged to attend conferences and lectures offered at other divisions/departments
Research Project	√		Project is selected during year 1. Fellows should complete their project by year 2 and present their findings in one of the research conferences.
Endocrine Research Lab	Elective		1 month of rotation in the endocrine lab shall be arranged to interested fellows
Endocrine Society Meeting	√		Fellows attend the Annual Endocrine Meeting
Other Endocrine National Conferences: ADA, AACE, ASBMR, ATA, AFMR, ASCI, Neuroscience, Pituitary, etc.	√		The fellows attend a second national conference. 2 nd year fellows are encouraged to develop an interest in a hormonal system and attend one of the more focused meetings: ASBMR, ADA, ATA, etc.
Endocrine Board Review Intensive Courses		√	2 nd year fellows attend one endocrine board review course organized by the Endocrine Society, AACE or other academic institutions (Harvard, Yale, etc.)
Duties of Chief Fellow		√	2 nd year fellows are assigned the duties of Chief Fellow by rotation, each for 4 months.
Semi-Annual Evaluation	√		Fellows submit self-evaluation which is discussed with the program director
Fellowship Improvement and Core Curriculum Committee	Monthly		Discussion with the program directors and/or faculty

H. PATIENT CARE RESPONSIBILITIES

Fellows are expected to report to their ambulatory clinic assignments on time. Fellows who are late to clinic without excuse on more than three (3) occasions over a six month period shall be considered for probation. Fellows are also expected to have a nice welcoming attitude to the patient, the patient family, and other staff involved in the patient care.

Fellows are expected to dress professionally. Appropriate dress **does not** include scrubs, jeans, or flip flops.

Fellows provide patient care under the responsibility of a **supervising faculty**. Fellows discuss the case with the

supervising faculty after they have completed the evaluation. Discussion can be at the bed site or in a small conference room. The supervising faculty examines the patient, confirm the findings or discover new finding. The supervising faculty may confirm the fellow's plan or modify the plan. Therefore, it is essential that the fellow clearly inform the patient what the supervising faculty may alter the plan. Fellows are encouraged to discuss with the supervising faculty and defend their opinion. The objective of this interaction is to improve the clinical skills and understand the rationale of the faculty modification, this is part of the educational process.

Fellows' responsibilities in the outpatient setting include performing a complete history and physical examination on all new patients; review of all old and outside medical records; ordering and interpretation of laboratory, imaging, and other special studies as necessary. Fellows will use all available data to formulate strategies for both disease management and health maintenance. S/He will then discuss with patient goals and preferences and develop a patient centered management plan. The fellow will provide patient education. S/He will write appropriate prescriptions, order appropriate tests and will consult other specialties when necessary providing coordination of care. Fellows will also complete all patient forms within one week of receipt. The fellow is responsible for following up on all tests or imaging studies ordered in a timely fashion generally within 24-48 hours. Abnormalities should be discussed with the supervising physician. Fellows are responsible for keeping updated records including problem lists, medication lists and the preventative care flow sheet. The patient will be followed in the practice at appropriate intervals.

In the inpatient setting, the rounding fellows shall see the consults in the same day. They should first clearly understand the question being asked by the physician requesting the consult, if this is not well documented it is important that the fellow directly communicate with the colleague requesting the consult. The fellow shall formulate and initiate a plan for diagnosis and management. The fellow shall discuss with the attending his plan. The fellows are required to educate self about each case using online resources and utilize the most up-to-date knowledge using evidence-based research in the evaluation of each case. Each case is an opportunity for learning and at the same time for providing excellent service. The fellow shall write the consultation in clear and simple language that is easily readable and understandable. Fellows are encouraged to type their consult and to directly communicate with the primary team.

Fellows are expected to read about their clinic patients weekly.

I. DUTY HOURS

1. Overview

The Wayne State University Endocrinology Fellowship Program is dedicated to providing fellows with a sound academic and clinical education that must be carefully planned and balanced with concerns for patient safety and the fellow's well-being. We ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energies. Finally, duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

2. Definitions

- **Duty hours are defined as** all clinical and academic activities related to the 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.
- **On-Call** activities define patient care experiences throughout a 24-hour period.

3. Guidelines

- Fellows are limited to a maximum of 80 duty hours per week, averaged over four weeks.
- Fellows must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks. The workweek begins on Sunday and ends on Saturday. A Saturday/Sunday constitutes a day off in two separate weeks.
- Fellows cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- Duty periods cannot last for more than 24 hours, although fellows may remain on duty for six additional hours to transfer patients, maintain continuity of care or participate in educational activities.

- Fellows should be given at least 10 hours for rest and personal activities between daily duty periods and after in-house call.

4. **Documenting Duty Hours**

- Fellows **must enter their duty hours via the New Innovation's on a daily and not more than weekly basis.**
- Non-compliance in recording of duty hours will result in referral to the Residency Operations Committee for placement on probation for professionalism and may result in the fellow not being promoted to the next level, and in the event of a 2nd year fellow, not receiving graduation certificate.

