

University of Michigan

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Micrographic Surgery & Dermatologic Oncology Fellow Evaluation, Promotion, Retention/Dismissal Policy	Revised 5/31/2016	

Policy Statement/Purpose

The Evaluation, Promotion, Retention/Dismissal Policy for the Micrographic Surgery & Dermatologic Oncology Fellowship (MSDO) at the University of Michigan is in accordance with the Institutional Policy for Evaluation/Promotion/ Retention/Dismissal of Fellows in Their Educational Training Program (GME-P-106.032204).

Evaluation

Each MSDO fellow will be evaluated in the following manner:

1. Bi-annual anonymous evaluations by faculty (including program director). These evaluations will be used to assess the fellow in the competencies of surgical skills, clinical judgment, patient management, attendance at didactic conferences, leadership, faculty and staff relations, knowledge base, teaching skills, research activities, record keeping, health system operations, diversity criteria, stress, and overall performance. The evaluations include assessment to monitor stress, including mental or emotional conditions that may inhibit performance or learning. Special attention is placed to evaluate potential drug-or-alcohol-related dysfunction. The fellows will also be assessed in the six general competencies.
2. Bi-annual anonymous evaluations by nurses and administrative personnel who are specifically able to evaluate the fellow due to interactions in daily work. These evaluations will be used to assess the fellow in the competencies of patient care, interpersonal communication skills and professionalism.
3. Bi-annual evaluation meeting with the Program Director:
 - a. During this meeting, all evaluations will be reviewed by the Program Director and communicated verbally to the fellow. The Program Director summarizes the results of the evaluations and conveys both positive and negative feedback to the fellow. The Program Director carefully assesses stress, including mental or emotional conditions that may inhibit performance or learning. Special attention is again given to evaluate potential drug-or-alcohol-related dysfunction.
 - b. The procedure log is inspected by the Program Director to assure the fellow is on track to complete the required number of procedures. Based on this inspection, rotations may be modified.

- c. Performance in conferences, fellow lectures and research projects will also be assessed.
- d. Semi-Annual Review: After the mid-year review, the Program Director will prepare a written evaluation of the fellows performance, summarizing the evaluation meeting. This evaluation will also address objectives and goals of the second half of the fellowship year.
- e. Final Assessment: The Program Director will prepare a written, overall final evaluation of the fellow's clinical competence and training experience at the conclusion of the training period. This will be retained in the fellow's permanent file.

Promotion

Promotions to successfully higher levels within the fellowship program shall be based on decisions by the program director and the program faculty. Promotion is based on satisfactory completion of the outlined curriculum and mastery of clinical materials appropriate to the fellow's level. The fellow's progress will be documented by regular evaluations.

Any decisions not to advance/promote a fellow are reviewed below.

The GME Committee recognizes that it is possible that a fellow may not progress through the training program curriculum at the desired rate or is unable to satisfactorily complete the educational requirements. An unsatisfactory evaluation may result in a decision adversely affecting the fellow at any time. In such instance, the fellow shall be informed of the reasons for that decision both verbally and by written notification by the program director. Non-progression through the educational program could indicate a fellow's status that falls into one of the following four categories:

- Warning
- Probation
- Suspension
- Termination or non-renewal of contract

These categories and this policy represent non-progressive educational evaluation. Assignment of these categories can occur as circumstances dictate.

Warnings and remediation are internal processes and thus, non-reportable. Probation can be reported to the State boards and national data banks. With respect to academic probation, the program will determine the length of the probationary period, and what the fellow must accomplish to be removed from probation.

Retention/Dismissal

Criteria for dismissal of fellows include, but are not limited to, failure to make satisfactory academic progress, unethical behavior, continued unprofessional behavior toward patients or staff, substance abuse, or other activities that would impair physician performance, plagiarism of academic material or falsification of credentials.

In the event lack of progress or other serious issues are noted, the following must be documented:

1. The Program Director must submit notification to the Associate Dean and Director of Graduate Medical Education (GME) of any resident who is placed on probation, suspension, termination or non-contract renewal. Documentation provided must include the following information: name of the fellow, department and program, fellow's training program level, a description of the issue or reason for probationary status, action taken, process for a remedial program, including timelines for documentable improvement.
2. Documentation submitted to the GME Office must be signed by both the fellow and the Program Director.
3. Documentation submitted by the Program Director will be forwarded by the GME Office to the General Counsel's office for legal review and comment. Concerns raised by legal counsel will be shared with the Program Director and GME Office for communication to the resident. Upon return from legal review, the information will be forwarded to the GME Committee in the form of regular, summary reports where issues will be reviewed for compliance with institutional and accreditation guidelines. Additional information may be requested up to and including the fellows' performance file.
4. A written progress report must be developed and maintained by the Program Director or designee at a frequency of not less than two (2) week intervals for the duration of the probation. At the end of the remediation period, the resident's status will be determined and written report of the outcome submitted to the resident and the GME Office.
5. In the event of an adverse annual evaluation, the fellow must be offered an opportunity to address the stated deficiencies or misconduct with an educational review committee constituted by the fellowship program. Academic due process must be followed as described in the UMHS Grievance and Appeal Process. Any records regarding these issues will have protected status of peer review.
6. A written notice of intent not to renew a fellow's contract will occur no less than four (4) months prior to the end of the fellow's current contract, however, in exceptional circumstances, shorter notice of dismissal may be necessary.
7. A trainee may challenge decisions concerning any recommendations for remediation, probation, or dismissal according to the divisional Grievance Policy.

DEPARTMENTAL POLICY Department of Dermatology University of Michigan Health System		
Micrographic Surgery & Dermatologic Oncology (MSDO) Evaluation Policy for Fellows	Revised 5/31/2016	

The department recognizes that timely and accurate evaluation of trainees is critical to their education and development. Feedback regarding trainee performance is gained from multiple sources and integrated into evaluations. Information regarding trainee's performance is gathered continuously. Although there is a formal schedule for the completion of evaluations at specific time points, evaluators are encouraged to provide feedback to the trainee or program director at other times as needed.

Fellow Evaluation Tools

The Program Director evaluates the fellow using the following evaluation tools:

1. **Global Rating** – annual review
Utilize the American Board of Dermatology Global Assessment final evaluation form which evaluates the fellow in the ACGME's six core competencies.
2. **Review of Case Log** – bi-annual review
Review of fellow's case log to ensure adequate number of cases and variety of procedures.
3. **Basic Procedural Competency** – 1st 2 weeks of training
Fellow is evaluated on basic suture and scalpel technique.
4. **Chart Review** – bi-annual review
Random charts are pulled and reviewed for accuracy.
5. **Patient Survey** – bi-annual review
Patients are asked to complete a brief questionnaire about the fellow.
6. **Multiple Evaluations** – bi-annual review
Other evaluations used are: Nursing/staff evaluation of fellow, faculty evaluation of fellow and final evaluation of fellow by program director.

Program Review

Each MSDO fellow will evaluate the program bi-annually in the following manner:

1. Bi-annual evaluations of the all procedural dermatology faculty members by each fellow. Faculty will be assessed with regard to their patient care skills, humanistic qualities, professional attitude & behavior, fellow interaction, and teaching.
2. The training program will be evaluated bi-annually for adequacy, number of cases, didactic lectures, teaching, conferences and research opportunities.
3. At the bi-annual meetings, the Program Director also receives feedback from the fellow regarding both strengths and deficiencies of the program. This information is used to continually improve the program.