J. MOONLIGHTING POLICY

Moonlighting activity during the fellowship program counts toward the 80-hour weekly limit and 30 hr rule on duty hours. Fellows may moonlight no more than 2 times per month and no more than 12 h per week. Moonlighting can only be performed between Saturday 7 am through Sunday 7 pm when the fellow is not on call for endocrine consult coverage. The fellow should take at least 24 h for rest / sleep during the weekend. Moonlighting activities should be approved by the Program Director.

K. EVALUATION

Evaluation in this program is an ongoing process. During inpatient consult rotations, the attending of the month is the principal evaluator of the trainee. Trainees are evaluated in all aspects of clinical activities and patient care, including attributes of professionalism. Evaluation forms developed by the American Board of Internal Medicine and computerized by New Innovation are employed for this evaluation. The attending and trainee are expected to discuss the evaluation before the end of the month. The completed evaluation form is maintained in the trainee's file. Trainees are required to keep their own record of procedures, indicating who supervised the procedure and copies of the procedures logbook or equivalent documents are provided to the program director for the trainee's file annually. At semiannual intervals, the program director will prepare a written summary of the evaluations for each trainee and those will be discussed in person with the trainee. To complete the circle of evaluation, trainees will evaluate the faculty members who serve as Attending of the Month on a monthly basis and report those evaluations, using forms developed by the American Board of Internal Medicine, to the program director. **Evaluation will be according to the six competencies as required by the ACGME** as follow:

1. **Patient Care**: Fellows are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.
 - Gather accurate, essential information from all sources, including medical interviews, physical exam, records, and diagnostic/therapeutic procedures
 - Make informed recommendations about preventive, diagnostic and therapeutic options and interventions
 - Develop, negotiate and implement patient management plans
 - Perform competently the diagnostic procedures essential to practice
2. **Medical Knowledge**: Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and demonstrate application to patient care and education of others.
 - Apply an open minded and analytical approach to acquiring new knowledge
 - Develop clinically applicable knowledge of basic & clinical sciences that underline the practice of medicine
 - Apply this knowledge in developing critical thinking and clinical problem-solving and decision-making skills
 - Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly
3. **Practice Based Learning and Improvement**: Fellows are expected to be able to use scientific methods and evidence to investigate, evaluate and improve patient care practices.
 - Identify areas for improvement and implement strategies to improve knowledge, skill, attitudes and processes of care
 - Analyze and evaluate practice experiences and implement strategies to continually improve quality of patient practice
 - Learn from errors and use errors to improve the system or processes of care
 - Uses information technology to access and manage information and support patient care decisions
4. **Interpersonal Skills and Communication**: Fellows are expected to demonstrate interpersonal and

communication skills that enable them to establish and maintain professional relationships with patients, families, and members of health care team.

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, families and colleagues.
 - Use effective listening, body language, questioning and narrative skills to communicate with patients and families.
 - Interact with consultants in a respectful and appropriate fashion
 - Maintain comprehensive, timely, and legible medical records
5. **Professionalism:** Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude towards patients, their profession and society.
- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families and colleagues
 - Demonstrate sensitivity and responsiveness to patients and colleagues, including gender, age, culture, religion, sexual preference, socioeconomic status, behaviors and disabilities
 - Adhere to principle of confidentiality, scientific/academic integrity, and informed consent
 - Recognize and identify deficiencies in peer performance
6. **Systems-Based Practice:** Fellows are expected to demonstrate an understanding of the contexts and systems in which health care is provided, and demonstrate the ability to apply this knowledge to improve and optimize health care.
- Understand, access and utilize resources and providers necessary to provide optimal care
 - Understand limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient
 - Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
 - Collaborate with other members of the health care team to assist patients in dealing effectively with complex system and to improve systematic processes of care

L. EVALUATION TOOLS

1. **Mid-month Verbal Feedback** is provided by the faculty on all rotations. Fellows should actively seek feedback throughout the month to monitor and adjust performance.
2. **Attending Feedback** is provided to fellows rotating on in-patient services. Feedback will be based on performance during Morning Report. In addition, Chief Fellows will audit charts for documentation and discuss results with fellows during their rotation.
3. **End of rotation evaluations** are scored as follows:
 - 9 Outstanding
 - 8 Superior
 - 7 Good to very good
 - 6 Above average
 - 5 Satisfactory
 - 4 Marginal
 - 3, 2, 1 Unsatisfactory/Failure
 - At the end of each month fellows evaluate in-patient rotations.
 - At the end of each month fellows evaluate assigned faculty, resident, and interns. Student evaluations must be completed on the School of Medicine student evaluation form.
 - The Continuity clinic experiences will be evaluated biannually.
 - Fellows will evaluate attending clinic faculty biannually.