At the end of the training year an Annual Program Review meeting is held with the Surgical Faculty (GMEC) to:

- Discuss fellow's evaluation of program and evaluations of the fellow
- Review the case log for the year and review the written curriculum
- Discuss faculty development and ways to improve training

DEPARTMENTAL POLICY for Department of Dermatology University of Michigan Health System		
Fellow Duty Hours and the Working Environment	Reviewed 5/31/2016	

- The educational goals of the program and learning objectives of fellows must not be compromised by excessive reliance on fellows to fulfill institutional service obligations.
- Duty-hours and call schedules will be monitored by the training program director.
- Adjustments will be made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
- The program will ensure that fellows are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

Duty Hours

- Duty hours are Monday through Friday, 7:30 am to 5:00 pm, or later if surgical cases extend into the evening. One day out of seven is free of any hospital duties.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- *Fellows must be provided with 4 days free from all educational and clinical responsibilities, including call, over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.*
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods.
- **Fellows must assist the Program Director by reviewing their schedules in advance and by tracking in-house time when on-call so that excessive duty hours do not occur. Notification of the Program Director is mandatory if a fellow anticipates or determines that duty hours are or will be exceeded.**
- At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to limitation except that at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Fellows taking at-home call must be provided

with 4 days free from all educational and clinical responsibilities over a 4-week period.

- There are no scheduled weekend or evening duties. Weekend and evening duties are limited to those genuine emergency cases such as immediate post-operative complications.
- There are no in-house or home-call duties routinely assigned to the Procedural Dermatology Fellow.
- It is Departmental policy that you regularly enter your duty hours into Med-Hub for documentation during your fellowship. Duty hours must be entered weekly. If two weeks have passed without data entry, your access is blocked and will need to be manually reset. Please note that a compliance report is automatically generated quarterly to monitor this aspect of your fellowship.
- When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
- The program director will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. **Fellows must assist the Program Director by tracking in-house time when on-call so that excessive duty hours do not occur. Notification of the Program Director is mandatory if a fellow anticipates or determines that duty hours are or will be exceeded. Fellows who are called-in for duty during off-hours must notify the Program Director at a convenient time) of the hours spent, and if they need rest time as a result, are required to state this specifically, whereupon such time will be arranged. Such time also will be arranged if, in the opinion of the Program Director, such rest time is required.**
- As used above, “educational activities” means lectures, conferences, and the like that are scheduled for fellow education in the UMHS system and does not refer to independent educational activities that fellows normally undertake during non-duty hours such as self-study, reading, attending lectures of interest at fellow discretion.

DEPARTMENTAL POLICY Department of Dermatology University of Michigan Health System		
Micrographic Surgery & Dermatologic Oncology Fellow Vacation and Leave of Absence Policy	Revised 5/31/2016	

1. VACATION:

- Per contract, all House Officers at HO II through HO VIII levels are entitled to 28 days of vacation time per academic year, inclusive of weekends (Saturday and Sunday). Therefore, a maximum of 20 of these 28 days will occur on a Monday through Friday schedule. The governing requirements of the Accreditation Council for Graduate Medical Education (ACGME) are acknowledged. If ACGME standards change during the term of the agreement, those revised regulatory standards will take precedence over this contract language. Prior to implementation of any changes in the ACGME standards, the Hospital and the HOA will meet to review the revised standards and to discuss implementation plans.
- Vacation requests will be made at least 8 weeks prior to vacation. Exceptions may be made by the director. Vacations will be sanctioned only after work requirements have been met. Management retains the right to cancel vacation approval or recall fellows from vacation if work requirements have not been met or if required to maintain operations in an emergency.

2. PAID LEAVE

- Leaves of absence are covered by the House Officers Association Agreement. The Department will comply with the stipulations of the agreement as well as with the Family Leave Medical Act and with University policies.
- Request for paid or unpaid leave should be made in writing to the Program Director as soon as reasonably possible given the individual circumstance(s) below.
 - a. Serious illness - A House Officer who is unable to work for at least one week for a) a single incident of serious disabling illness or injury, b) intermittent absences to receive multiple on-going treatments resulting from and following a single disabling illness or injury (such as chemotherapy, radiation therapy, physical therapy, or dialysis), or c) severe complications from pregnancy that prevent attendance at work shall receive up to a maximum of six (6) months paid leave, in each three (3) calendar year period following the date of hire. Renewal of this six (6) month sick time benefit will occur on the first of the month in which the three-year anniversary occurs. The University will require verification of the House Officer's inability to work, including intermittent absences before granting paid time off.
 - b. Long Term Disability - A House Officer who has qualified for the HOA LTD plan shall be paid during the six (6) month elimination period. In no case will a House Officer receive more than six (6) months of paid time in any twelve (12) month period.