Fellows will be notified by email when they have evaluations to complete. Fellows are expected to complete evaluations within 15 days of completing the rotation. Fellows who do not complete evaluations by 30 days will be referred to the Residency Operations Committed for placement on probation. Fellows may review evaluations on line. Fellows will meet with their Associate Program Director biannually to review evaluations.

4. **Semi-Annual, Annual & Exit Interviews.** Fellows will meet with the Program Director every six months to review performance identifying areas needing improvement and to monitor progress over the preceding six months. The semiannual review also offers an opportunity for fellow to discuss long term goals and develop a mentoring relationship with the Program Director. Fellows will meet annually with the Program Director and at graduation for the exit interview.
5. **Self Evaluation:** For self-assessment to assess their mastery of components of endocrinology, diabetes and metabolism, the trainees can use publications including the Endocrine Self Assessment Program (ESAP), published by the Endocrine Society and Up-To-Date, the American Association of Clinical Endocrinologist Self-Assessment Program (ASAP), published by the American Association of Clinical Endocrinologists. Currently, the trainees meet weekly with an endocrine faculty to participate in these self-assessment sessions.
6. **The Boards.** Performance on the ABIM certifying examination in Endocrinology, Diabetes and Metabolism provides objective information about fellows' acquisition of knowledge and ability to apply in a testing situation.

M. REVIEW AND MONITORING FELLOW PERFORMANCE

Fellow performance is monitored closely by the Program Director and the Program Faculty to identify fellows whose performance is "of concern".

The Program Director will review each fellow's monthly evaluations to identify fellows receiving marginal (4) or unsatisfactory/failing (3, 2, 1) scores in any competency. In the unlikely event that a trainee requires remediation in one or more areas that impact on clinical competence, the program director will appoint an ad hoc committee of faculty to develop a plan of remediation, implement the plan and evaluate the trainee's response. If a faculty member receives poor evaluations as an attending physician, those evaluation and plans for improving performance will be discussed in a meeting with the program director.

The Program Director will assess the situation and take appropriate action, including counseling, assigning a mentor for remediation, recommending professional counseling, or discussion with the Fellowship Program Executive Committee, which meets twice monthly. (In extreme cases, due process is begun with the Graduate Medical Education office to resolve any issue(s).

In the unlikely event that a trainee requires remediation in one or more areas that impact on clinical competence, the Program Director, or an assigned Program Faculty, meets with the fellow to develop a plan of remediation, implements the plan and evaluates the trainee's response.

N. PROBATION

a. Consideration for Initiation of Probation

Any of the following circumstance will trigger discussion at the Fellowship Program Executive Committee and may result in probation

- One evaluation containing an overall competency score of ≤ 4
- One evaluation containing multiples scores of ≤ 4 , particularly in the "core competencies"
- Two or more evaluations containing scores of ≤ 4 in any of the competencies
- Failure to log duty hours
- Deficient (i.e. $< 60\%$) conference attendance
- Deficient attendance at Board Review (i.e. missing $>$ conferences without cause.
- Failure to report to work without excuse
- Failure to return from vacation without excuse.
- Fellow is suspected to be under the influence of recreational drugs or alcohol during working hours or dependent on recreational drugs or alcohol

- Occurrence of a “critical incident” such as failing to complete duties, negligence, or lack of professionalism or humanism
- Intentional and/or malicious abuse of patient confidentiality as per the HIPAA guidelines (e.g. accessing patient information for purposes unrelated to treatment, research, or chart review)

b. Institution of Probation

- The fellow’s possible pending probationary status should not be a surprise to him/her [e.g. Praise or Early Concern Cards should be on file]. Adequate and timely informing by the attending is necessary. Lack of notification of the fellow at midmonth of the possibility of failure is grounds for possible dismissal of the evaluation. Good documentation by the Program Director of discussion of expectations before the process begins, as well as results after the process is underway, is essential
- The Fellowship Program Executive Committee determines if a fellow shall be placed on probation.
- The probationary period will be individualized and may last from three months to one year.
- Fellows will meet with the Program Director following the decision to place the fellow on probation; the Program Director will discuss terms of the probation and plans for remediation.
- Fellows have the right to appeal the decision for placement on probation. The fellow may present his or her appeal in person or submit an appeal in writing. If the appeal is not accepted the fellow has the right to appeal to the GME office.
- Extension or termination of the probationary period will be determined by the Fellowship Program Executive Committee.

c. Terms of probation

- Fellows on 6-month probation cannot receive more than one “4” (or a lesser score) in any competency without being reassessed at the ROC for possible educational leave-of-absence, extension/continuation of probation, or immediate termination. Receiving a score of ≤ 3 in any of the three core competencies during the probationary period is grounds for immediate termination from the program.
- Should the problem be deemed remediable, a specific course of goals and objectives, as well as curricular materials should be set up for review by the fellow and his/her mentor or Program Director.
- A formal evaluation process must also be set up to assess progress in the areas of concern. Retroactive credit may be petitioned by the Program Director for rotations successfully completed **after successful completion of the probationary period.**
- Fellows who do not successfully complete probation will be referred to the Fellowship Program Executive Committee for consideration for termination.