c. Preventive Care - A House Officer who has a preventive medical appointment or dental appointment shall receive paid time off, not exceeding 8 hours per year.

d. Maternity Leave - A House Officer who gives birth shall receive six (6) weeks total paid time for childbirth, regardless of mode of delivery. Any time beyond 6 weeks must meet the criteria established under the definition of Serious Illness (above). During the last trimester of pregnancy and for two (2) months post-partum, overnight call will not be scheduled and duty will be limited to twelve (12) consecutive hours.

e. Paternity - A House Officer, who becomes a father, or who is a same sex domestic partner of a birthing mother, or who is the secondary care provider of an adopted child, will be granted at least four (4) days off, to begin at the House Officer's discretion, at the time of labor and delivery or arrival of the child. These days may be supplemented with the House Officer's vacation time. If a House Officer requests more than a total of seven (7) days off, the additional vacation time must be arranged with the Program Director at least three (3) months in advance of delivery or arrival, unless circumstances prevent such notice.

f. Adoption - A House Officer who adopts a child and is the primary care giver of the child shall be granted six (6) weeks off at the time of adoption.

3. UNPAID LEAVE

a. Military obligations - A leave of absence without pay will be granted for the period of required active duty when the House Officer is called for active duty military service through the selective service system or volunteers for active duty military service. Following such a leave of absence, any House Officer who receives a certification of satisfactory completion of service, applies for reinstatement within ninety (90) days after release from active duty, and is still qualified to perform as a House Officer, shall be returned to fellowship program responsibilities and duties at the appropriate post-graduate year level as determined by the Department Chairperson and Program Director.

b. Care of Family Member - A House Officer who is unable to work because he/she is needed to care for a seriously ill family member will be granted an unpaid leave of absence for up to twelve (12) weeks every twelve (12) months. The twelve weeks is reduced by any Personal or Child Care leaves of absence taken in the previous twelve (12) months.

c. Personal Leave - Leave for all other purposes will be at the discretion of the Program Director. Leaves for professional development or skill enhancement outside of the training program shall be handled as "Personal leaves. Leaves for remediation of academic deficiencies outside of the training program shall also be handled as personal leaves.

Salary and benefits during leave.

Salary and benefits will be provided according to hospital policy and according to the contract with the House Officers' Association. At the time of writing of this policy, maternity leave is paid at full salary for up to 6 weeks and paternity leave for 4 days. Extended childcare leave and leave for serious health conditions are unpaid but with benefits within the time periods listed above. During leaves for other purposes, salary and benefits may be terminated.

Completion of rotations and clinical duties:

- a. House Officers must complete all rotations/criteria required by the ACGME Procedural Dermatology guidelines/standards.
- b. House Officers must complete approximately the same number of clinical rotations as their peers.

Use of vacation time:

A House Officer who uses vacation days for all or part of the desired leave time will be considered to be on vacation during that time, not on leave.

Effect on length of training:

It is the responsibility of the House Officer to ascertain from the fellowship program director, the effect that the time away from the program will have on completion of the program requirements.

Written documentation

At the beginning of an approved leave, the effect of the leave on completing the program will be documented in the program records and conveyed to the House Officer in writing.

Appeal procedure

A House Officer who believes that his or her request for a leave of absence has been unfairly denied may appeal the decision through the Departmental grievance process.

DEPARTMENTAL POLICY Department of Dermatology University of Michigan Health System		
Micrographic Surgery & Dermatologic Oncology Fellow Selection Process	Revised 5/31/2016	

The department desires to recruit and select the most qualified fellows for training. This shall be done in compliance with the institutional requirements and applicable laws.