O. ANNUAL REVIEW AND PROMOTION CRITERIA

1. Annual Evaluation of Fellows

A fellow’s overall clinical competence, humanistic qualities and moral and ethical behavior be evaluated during each of the three years of training.

- Fellows finishing their first and second years of training will be rated on an ABIM Annual Evaluation Summary Form. **Note: ABIM will not give credit for any year rated as marginal (www.abim.org)**
- Fellows rated as superior or satisfactory will receive credit for the year of training
- Fellows rated as unsatisfactory in the annual evaluation will receive no credit by ABIM
- Fellows rated marginal in the R-1 year may receive credit for that year of training if deemed appropriate by the Residency Operations Committee
- Fellows receiving marginal ratings must take an additional year of training since the ABIM will not grant credit for the marginal year
- In the 2nd year, all fellows must be judged satisfactory in each component of competence listed above.

2. General Criteria for Promotion

- Receive passing evaluation scores in all six competencies for all rotations (not more than one rating of 4 and no ratings < 4 on any evaluation)

- Attend **60%** of required conferences
- Log duty hours on a timely basis
- Present at least one research submission or a case report
- Perform assigned research task
- In academic good standing (i.e. fellow cannot be on probation)
- Have 12 month rotation credit

3. **Final Recommendations for Promotion and Graduation**

The **Program Director** reviews fellow performance providing an overall performance score. The Program Director makes recommendations for promotion and graduation.

- **Outstanding (9)**: Achieved 9 in all six core competencies; the “best fellow” in his class this year.
- **Superior (8)**: Achieved ≥ 8 or more in all three required areas core competencies areas and ≥ 5 in all other areas; performance places fellow in the top 10% of his class
- **Very good to superior (7)**: Achieved > 7 in all core competencies areas and > 5 in all other areas; equivalent to top 25%
- **Above Average (6)**: Achieved ≥ 6 all core competencies areas and ≥ 5 in all other areas; equivalent to the top 30%.
- **Satisfactory (5)**: Achieved 5 in all core competencies areas and ≥ 5 in all other areas: Solidly at the center. Constitutes the average fellow. Mid 30%
- **Marginal. Performance needs attention (4)**: Achieved 4 in any core competency. Lower 30%. At risk for further problems. Intervention should occur, starting with discussion at the ROC level. Remediation alternatives may include scheduled “one-on-one” with either a CMR or mentor, assignment to a specific individual with proficiency in that area, maintenance of a reading log, or shadowing with an “outstanding” or “superior+” fellow for a month.
- **Unsatisfactory or Failing**: Only achieved ≤ 3 in any core competency. No reasonable expectation of ability to handle patient care unsupervised in the next six months.

P. GRADUATION CRITERIA

- Successful completion of each fellowship year
- 24 months of training
- Meet all ABIM criteria and standards for training and certification
- Completion of the research project assigned

Q. BOARD ELIGIBILITY

The WSU fellowship in Endocrinology has adopted guidelines provided by the ABIM for board eligibility which include successful completion of the training period, good evaluation on all the ACGME competencies, and ability to perform the required procedures (FNA). In addition, the fellow shall complete their research project before they are able to graduate from the program.

Fellows with evaluation showing poor performance, which persists over time with no evidence of improvement (e.g. irreversible psychopathology, inability to develop a fundamental knowledge base, or dishonesty) will not be recommended to sit for the ABIM certifying examination.

R. PROGRAM EVALUATION TOOLS

The Fellowship Program is committed to continuous improvement using feedback from current fellows and faculty. Current fellows provide suggestions and recommendations to the Program Director at the monthly meeting of the

Program Improvement Committee. Current faculty members provide their feedback to the Program Director at the Program Executive Committee meetings (twice monthly). In addition following tools are used to evaluate the quality and effectiveness of the program

- Rotation evaluations
- End of year program surveys
- Exit Interviews
- Post graduation surveys
- ABIM board passage rate
- Performance in fellowship
- Performance in Practice

S. INSTITUTIONAL / DEPARTMENTAL POLICIES

Our Fellowship Program follow the policies of the Department of Internal Medicine and the Detroit Medical Center related to equal opportunity regardless of race, national origin, age or gender is guaranteed. The professionalism of a physician (both faculty and fellow) encompasses respect and compassion towards each other as well as to patients, their families and other health professionals.

Gender bias and sexual harassment are often misinterpreted and so require special attention here:

What is Sexual Harassment?