1) Fellow Eligibility

Applicants must complete an ACGME certified Dermatology residency program; and in addition must meet one of the following qualifications to be eligible for appointment to accredited fellowship programs.

- Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical school outside the United States and Canada who meet one of the following qualifications:
 1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates, or
 2. Have a full and unrestricted license to practice medicine in the US licensing jurisdiction.
- Graduates of medical schools outside the United States who have completed a fifth Pathway program provided by an LCME- accredited medical school.

2) Fellow Selection

The Fellow Selection Committee of the Department of Dermatology (Cutaneous Surgery & Oncology) will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities.

The program will not discriminate with regards to race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability or veteran status. Selection shall be without reference to country of medical school origin.

The following information/credentials will be examined:

- All candidates must participate in the SF Matching Program unless the special circumstances for internal candidates apply. *
- All candidates must have taken and provide their USMLE Step 1 score and Step 2 USMLE scores when available.
- Applicants must provide an official transcript of dermatology residency and a current CV. Additionally a personal statement and at least three letters of recommendation may be required.
- To be considered for selection, eligible candidates must be either a US citizen, seek a J-1 visa, or have permanent resident status (green card).

* <http://www.mohscollege.org/sisrb/MatchPolicyRevisedFinal.pdf>

DEPARTMENTAL POLICY DEPARTMENTAL POLICY Department of Dermatology University of Michigan Health System		
Micrographic Surgery & Dermatologic Oncology Fellow Grievance Policy	Revised 5/31/2016	

The Department of Dermatology policies regarding disciplinary action and grievance resolution for House Officers in our fellowship training program will be consistent with the policies and provisions of the The Bylaws, Rules and Regulations of the Medical/Dental Staff of the University of Michigan, the contractual agreement between the regents of the University of Michigan and the University of Michigan House Officers Association and the policies of the Graduate Medical Education Review Board of the University of Michigan.

Grievances:

Step One: A house officer may bring a grievance to the attention of the Program Director or his or her designee at any time. They may attempt to resolve the grievance without further involvement of members of the department or GME review board.

Step Two: In order for the grievance to be further processed a request for review must be filed in writing, within thirty days of the incident, with the Program Director. The Program Director will investigate the circumstances of the incident, including interviewing individuals and reviewing any documents relevant to the incident. The Program Director will provide a written response within fourteen days of the filing.

Step Three: A grievance that is not resolved in step two shall be referred for review by a three-person committee (Grievance Committee) chaired by the Chair of the Department of Dermatology. The second committee member shall be a member of the faculty of the University of Michigan Medical School chosen by the House Officer involved. The third committee member shall be chosen by the Program Director from the faculty of the University of Michigan Medical School. A written request for the Grievance Committee review must be made to the Chair of the Department of Dermatology. The written request for a review must be received within fourteen days after the initial written report required in step 2 is completed by the Program Director. The Grievance Committee will provide a written report of their findings and recommendations to the Program Director and House Officer within 21 days after the written request for review is filed.

Step Four: If a grievance is not satisfactorily resolved in the above steps it shall be referred to the GME Review Board or HOA, as appropriate, for review through their grievance appeals process.

Disciplinary Action Policy

Fellows may be referred for disciplinary action for failure to meet professional or personal standards of conduct or the performance expectations of the fellowship program. (See Procedural Dermatology Fellowship Goals and Objectives). Requests for disciplinary action must be made in writing to the Program Director or Departmental Chair.

Disciplinary Action:

On receipt of a written request for disciplinary action against a House Officer, the Program Director will commence an investigation of the request. The Program Director will interview individuals, including the involved house officer, and review any relevant documentation and the circumstances surrounding the request. The Program Director will meet with the house officer, and a faculty of Dermatology representative chosen by the house officer to determine if corrective action is appropriate. Corrective action may include; Academic Advisement, Probation or Dismissal. The Program Director will provide a written response and recommendation for action within 30 days of receiving the request for disciplinary action.