Sexual harassment at work occurs whenever unwelcome conduct on the basis of gender affects a person's job. It is defined by the Equal Employment Opportunity Commission (EEOC) as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
- submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment"

A sexually hostile work environment can be created by:

- discussing sexual activities
- unnecessary touching
- commenting on physical attributes
- displaying sexually suggestive pictures
- using demeaning or inappropriate terms, such as "Babe"
- using unseemly gestures
- ostracizing workers of one gender by those of the other
- granting job favors to those who participate in consensual sexual activity
- using crude and offensive language

Fellows are expected to display professional behavior in all activities. Instances of sexual harassment and/or other bias should be brought to the immediate (same day) attention of the Program Director and the Chief of Service at the institution the harassment occurs in.

CORRECTIVE ACTION PROCEDURES

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

As used in this document, “corrective action” includes the following actions:

1. **Suspension.** This action involves the temporary removal from the residency program (“Program”) for a definite period of time. It does not include a summary suspension, as discussed in Paragraph 3, below.
2. **Reappointment without Advancement.** This action involves reappointment to the Program without advancement to the next training level.
3. **Decision Not to Reappoint.** This action involves a decision not to reappoint a Fellow following the expiration of the term of his or her current contract.
4. **Termination.** This action involves immediate and permanent dismissal from the Program.
5. **Other.** Other corrective action includes, but is not limited to, the following:
 - Placing the Fellow on probationary status.
 - Probation status shall not exceed one year. If the probation exceeds six months, the probation shall include at least one interim review at the approximate midpoint of the probation.
 - Probation is imposed in accordance with paragraph 13 and 14 of the Procedure section.
 - Issuing the Fellow a letter of warning, admonition or reprimand that documents the cause for concern and becomes part of the Fellow's permanent record.

Criteria for Initiation of Probation

Corrective action may be based upon the following criteria:

- Failure of the Fellow to fulfill each and every obligation imposed by the Fellowship Agreement.
- Any action, conduct or health status of the Fellow that is adverse to the best interests of patient care or the institutions to which the Fellow is assigned.

The criteria described above include, but are not limited to, the following examples:

- Breach of professional ethic;
- Misrepresentation of research results
- Violation of the rules of the Program, of the institution to which the Fellow is assigned or of the law
- Inadequate medical knowledge, deficient application of medical knowledge to patient care or research, deficient technical skills or any other deficiency that adversely affects the Fellow's performance.

Parties Who May Initiate Corrective Action

- Any DMC Hospital or other hospital to which the Fellow is or has been assigned, or in which duties under the Residency Agreement are otherwise performed
- WSU/DMC;
- The Department or Section Chief to which the Fellow is assigned; **or**
- The Program Director

Separate Action by DMC Hospitals or Other Hospitals

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

NB. Any notice required by this document shall be deemed sufficient if the notice provisions of the Residency Agreement is satisfied.

Specific Procedure for Correction Action

1. All requests for the corrective actions described above shall be in writing, submitted to the Coordinator of WSU/DMC and supported by reference to the specific activity, conduct, deficiency or other basis constituting the grounds for the request. The procedures described in Paragraphs 2-12 below shall be followed for such corrective actions, and the procedure described below in Paragraph 13 and 14 shall be followed for all other corrective actions.
2. WSU/DMC shall investigate the request for corrective action in the manner and to the extent it deems appropriate. The investigative procedure may include consultation with the Fellow and/or other parties, as determined in the sole discretion of WSU/DMC, and shall be completed no later than thirty days following receipt of the request.
3. The Chair of the WSU/DMC Graduate Medical Education Program ("Dean's Council") shall appoint a Committee of not less than three members of the Dean's Council. The Chair of the Dean's Council shall not serve as a member of the Committee, nor shall the Department or Section Chief of the Department to which the Fellow is assigned or the individual initiating the corrective action.
4. Upon completion of the investigation, WSU/DMC shall forward the request and a written report of its investigation and recommendations to the members of the Committee. A copy of the request shall also be sent to the Fellow, along with a copy of the Corrective Action Procedures then in effect, and a notice that he or she may request an appearance before the Committee.
5. The Fellow shall have ten days following the date of the notice described in Paragraph 4 above to file a written request for an appearance before the Committee. This request may include the Fellow's written response to the request for corrective action. The request is to be made to the Chair of the Dean's Council. The request for an appearance shall specify:

The name of the single physician, if any, who will accompany and represent the Fellow;