Academic Advisement: House Officers not meeting performance or professional conduct expectations of the Fellowship Program will be given written warning of their poor performance. A copy of the warning will be kept on file. A mandatory meeting between the House Officer, the Chair and the Program Director to develop a written plan for corrective action and assessment of progress towards remediation of areas of deficiency will be held. A written copy of the remediation plan will be given to the house officer, sent to the Associate Dean and Director of Graduate Medical Education and a copy placed on the house officer's file.

Progress will be reviewed quarterly with the fellow and at departmental faculty meetings. If the house officer's progress is not judged to be satisfactory over two consecutive quarters the house officer will be placed on probation.

Probation: A House Officer will be placed on probation when there is evidence of a serious failure or multiple deficiencies in performance, activities or professional conduct, when conditions exist that may present an impediment to the house officers ability to function as a physician or the house officer fails to meet the requirements of Academic Advisement.

Notification of Probation will be conveyed to the house officer in writing, and a copy will be placed in the house officer's file and communicated to Associate Dean and Director of Graduate Medical Education. A specific program of remediation and performance standards will be developed. The remediation program and performance standards will be provided in writing to the house officer and placed on the house officer's file. Mandatory meetings between the Chair, the Program Director and the house officer will be held monthly for three months. Dermatology faculty will review the

house officer's progress at the end of the probationary period. Faculty may make recommendations to revoke the probation, continue probation for an additional three months or recommend dismissal. Faculty will approve the recommendation by a majority. The Departmental Chair will advise the Director of Graduate Medical Education in writing of the recommendations.

Appeal of Disciplinary Action: The house officer may appeal a recommendation for disciplinary action by submitting a written request within 7 days of being advised of the decision to begin disciplinary action. A Dermatology Disciplinary Appeals Committee will review the case within 14 days of receiving the written request.

The Dermatology Disciplinary Appeals Committee will have three members and be chaired by the Chair of the Department of Dermatology. The second member will be selected by the house officer from tenured faculty of the University of Michigan School of Medicine. The third member will be selected by the Department of Dermatology from tenured faculty of the University of Michigan School of Medicine. The committee will review the case and make recommendations. The results of the appeal will be communicated in writing to the house officer, the Department Chair and the Associate Dean and Director of Graduate Medical Education.

If the Departmental appeals procedure fails to resolve the issue to satisfactory a written request will be made to the Associate Dean and Director of Graduate Medical Education to review the case under the UMCC GME Appeals Procedure.

DEPARTMENTAL POLICY Department of Dermatology University of Michigan Health System		
Moonlighting/Extracurricular Medical Practice	Revised 5/31/2016	

Fellow training and work conditions in the Department of Dermatology are governed by the policies of the Accreditation Council for Graduate Medical Education (ACGME), the University of Michigan Graduate Medical Education Committee, the University of Michigan Department of Dermatology, and the University of Michigan House Officer's Association Agreement.

National Considerations:

Micrographic Surgery & Dermatologic Oncology (MSDO) fellows are permitted to engage in outside medical practice which is not part of a University of Michigan-approved program. Extracurricular medical practice can be performed only if such practice does not interfere with the responsibilities, duties, and assignments of the training program at the University of Michigan. Also, extracurricular medical practice can be performed only if the resident remains in compliance with ACGME mandated duty hour regulations. These require that fellows work no more than 30 consecutive hours and not more than an average of 80 hours per week when averaged over a four-week period.

Institutional Considerations:

These additional statements concerning extracurricular medical practice are provided in "Official University of Michigan Moonlighting Policy" adopted by the Graduate Medical Education Committee Review Board on February 26, 2001.