- The Fellow's request to be represented by an attorney (although such a request shall be denied in such circumstances as may be determined solely by the Committee). The Chair of the Dean's Council shall notify the Fellow within ten days of the request for appearance if the request to be represented by an attorney will be granted; and
 - The names of any witnesses the Fellow intends to call.
 - The rights to representation by a physician, to request representation by an attorney, and/or to call witnesses shall be deemed waived if the request for an appearance fails to specify the information described above.
6. If the Fellow fails to request an appearance within the applicable time period:
 - He or she waives any right to such appearance and to any further appellate procedures to which he or she might otherwise have been entitled; and
 - He or she will be deemed to have accepted an adverse decision by the Committee, which decision shall thereupon become the final decision and shall be implemented.
 7. The Committee shall consider and decide upon the request for corrective action at its next meeting or as soon thereafter as may be practicable. The following procedures shall be applicable if the Fellow has requested an appearance in accordance with the provisions of Paragraph 5 above:
 - The Fellow shall be provided fifteen days notice of the time, place and date of the meeting;
 - The Fellow may present witnesses named pursuant in Paragraph 5;
 - WSU/DMC may present witnesses;
 - Either party may cross-examine any witness appearing in person;
 - Any party may present evidence of a type on which reasonable persons customarily rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law; and
 - The Committee shall record its evidentiary proceedings. Deliberations of the Committee shall not be recorded.

8. The Fellow shall be deemed to have waived his or her rights to appear as well as any appeal rights if, having requested an appearance, he or she fails without good cause to attend the meeting.
9. Following the appearance of the Fellow and the presentation and examination of all witnesses and evidence, the committee shall deliberate to determine appropriate action. The Committee may take either the action sought in the initial request for corrective action or such other action that the Committee determines to be warranted.
10. The Committee shall notify the Fellow and the Dean's Council of its findings and corrective action decision no later than fifteen days following the meeting.
11. The Fellow may submit a written request for reconsideration by the Dean of the decision of the Committee within ten days of the date of notice of such decision. The Dean, in his or her sole discretion, may affirm, modify or reverse the decision of the Committee, or return the case for consideration by the full Dean's Council.
12. The Dean shall notify the Fellow of his or her decision within fifteen days of the receipt of such request for consideration. The Dean's decision shall be final and binding except as described below in Paragraph 12.
13. To the extent there are procedures established by WSU for appeal of an adverse reconsideration decision by the Dean to the WSU Provost, the Fellow may appeal to the WSU Provost in accordance with such procedures.
14. The procedures described in Paragraphs 1 through 12 above shall not apply to the other corrective action that is provided for above by Paragraph 1. The Fellow shall have the opportunity, however, to informally discuss the pertinent circumstances with his or her Program Director in the event that the Fellow is subjected to such other corrective action. The Fellow shall be entitled to present such information or provide such explanation that may be relevant, but the Program Director's determination of the action to be taken, if any, shall be final and binding.
15. If the Program Director determines that the Fellow should be placed on probation, the Program Director shall provide the Fellow with the following information in writing:
 - The length of the probationary period, which shall not exceed one year
 - The academic or professional deficiency or conduct, or other basis giving rise to the probation
 - The criteria which the Fellow must meet in order to satisfy the terms of probation
 - The approximate date or dates on which the Fellow's probationary status will be reviewed

A copy of such written probation notice, including the information provided to the fellow, shall be submitted to the Graduate Medical Education Office. If the Program Director fails to provide such information, the Fellow may request review by the Committee as set forth in paragraphs 1 through 12 of this section.

T. SUMMARY SUSPENSION

1 Description.

The Fellow may be summarily suspended from the Program, based on the criteria listed above under General Provisions, and such suspension shall become effective immediately upon imposition. In the event any corrective action described under the General Provisions section is also recommended, summary suspension shall continue pending completion of the corrective action proceedings under Correction Action Procedure section above. If no such corrective action is recommended within ten days, or if any corrective action described in Paragraph 1.1-5 is taken, the summary suspension shall terminate upon expiration of the ten-day period or upon the taking of such corrective action.

2. Parties Who May Initiate.

Summary suspension, as described above in Paragraph 1, may be initiated by any of the parties described

under the General Provision section above.

3. Action by DMC Hospitals or Other Hospitals.

As provided in the General Provisions section above, a DMC Hospital or other hospital to which the Fellow is assigned may summarily suspend the Fellow from participating in the Program at such hospital, in accordance with that hospital's procedures. Such action may be taken independent of and in addition to any action taken pursuant to Paragraph 1 of this section.

Corrective Action Procedures (see previous section)

CALL DAYS

U. TIME OFF POLICIES AND PROCEDURES

In order to meet the requirements set by the American Board of Internal Medicine (ABIM) for certification, the following policy is established to govern time off from training and is effective July 1, 1999.

- Time off is calculated in terms of days. When the term 1 week is used, it refer to seven consecutive day: Sunday through Saturday
- The American Board of Internal Medicine (ABIM) allows a maximum of 4 weeks off training for each year of training.
- The ABIM requires that the time off be used during each academic year and cannot be carried over to another academic year.