1. House Officers are not required to engage in extracurricular medical practice.
2. House Officers must be licensed for unsupervised medical practice in the State of Michigan. Acquisition of the appropriate license is the responsibility of the House Officer seeking to engage in moonlighting.
3. The institution hiring the House Officer is responsible for providing adequate medical malpractice coverage and for determining whether the House Officer has appropriate licensure and appropriate training and skills to carry out assigned duties.
4. House Officers MUST submit to the Program Director documentation (see attached form) of any and all moonlighting activities. This must be provided prior to commencement of extracurricular medical practice and, in accordance with the requirements of the ACGME, will be maintained in the training program as part of the resident's record. A RESIDENT WHO FAILS TO PROVIDE SUCH DOCUMENTATION IS SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

Departmental Restrictions:

As well as the above summarized institutional policy on resident extracurricular activity, the MSDO Program has adopted the following process to ensure patient safety and the educational environment for its housestaff.

1. House officers in the MSDO Fellowship Program must be granted permission if they wish to engage in outside medical practice. Initially, this permission must be obtained directly from the Program Director. Permission will be granted only if the following conditions are satisfied.
 - a. The activities must not interfere in any way with the responsibilities, duties, and assignments of the MSDO Fellowship Program.
 - b. In keeping with the spirit of the ACGME duty hour policy, extracurricular medical practice can be performed prior to a maximum of only one workday at the University of Michigan each week.
 - c. Extracurricular medical practice cannot be performed for more than two shifts during a normal work week (a week containing 5 work days and two weekend days).
 - d. The house officer **MUST** provide the program director with a detailed summary of their moonlighting activities on a monthly basis, including the actual hours worked.
2. There are no time limitations on the extent of extracurricular medical activity that occurs on days, evenings, or nights that do not precede a workday, or during scheduled vacations (providing that extracurricular medical activity does not interfere with House Officer performance, as outlined in #1, above).

Penalties for Noncompliance:

Penalties for not adhering to the departmental policy on extracurricular medical practice will be instituted in the following fashion:

1. Permission to participate in extracurricular medical activities will be immediately withdrawn from any fellow who does not satisfy the above conditions. Additionally, such a fellow may be subject to disciplinary action, up to and including dismissal. The program director also has the right to withdraw permission to engage in extracurricular medical activity at any time, if he or she feels that this activity is interfering with the overall educational environment of the fellowship training program.
2. Whenever approval of a university-approved program is withdrawn, the house officer, the House Officer Association and the Office of Graduate Medical Education will be given

written notice of the withdrawal as soon as possible after the decision is made, prior to the effective date.

3. Any house officer who wishes to challenge the denial of requested privileges to engage in extracurricular medical activity can formally protest this denial. Such a protest is made according to the due process policy of the MSDO Fellowship Program, which will involve a hearing before the appeals committee (see Departmental Grievance Policy).

DEPARTMENTAL POLICY Department of Dermatology Procedural Dermatology Fellowship University of Michigan Health System	
Fellow Supervision Guidelines	Revised 5/31/2016

The Micrographic Surgery & Dermatologic Oncology (MSDO) Training Program Departmental Supervision Policy is consistent with the INSTITUTIONAL POLICY for Graduate Medical Education; University of Michigan Health System; Global Clinical Program Trainee (Resident) Supervision Policy; Date Initiated: 03/03/2003 GMEC Approved: 12-13/2010; ECCA Approved: 01/11/2011; ECCA Number: 04-06-043

Additional general guidelines:

The training of fellows remains one of the cornerstones of our healthcare system. It is imperative that the training of house staff be done in the setting of excellent patient care. As supervisors of fellows, faculty members have dual obligations: to teach the fellows and to provide patient care. However, the physician-in-training requires some autonomy to develop his/her own knowledge base and approach to patient care. Inadequate autonomy may risk graduating physicians who are not ready to function independently. However, without adequate supervision during residency, patient care may suffer.

Institutions must ensure that their GME programs provide appropriate supervision for all fellows, as well as a duty hour schedule and a work environment that is consistent with proper patient care, the educational needs of fellows, and the applicable Program Requirements.

Supervision: There must be sufficient oversight to assure that fellows are appropriately supervised. Fellows must be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience. The teaching staff must determine the level of responsibility accorded to each fellow.

The following are guidelines only. The responsible faculty ultimately determines each fellow's ability and appropriate level of responsibility for each patient; however, individual faculty may not allow any fellow to exceed the responsibilities granted by the Residency Program or UMHS. These guidelines apply at all U-M MSDO locations.

1. PGY5 MSDO fellows initially have limited independent privileges. Fellows must communicate with attending physicians to assure that the care they suggest is consistent with the attending physician's medical treatment plan for the patient. A faculty physician must supervise all non-minor procedures.
2. PGY5 MSDO fellows may, in limited circumstances, manage patient care and perform minor procedures without direct supervision when they have the agreement of the responsible faculty physician or the Program Director. (Minor procedures are generally those with a short duration, usually defined as less than 5 minutes by CMS, and low risk of complications) Competency for such minor procedures is gained by PGY4. However,

some insurance rules still require the attending physician to be physically present with direct supervision for any billable service performed by the PGY5 ACGME house officer; even for minor procedures. Thus depending on patient insurance, direct supervision for minor procedures may be required if a bill is generated. The responsible faculty physician must evaluate such care in a timely manner.

3. A competency evaluation will be used to document the fellow's progressive level of training and ability.
4. As physicians, fellows may act in the best interests of patients in emergencies, subject to subsequent review by faculty and the usual quality assurance measures of the medical staff.
5. A fellow may request the physical presence of faculty at any time. Faculty will receive instruction that such requests may not be refused.
6. Fellows should report any significant change in a patient's condition to the faculty physician.
7. Fellows not following the above guidelines are subject to the disciplinary policies of the fellowship program.
8. Supervisory lines of responsibility – All rotations. The ultimate responsibility for the care of any patient falls to the attending faculty physician for that patient. At no time should there be any major decisions made concerning a patient without the attending physician's knowledge and approval.
9. Fellow privileges and progression are based on individual fellow's performance and faculty permission.
10. Types of supervision required for different procedures are graduated based on fellow progression to competency and fall into four categories: a) Direct supervision, b) Indirect supervision with direct supervision immediately available, c) Indirect supervision with direct supervision available, and d) Oversight with examples and definition below.

Direct supervision – where the supervising physician is physically present with the fellow.

- a. initial minimum of 3 cases of Mohs surgery
- b. continued cases of Mohs surgery until independent skill demonstrated
- c. initial reconstruction techniques with layered closures, flaps, and grafts until independent skill demonstrated
- d. all initial consultations and follow ups until independent skill demonstrated
- e. example verbiage at the end of a note document includes:
“I was present for the entire procedure.”
“I was physically present for the E/M service provided. I agree with House Officer note and plan which I have reviewed and edited where appropriate.”

Indirect supervision with direct supervision immediately available– where the supervising physician is physically within the hospital or other site of patient care and immediately available to provide direct supervision, if needed.

- a. attending is in the clinical unit, immediately available and accessible during progression of learning and performing Mohs surgery and reconstruction above, with periodic direct observation as fellows perform procedures. This continues throughout the year based on graduated progression of competence and complexity of procedures performed
- b. consultations and follow-ups-same process as a.
- c. example verbiage at the end of a note document includes:
“I was present for the critical or key portions of this procedure.”
“Supervising Physician: I was readily available for consultation upon request.”

Indirect supervision with direct supervision available – where the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

- a. after competence has been demonstrated, the fellow may see follow ups independently
- b. after competence demonstrated, typically towards the last quarter of fellowship, procedures may be performed with immediate availability of faculty via electronic or phone communication
- c. example verbiage at the end of a note document includes:
“I discussed the patient’s care with <__>.”

Oversight- where the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- a. after competence demonstrated, the fellows may see follow ups and pre-op consultation independently and perform biopsies as indicated
- b. an attending is almost always available even when fellows are independently competent.