1. **Vacation and Travel Policy**

Fellows have 3 WEEKS for personal vacation and UP TO 1 WEEK for educational conferences. The 3 week vacation should be utilized each year, it can not be carried to the next year. The personal vacation is not 21 working days; it is 3 weeks (1 week= 7 days including Sunday and Saturday). A fellow who is absent from the program for more than the vacation and conference time can not graduate from the program until such a person makes up the missed days in the program. If a fellow's graduation is extended beyond Oct 31, he/she will not be able to sit for Board examination for that year. The fellows shall develop among them a system thereby their vacations are planned at least 2 months early and that their individual vacations are not overlapping. The Program Director shall accept all vacation requests which follow the above guideline and which are signed by the Chief Fellow, who is responsible for making sure that no 2 fellows are requesting vacation at the same time and that coverage has been arranged.

While fellows are free to travel during vacation, they are required to return to Detroit 48 hours prior to the start of the next rotation. Fellows traveling overseas should request a travel letter from the Medical Education Office. This will help prevent unnecessary delays in returning to Detroit. Travelers must return in time to begin the next rotation.

Fellows who fail to report for work on time will be considered to be on unauthorized leave resulting in:

- Loss of pay for each day that the fellow is late
- Loss of moonlighting privileges for the remainder of the residency
- Referral to the Residency Operations Committee for placement on probation or possible suspension and/or termination from program

2. **Maternity Leave of Absence**

Maternity leave of absence requests must be made as early as possible to appropriately adjust rotation schedules. Contact the Program Director as soon as possible. Six week of maternity leave shall be arranged. In case of a complicated delivery maternity leave can be extended up to 8 weeks.

Fellows must use any available vacation time first. If time off exceeds vacation allowances fellows may apply for a FMLA. Absences will extend training to cover excessive days off. This requirement is necessary in order for a fellow to be eligible for board certification.

3. **Paternity Leave of Absence**

We will, whenever possible, arrange a five-day paternity leave immediately following the birth of a child. The fellow must return to work by the infant's 10th day of life. Fellows must notify the Chief Fellow and the Program Director, as soon as possible, so rotation schedules can be adjusted. This leave will be counted towards the maximum days off allowed by ABIM.

4. Family Medical Leave Act (FMLA)

Fellows are eligible for the Family Medical Leave Act (FMLA) for 12 weeks in any calendar year. To qualify for a FMLA one must have a physician complete a standard FMLA form (available from Medical Education Office). FMLA protects your job and in this case your residency position. Leaves beyond the 12 weeks are at the sole discretion of the program. Leaves of absence although unpaid place enormous strain on the program and on the residency. Therefore, extended leaves will only be available under extenuating circumstances and are not guaranteed. Finally, the program has the right to terminate your residency if you do not return to work after a FMLA. Finally, vacation after a FMLA must be approved by the program director.

A fellow will receive 100% of the stipend for the first 30 days of a leave, after which time they are eligible for long term disability (for which they will receive 60% of their stipend for the duration of their leave. (Contact the GME Office 2B-UHC for details regarding Long Term Disability. Payment of premiums for benefits will continue for 60 days.)

7. Personal Leave of Absence

Approval of personal leaves of absence may be granted at the discretion of the WSU/DMC Program Director for up to 30 calendar days. Personal leaves of absence shall be unpaid. The Detroit Medical Center will continue to provide insurance premium payment for 30 days; after 30 days, the postgraduate trainee will be provided the opportunity to continue insurance coverage in accordance with the provisions of current law (COBRA). A family leave of absence is a conditional privilege of postgraduate training. Such time off will be provided in accord with DMC policy in order to accommodate specific family care needs. Depending on the length of the leave and individual board requirements, training time may need to be extended as determined by your Program Director. Fellows are required to use vacation time for personal leaves. Fellows requiring leaves of absence beyond vacation time must complete a FMLA request. Leaves beyond those allowed by FMLA will be at the discretion of the Program Director and are not guaranteed. Stipends and benefits will be discontinued until the fellow returns to service.

8. Visa Issues

In the event a fellow is late starting residency due to visa issues, this must be resolved by no later than 45 days from start date (i.e., August 15th) with fellow ready to start rotation by September 1st. The fellow is required to give a progress report via e-mail on the status of their visa every two weeks to the program director. No position will be held beyond the August 31st deadline.

If visa issues arise during your residency and you are not able to perform your duties, we expect the issue to be resolved within 90 days. If this does not occur, you may be terminated from the program

V. BENEFITS

Educational Materials and Conference Allowance

The Department of Internal Medicine has copies of the MKSAP (print and audio) as well as other reference materials available for your use. These materials can be loaned out at no charge. However, there will be a \$25 late fee (funds will be taken from your book money) for any and all materials that are not returned by the specified due date. If the materials are not returned by the end of your fellowship you will not be allowed to graduate.

The Department of Internal Medicine, Medical Education Office will provide \$800 per year towards the purchase of books, attendance at an educational conference and palm pilots (no computers or printers). Please consult with the Division Manager for the current allocation.

Original receipts must be submitted for reimbursement of any expenditure. Travel must be approved in advance and original airline, lodging and food receipts for be submitted for reimbursement. Original receipts must be submitted to the Division Manager.

NOTE: All reimbursement and payment requests must be submitted **no later than May 31st of each academic**

year. This deadline is firm. Please note that these monies will not be carried over from one academic year to another (Jul-Jun). Also, book money will be withheld for failure to complete professional responsibilities including; evaluations, procedure logs and duty hours.

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

Health Insurance

The Detroit Medical Center offers trainees the choice between two health insurance providers. (Coverage is effective on the date of your appointment)

Please note that you are responsible for reporting any change in your family's status (e.g. marriage, birth of a child, etc.) to the GME office in person within 30 days of the occurrence. If you do not report such changes within the required period of time, it will not be possible to obtain coverage for that individual until open enrollment which takes place during the month of November each year, with coverage taking effect January 1.

Sponsored Dependents (E.G. Parents) that are claimed as dependents on your income tax can be enrolled at premium participation cost as long as benefit requirements are met (see enclosed for requirements).

Dental Insurance

Dental insurance is provided to all trainees. You are responsible for reporting any change in the status of you or your family to the GME office in person within 30 days of the occurrence. Sponsored dependents are not eligible for coverage under dental insurance.

Life Insurance and Accidental Death & Dismemberment Coverage

Life insurance benefit is two times annual stipend. After initial enrollment, any change in beneficiary must be reported to the GME office in person.

Short-Term Illness

Trainees who started on or after 7/1/97 (including Sinai trainees who transferred to DMC payroll effective 5/11/97) will receive payment of stipend for verifiable illness for up to 180 days as follows: 1-90 days at 100%; 91-180 days at 75%. Trainees who started prior to 7/1/97 will receive full payment of stipend for verifiable illness for up to 90 days. Program Directors will notify the GME office when a trainee is out ill for more than 3 calendar days. For absences in excess of 3 calendar days, physician verification may be required. Illness time does not accumulate. The WSU/DMC Graduate Medical Education Program does not have a separate policy for maternity leave; time off for pregnancy and delivery is provided for under Short Term Illness.

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

Long-Term Disability

A long-term disability plan underwritten by Provident Life & Accident Insurance Company is provided to all trainees on the DMC payroll. The plan provides 60% of salary to a maximum benefit of \$2,000 per month. For trainees who started on or after 7/1/97 (including Sinai trainees who transferred to DMC payroll effective 5/11/97), long-term disability benefits are payable after 180 consecutive days of disability and are payable as long as the disability continues (maximum to age 65 benefit period). For trainees who started before 7/1/97, long-term disability benefits are payable after 90 consecutive days of disability and are payable as long as the disability continues (maximum to age 65 benefit period).

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

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

Employee Assistance Program

The Detroit Medical Center offers an Employee Assistance Program (EAP) to all Postgraduate Trainees. The EAP is designed to help you with personal problems or work situations that affect your work and home life such as anxiety or

depression, alcohol or substance abuse, marital or family problems, legal or financial matters. To contact an EAP counselor, call 313-745-1900 or 877-789-3271.

Professional Liability Coverage

Your professional liability coverage is through the DMC Insurance Company, Limited. Your policy is a limited claims-made policy with extended reporting endorsement (tail coverage); coverage limit is \$2.5 million per claim. This coverage does not extend outside of the training program.

Tax Sheltered Annuity (TSA) Program

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

**Policies may be updated during the year,
fellows shall be notified by email within 2 weeks of changes.**

Appendices

FELLOWSHIP FACULTY AND STAFF

Attending Physicians / Clinical Research Faculty

- Abdul Abou-Samra, MD, PhD, Professor, Division Chief and Program Director
- Nandalal Bagchi, MD, Professor
- Linea Rydstedt, MD, Associate Professor
- Hamdee Attallah, MD, Assistant Professor
- Berhane Seyoum, MD, Assistant Professor
- Richard Miller, MD, PhD, Professor
- Martin Berman, MD, Assistant Professor
- Joseph Levy, MD, Professor
- Opada Alzohaily, MD, Assistant Professor

Nurse Practitioners / Physician Assistants

- Nafisa Latif, PA, Glycemic Control Team
- Barbara Freeland, NP, DMC Diabetes Education Program, Harper University Hospital

Basic Research Faculty

- Abdul Abou-Samra, MD, PhD, Professor
- Anjaneyulu Kowluru, PhD, Professor
- Akm Sattar, PhD, Assistant Professor
- James Granneman, PhD, Professor
- Nabanita Datta, PhD, Assistant Professor
- Renu Kowluru, PhD, Professor, Professor
- Robert MacKenzie, PhD, Associate Professor
- Todd Leff, PhD, Associate Professor
- Dusanka Skundric, MD, Assistant Professor

Administrative Staff

- Sarita Smith, Division Manager
- Carolyn Graham, Fellowship Coordinator
- Vanessa Warren, Practice Manager, Harper Professional Building, 917
- Janet Nesbit-Morrill, Practice Manager, 4C UHC